# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12039B

Assigned Inspector: Patrick Mitchell / Troy K.

☑ IP $250.00: LP 9/9/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: SM 9/9/25 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: LP 11/15/24 ☒ Signature received: MP 11/19/24

☒ Floor plans reviewed 10/16/25 - LP

☒ ~~Generate~~ ☒ Approve as Noted in Winchester ✓ 10/16/25 - LP

Send CA Forms for signatures then Hold Can be released.

☐ 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: 4/10/26

☒ Release final hold in Winchester: _____

Comments:

CO hold placed 10/16/25

Released 4/13/26

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 09/09/24
**Receipt #:** 150764
**Check / Auth #:** CHECK 2594
**Received By:** PLACILJ

**Amount:** 250.00
**Tendered:** 250.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** COULSTON ENTERPRISES, INC
**Attn:** EARL COULSTON
**Address:** #56
**Address:**
**City/State/Zip:** ,

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>10812 COBLE RD | 1 | 250.00 | 250.00 |

Permit#

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | 2,737.50 | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 09/04/25 | **Amount:** | 200.00 |
| **Receipt #:** | 156883 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | MOORES | | |

**Account Information**

**Account #:** X25400
**Contractor:** EASTWOOD CONSTRUCTION
**Attn:**
**Address:** 2857 WESTPORT RD
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28208

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0734 | Septic Construction Authorizat<br>10812 COBLE | 1 | 200.00 | 200.00 |

Permit#

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 4,501.57 | 3,561.01 | 608.13 | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

**Date:** 09/04/25
**Receipt #:** 156884
**Check / Auth #:** CHARGE
**Received By:** MOORES

**Amount:** 200.00
**Tendered:** 200.00
**Returned:** 0.00

**Account Information**

**Account #:** X25400
**Contractor:** EASTWOOD CONSTRUCTION
**Attn:**
**Address:** 2857 WESTPORT RD
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28208

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0703 | Septic Operational Permit<br>10812 COBLE | 1 | 200.00 | 200.00 |

Permit#

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 4,701.57 | 3,561.01 | 608.13 | | | |

12039B / 14934

**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:** O N/A ◉ NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** O N/A ◉ NEW WELL O MAJOR REPAIR O ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 13913448
STREET ADDRESS: 10812 Cable Road
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Chase Wood
LOT #: 56 LOT SIZE (acres): 1.62
TOWNSHIP:
O MECKLENBURG O CORNELIUS O HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS ◉ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
O SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
◉ HOUSE O OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10
FOUNDATION TYPE:
◉ CONCRETE SLAB O BASEMENT WITH PLUMBING
O CRAWL SPACE O 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:** O MUNICIPAL ◉ PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. **PROPOSED USE OF WELL:** O N/A O IRRIGATION ◉ POTABLE (DRINKING WATER) O 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 | O YES ◉ NO | GRADING/SOIL REMOVAL PERFORMED | O YES ◉ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | O YES ◉ NO | JURISDICTIONAL WETLANDS | O YES ◉ NO |
| WELLS, SPRINGS, OR WATER LINES | O YES ◉ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | O YES ◉ NO |
| EASEMENTS OR RIGHT-OF-WAYS | O YES ◉ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | O YES ◉ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | O YES ◉ NO | KNOWN UNDERGROUND CONTAMINATION | O YES ◉ NO |
| WASTE STORAGE | O YES ◉ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | O 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: Coulston Enterprise Inc
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Earl Coulston
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

**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.

_____ (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.

Carl Coulter
Property Owner's or Owner's Legal Representative Signature

9-27-24
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: _____

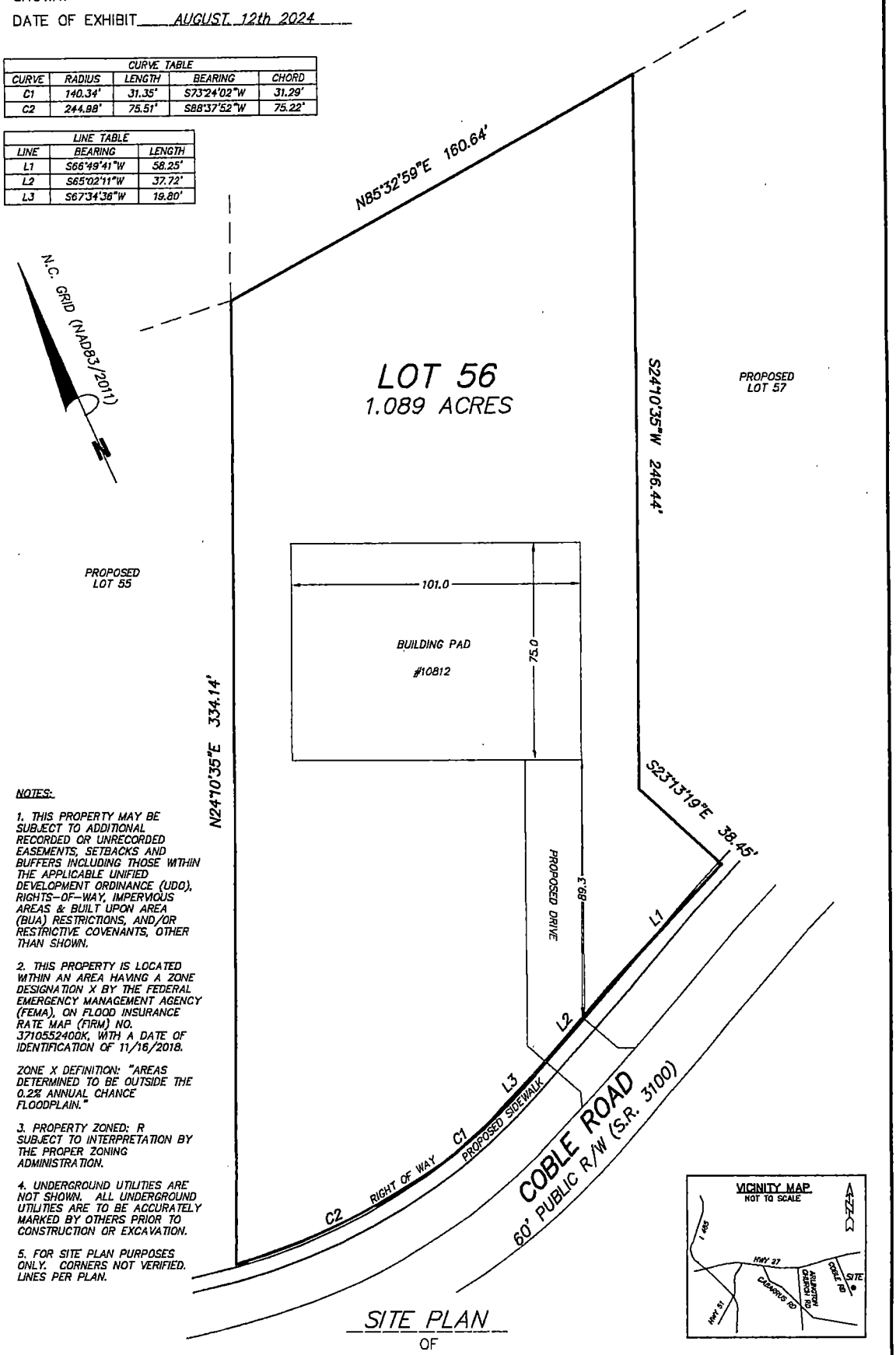
COMMENTS:

PREPARED FOR SITE PLAN PURPOSES ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVYE OF PROPERTY SHOWN.

DATE OF EXHIBIT AUGUST 12th 2024

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | RADIUS | LENGTH | BEARING | CHORD |
| C1 | 140.34' | 31.35' | S73°24'02"W | 31.29' |
| C2 | 244.88' | 75.51' | S88°37'52"W | 75.22' |

| LINE TABLE | | |
|---|---|---|
| LINE | BEARING | LENGTH |
| L1 | S66°49'41"W | 58.25' |
| L2 | S65°02'11"W | 37.72' |
| L3 | S67°34'36"W | 19.80' |




NOTES:

1. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS AND BUFFERS INCLUDING THOSE WITHIN THE APPLICABLE UNIFIED DEVELOPMENT ORDINANCE (UDO), RIGHTS-OF-WAY, IMPERVIOUS AREAS & BUILT UPON AREA (BUA) RESTRICTIONS, AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

2. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710552400K, WITH A DATE OF IDENTIFICATION OF 11/16/2018.

ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

3. PROPERTY ZONED: R SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

4. UNDERGROUND UTILITIES ARE NOT SHOWN. ALL UNDERGROUND UTILITIES ARE TO BE ACCURATELY MARKED BY OTHERS PRIOR TO CONSTRUCTION OR EXCAVATION.

5. FOR SITE PLAN PURPOSES ONLY. CORNERS NOT VERIFIED. LINES PER PLAN.




# SITE PLAN
OF
## LOT 56 OF CHASEWOOD
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=40'

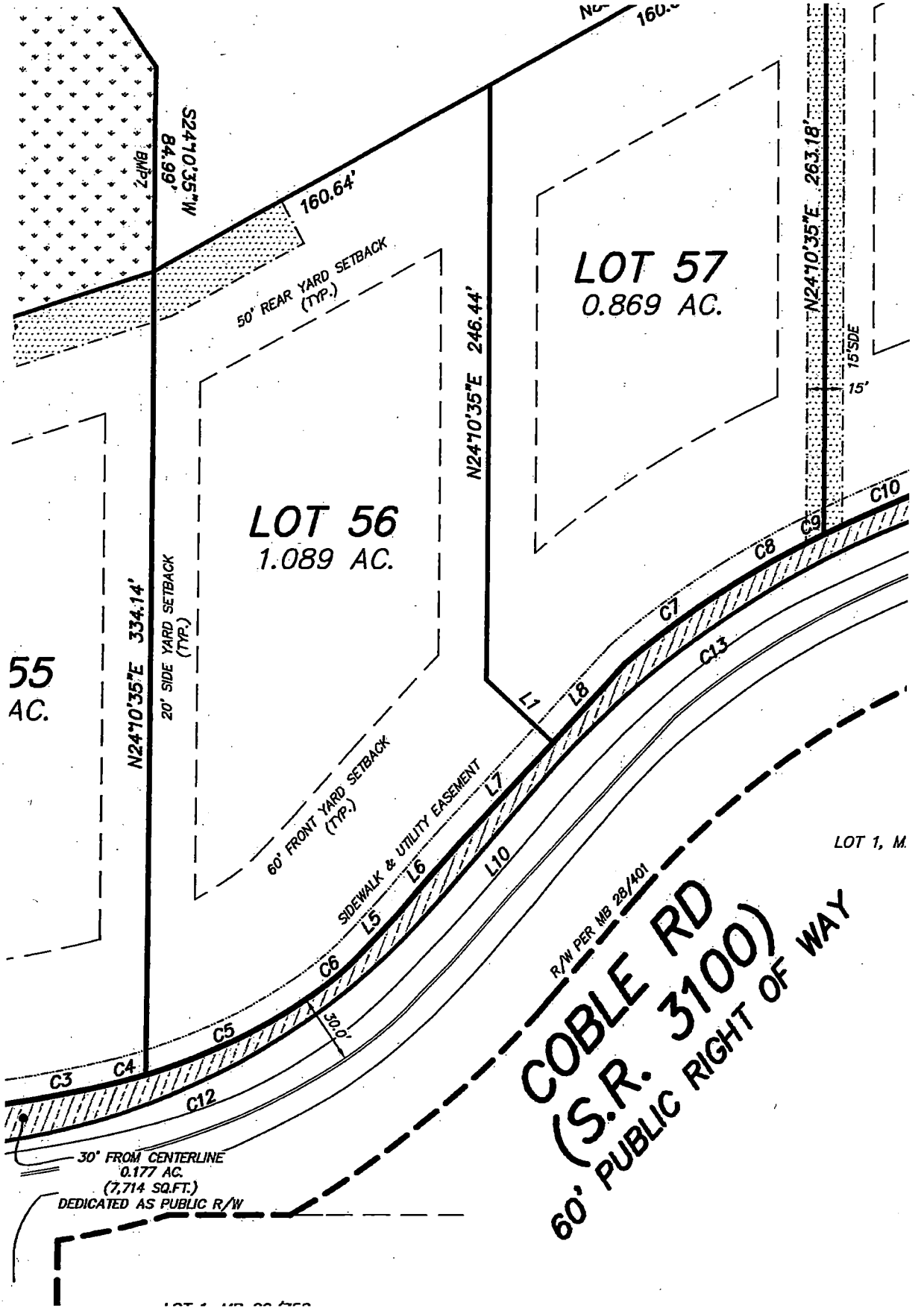
SURVEYED FOR COULSTON ENTERPRISES, INC

MAP BOOK_____ PAGE_____ DEED BOOK_____ PAGE_____

DRAWN BY MM FIELD WORK_____ FIELD BOOK #_____


CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886


CARLSON\2024\CS\Coble Rd ~ Chasewood
2024\C\Coble Rd ~ Chasewood
PROJECT: 24-0148


S24°10'35"W 84.99'
160.64'
50' REAR YARD SETBACK (TYP.)
LOT 57
0.869 AC.
N24°10'35"E 263.18'
15' SIDE
15'
LOT 56
1.089 AC.
N24°10'35"E 246.44'
55
AC.
N24°10'35"E 334.14'
20' SIDE YARD SETBACK (TYP.)
60' FRONT YARD SETBACK (TYP.)
SIDEWALK & UTILITY EASEMENT
C10
C9
C8
C7
C13
L1
L8
L7
L6
L5
L10
C6
C5
C4
C3
C12
30.0'
R/W PER MB 28/401
LOT 1, M
COBLE RD
(S.R. 3100)
60' PUBLIC RIGHT OF WAY
30' FROM CENTERLINE
0.177 AC.
(7,714 SQ.FT.)
DEDICATED AS PUBLIC R/W

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

SOIL/SI
for ON-SITE W

Top 10-12" is compacted. Recommend installing system deeper Lot #56



Property ID: 13913448
Lot #: 56
File #: 12039B
AppID: 14934

Owner: Coulston Enterprises, Inc.
Address: 10812 Coble Rd.
Proposed Facility: 5 BR SFR
Design Fl
Location of Site: See file
Water Supply: [ ] Public [X] Single Family Well
Evaluation Method [ ] Auger Boring [X] Pit
Type of Wastewater: [X] Domestic [ ] Industrial Process

ston
Date Evaluated: 9/24/2024
Property Size: 1.09 ac.
roperty Recorded: After Jan. 1, 1983

| PROFILE # | .0502 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .0503 Structure/ Texture | .0503 Consistence/ Mineralogy | Matrix Soil Color | .0504 Soil Wetness/ Color | .0505 Soil Depth (IN.) | .0506 Sapro Class | .0507 Restr Horiz | General Comments / Other | 0.0509 Profile Class & LTAR | 0.0502 Slope Correction Max Trench Depth (Low Side of trench) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | L ~5% | 0 - 25 | Mo, Sbk, C | Fr, SS, SP, SEXP | R | N/A | 48" | S L-Sap. | N/A | Top 12" compacted. Keep system below. C-M: Sap. inclus. @ 25"+ | S 0.30 | 34" (3' w) 35" (2' w) |
| | | 25 - 48 | Mo-Wk, Sbk, CL | Fr, SS, SP | R | | | | | | | |
| | | 48 - 61 | Wk, Sbk, CL & L-Sap. | Mix Fr, SS, SP | R / M | | | | | | | |
| 2 | L ~5% | 0 - 7 | Wk, Sbk, CL | Fi, SS, SP | RB | F-C: Bl Mn concen. & F: YB mottles @ 14-40" C: YB mottles @ 40"+ | >53" | N/A | N/A | Top 12" compacted. Keep system below. F: Sap. inclus. @ 40"+ | S 0.25 | 34" (3' w) 35" (2' w) |
| | | 7 - 40 | Mo-Wk, Sbk, C | Fr, SS, SP, SEXP | R | | | | | | | |
| | | 40 - 53 | Wk, Sbk, CL | Fi-Fr SS, SP | R | | | | | | | |
| 3 | L ~4% | 0 - 30 | Mo, Sbk, C | Fr, SS, SP, SEXP | R | N/A | 40" | S L-Sap. | N/A | F-C: Sap. inclus. @ 30-40" | S 0.30 | 34" (3' w) 35" (2' w) |
| | | 30 - 40 | Mo-Wk, Sbk, CL | Fr, SS, SP | R | | | | | | | |
| | | 40 - 54 | Wk, Sbk, CL & L-Sap. | Mix Fr, SS, SP | R / M | | | | | | | |
| 4 | L ~4% | 0 - 26 | Mo, Sbk, C | Fr, SS, SP, SEXP | R | N/A | >52" | N/A | N/A | Top 10" compacted. Keep system below. F: Sap. inclus. @ 26-33" C-M: Sap. inclus. @ 33"+ | S 0.30 | 34" (3' w) 35" (2' w) |
| | | 26 - 33 | Mo, Sbk, C/CL | Fr, SS, SP | R | | | | | | | |
| | | 33 - 52 | Wk, Sbk, CL | Fi-Fr, SS, SP | R | | | | | | | |
| 5 | L ~4% | 0 - 29 | Mo, Sbk, C | Fr, SS, SP, SEXP | R | N/A | >52" | N/A | N/A | Top 10" compacted. Keep system below. F-C: Sap. inclus. @ 29"+ | S 0.30 | 34" (3' w) 35" (2' w) |
| | | 29 - 52 | Wk, Sbk, CL | Fr, SS, SP | R | | | | | | | |

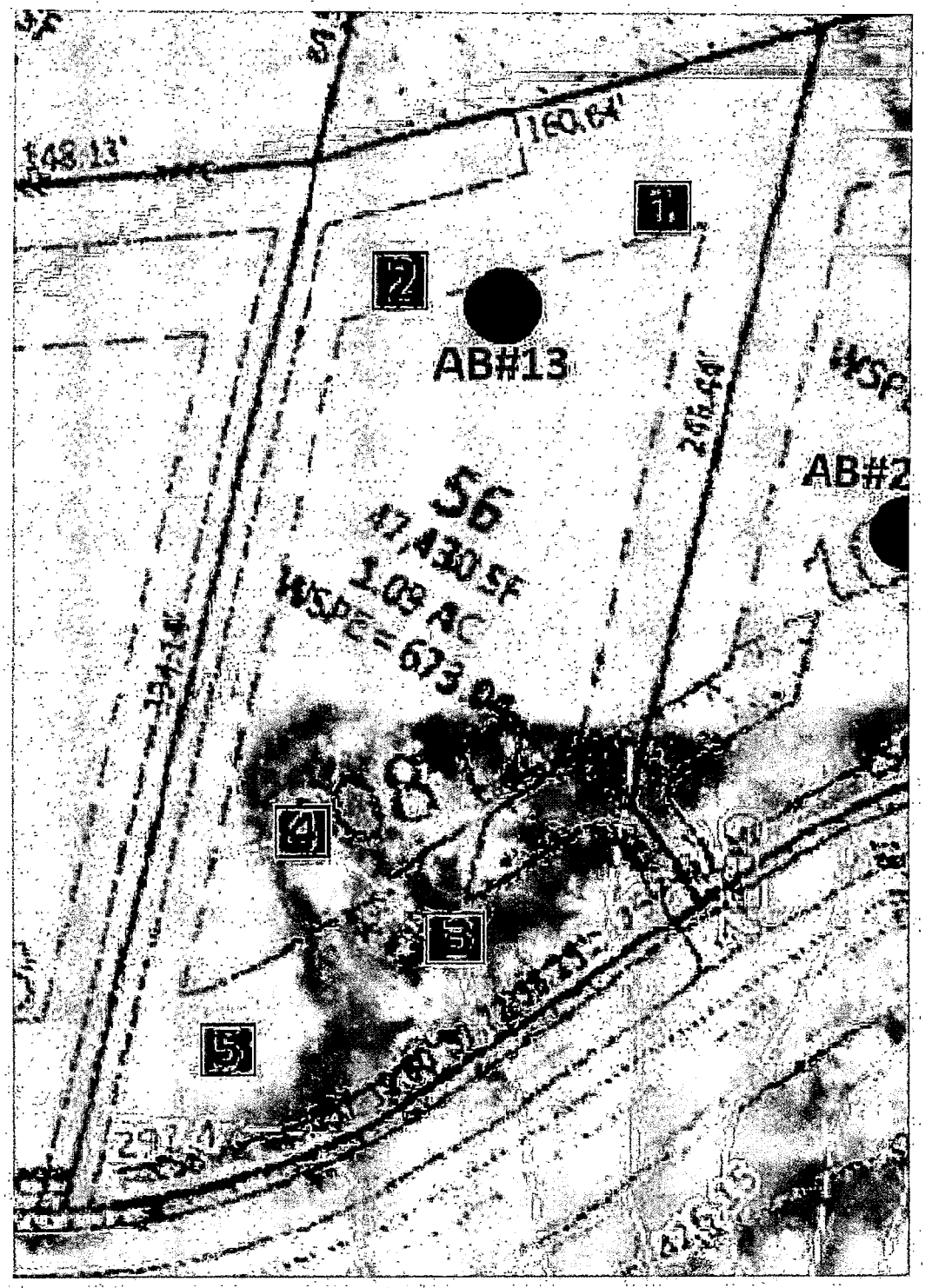
| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.0508) | --- | --- |
| System Type(s) | --- | --- |
| Site LTAR | 0.30 (front) | 0.25 (rear) |
| Maximum Trench Depth | (2' w) 35", (3' w) 34" | (2' w) 35", (3' w) 34" |

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): ---

COMMENTS: If area behind the house is utilized, the LTAR should be 0.25.

# Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



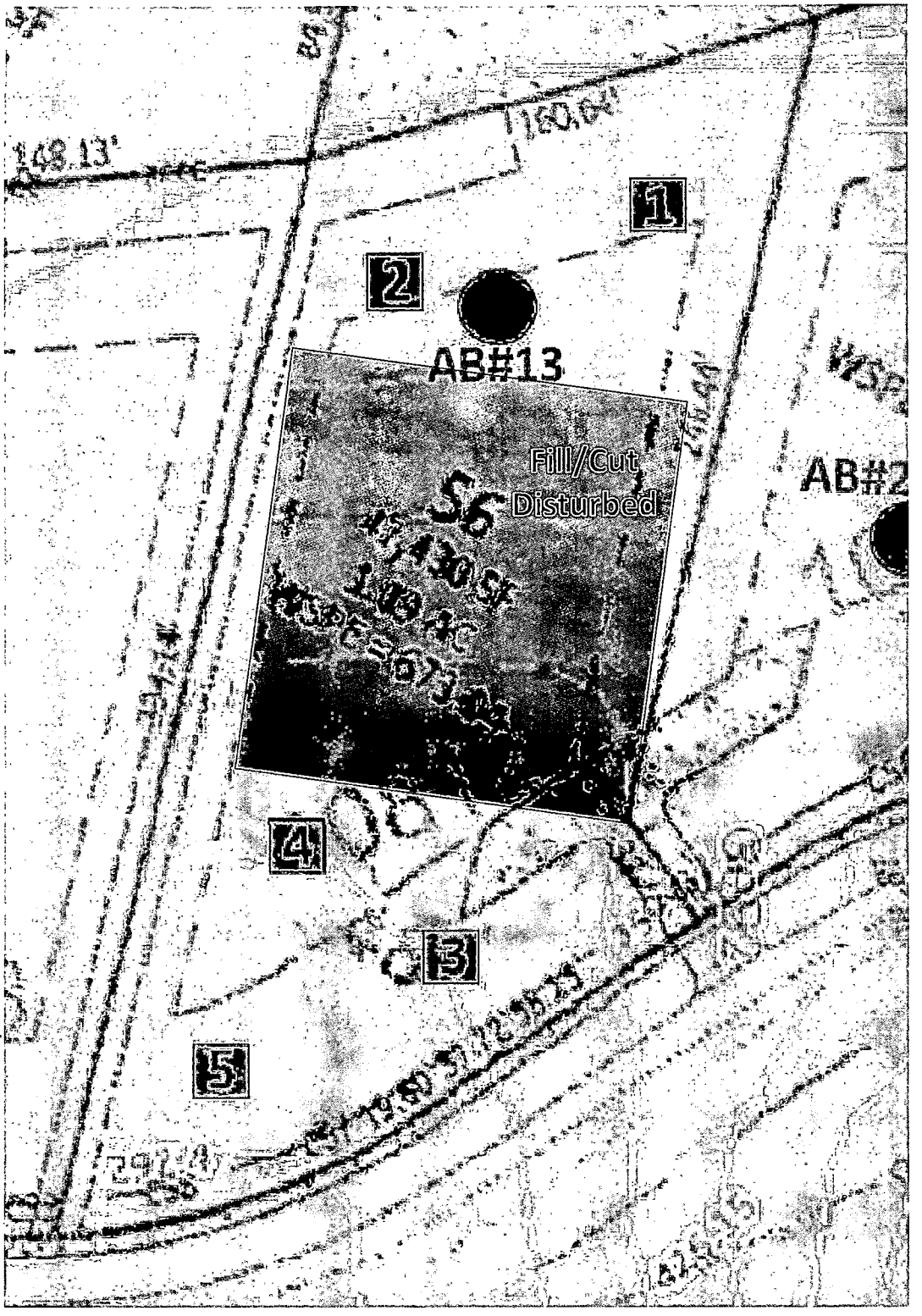

**Map Created by: P. Mitchell**
**Date:** 9/24/2024

**PROPERTY INFO**
**Address:** Lot 56 Chasewood S/D
**PID No.:** 13913448

**Mecklenburg County**
**Groundwater & Wastewater Services**

# Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



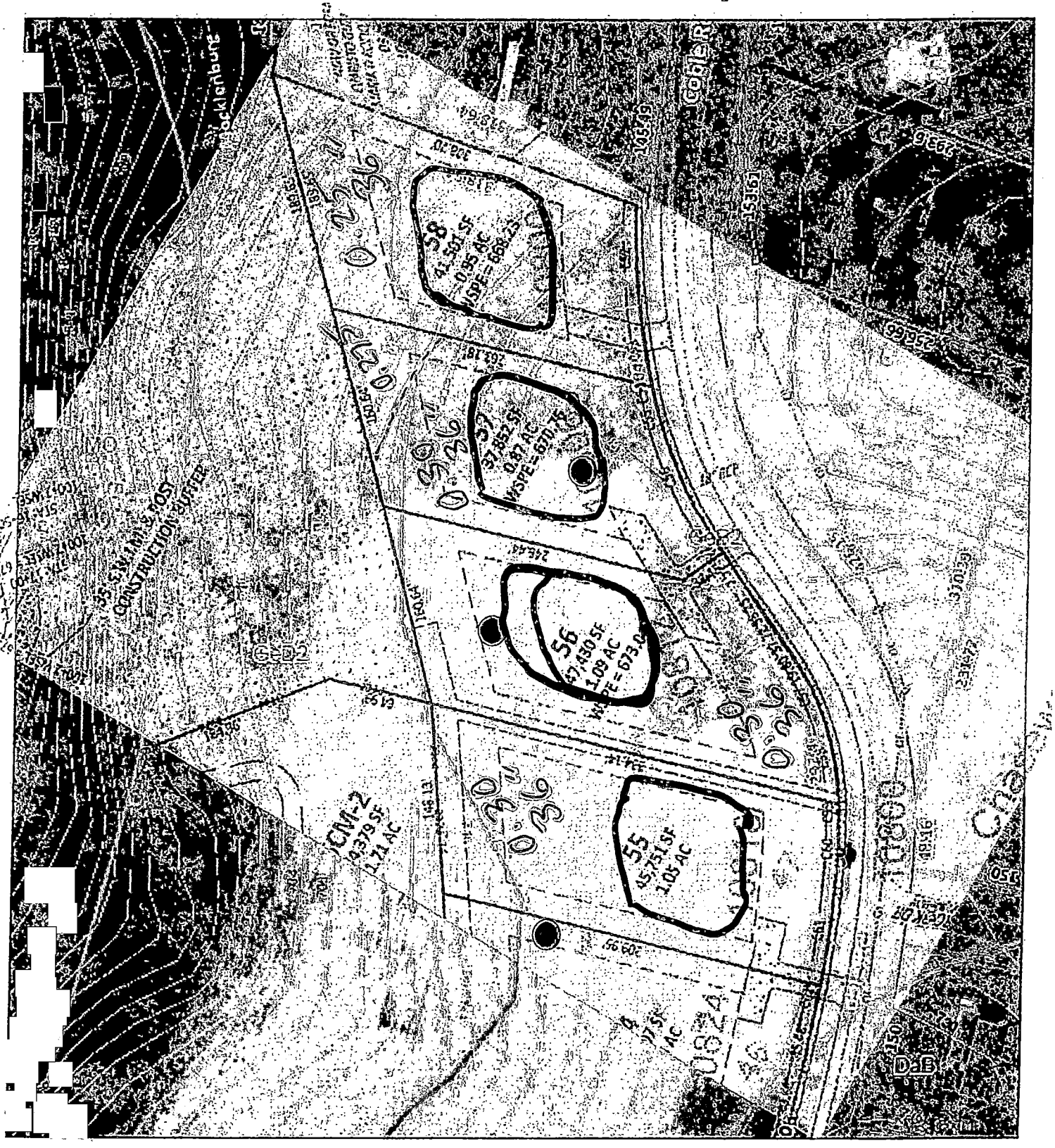

**Map Created by: P. Mitchell**
**Date:** 9/24/2024

**PROPERTY INFO**
**Address:** _____
**PID No.:** _____

**Mecklenburg County**
**Groundwater & Wastewater Services**

# Lots 55 - 58

## Soil & Site Evaluation Map




**Map Created by:** P. Mitchell

**Date:** _____

**PROPERTY INFO**

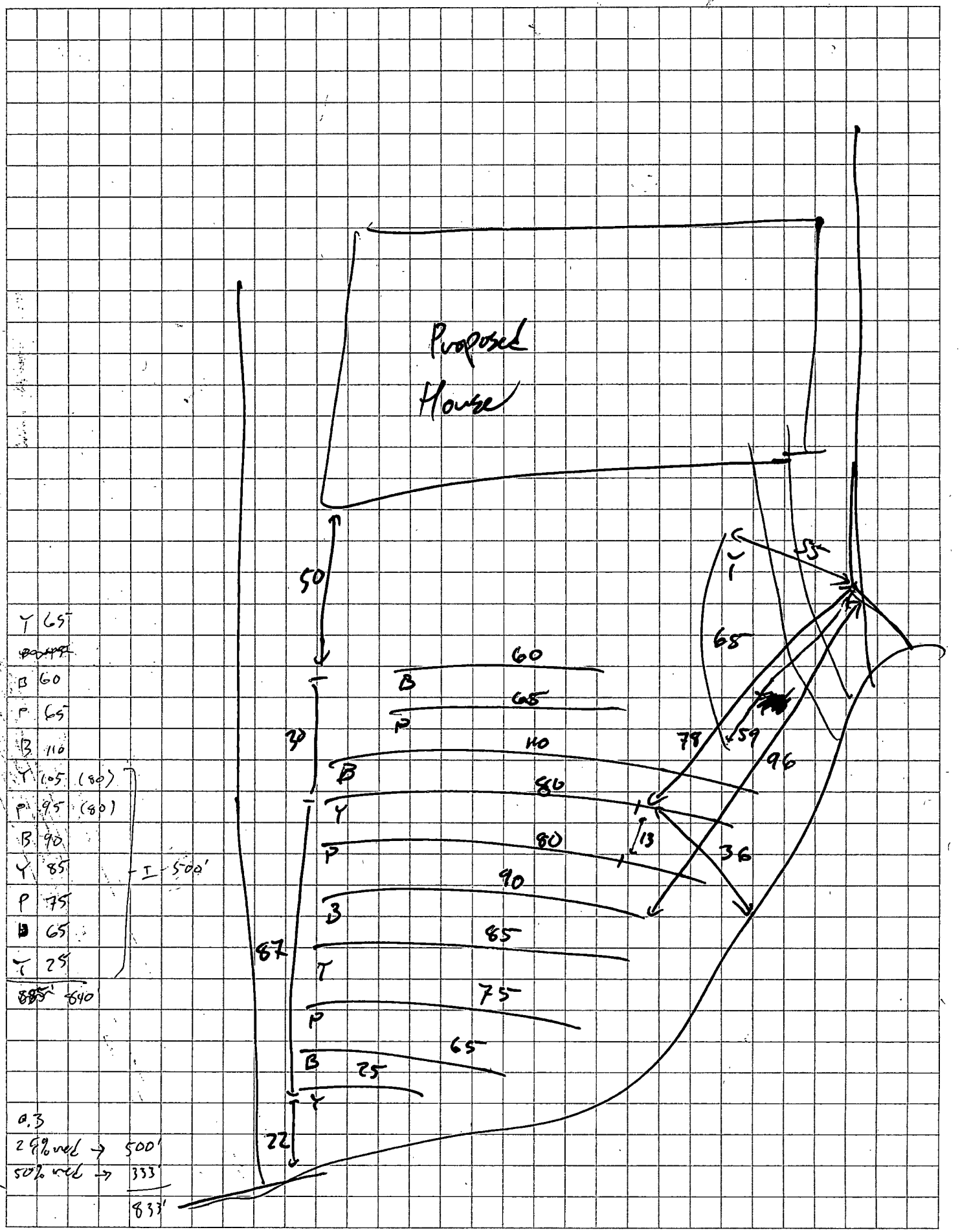
**Address:** _____

**PID No.:** _____

**1 inch = 100 feet**



**Mecklenburg County**
**Groundwater & Wastewater Services**




print-graph-paper.com

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr Suite 8000 Charlotte NC 28208
Phone (980) 314-1680 Fax (704) 336-6834

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

# IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 12039B Permit #: 14934 Tax Parcel #: 139-134-48

Property Owner: Coulston Enterprises, Inc.

Job Location Address: 10812 Coble Rd.

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: 11/14/24 Construction Authorization Issuance Date: NA

Permission is hereby given to repair an on-site wastewater treatment & disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before IP only. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: / gallons Liquid Capacity of Dosing Tank: / gallons

Drainfield Design ☐ N/A

Trench Depth _____ inches IP only

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) 25% reduction

Distribution Device: Manifold

Bed Design (For Repair Installations ONLY) ☑ N/A

Bed Depth _____ inches

Bed Width: _____ feet

Total line length _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: / feet

Distance from Property Line / feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
Proposed Layout

See attached drawing

IP only

Expires on 11/14/29

Comments: System Classification & Type: Initial III b - pump to 25% reduction chambers

Repair III b - pump to HPPBPS

Authorized Agent: Troy Kling Signature: Troy K

Owner Signature: Cathy Coble Date 11/15/24

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/CONSTRUCTION AUTHORIZATION for**
**REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 12039B Permit #: 14934 Tax Parcel #: 139-134-48

Property Owner: Coulston Enterprises, Inc.

Job Location Address: 10812 Coble Rd.

City: Mint Hill State: NC Zip Code: 28227

**Improvement Permit Issuance Date:** 11/14/24 **Construction Authorization Issuance Date:** NA

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before IP only. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: / gallons Liquid Capacity of Dosing Tank: / gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet IP only

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) 25% reduction

Distribution Device: Manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: / feet

Distance from Property Line: / feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached drawing

IP only

Expires on 11/14/29

Comments: System Classification & Type: Initial IIIb - pump to 25% reduction Chambers

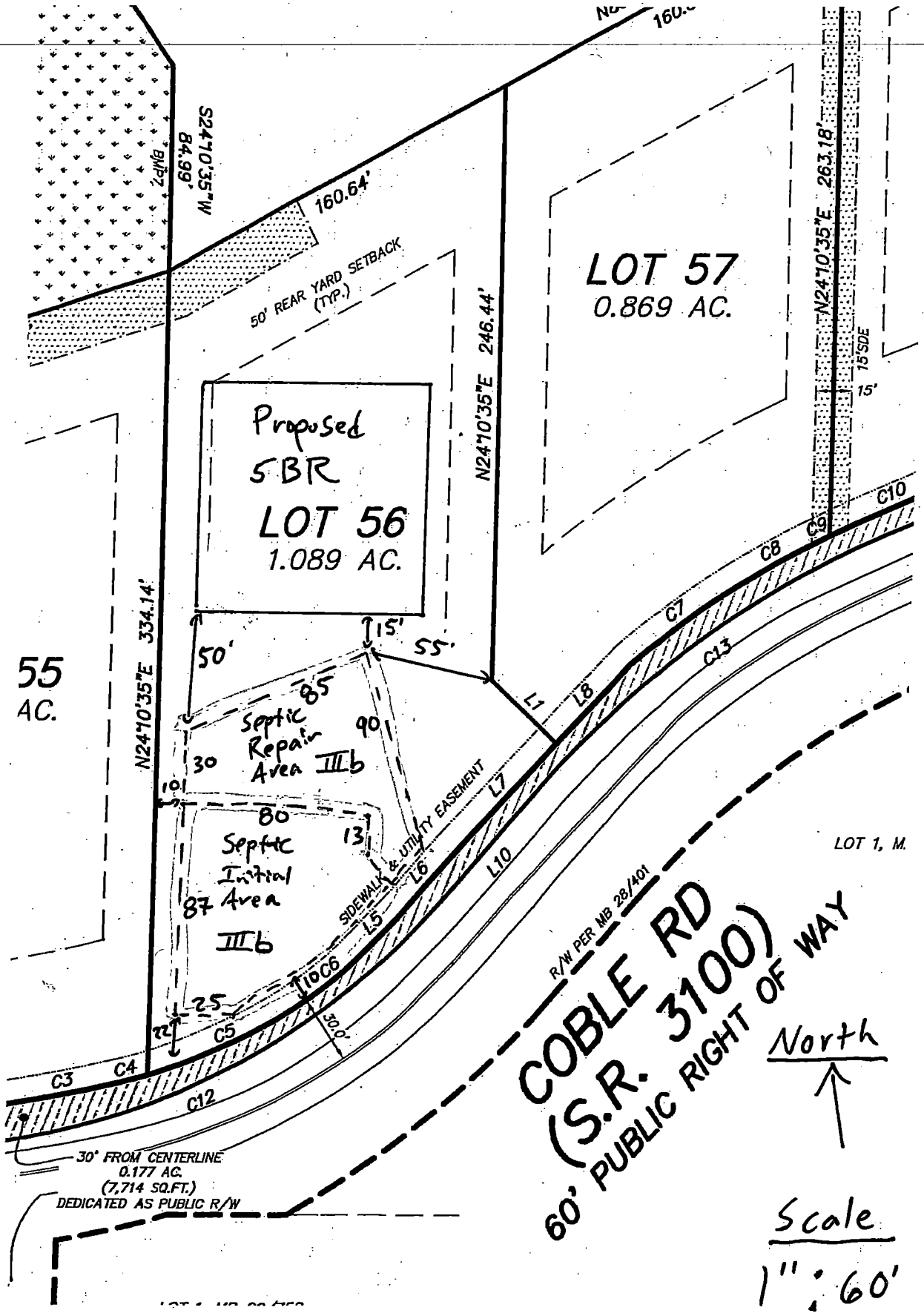
Repair IIIb - pump to MPPBPS

Authorized Agent: Troy Kling Signature: Ty K

Owner Signature: _____ Date: _____

# Improvement Permit

File 120313 Permit 14934 Tax Parcel 139-134-44




Troy King, REHS 11/14/24

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12039B/14934

## CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 139-134-48

Owner: Eastwood Homes Applicant: Eastwood Homes

Property Location: 10812 Coble Road, Charlotte, NC 28227

Facility Type: SFD

Number of bedrooms: 5 Number of Occupants: 10 max 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* Pump to 25% reduction chambers (accepted) (Initial) Pump to VPPBPS (Repair)

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

Design Daily Flow: 600 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: 500 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 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‡: 34 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: ____ ft. TDH vs. ____ GPM Grease Trap Size (if applicable): ____ 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: Inspected every 5 years by LHD.

Conditions: Top 10 - 12" is compacted. Install system below this depth.

**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: Troy Kling Expiration Date: 11/14/2029 (based on IP)

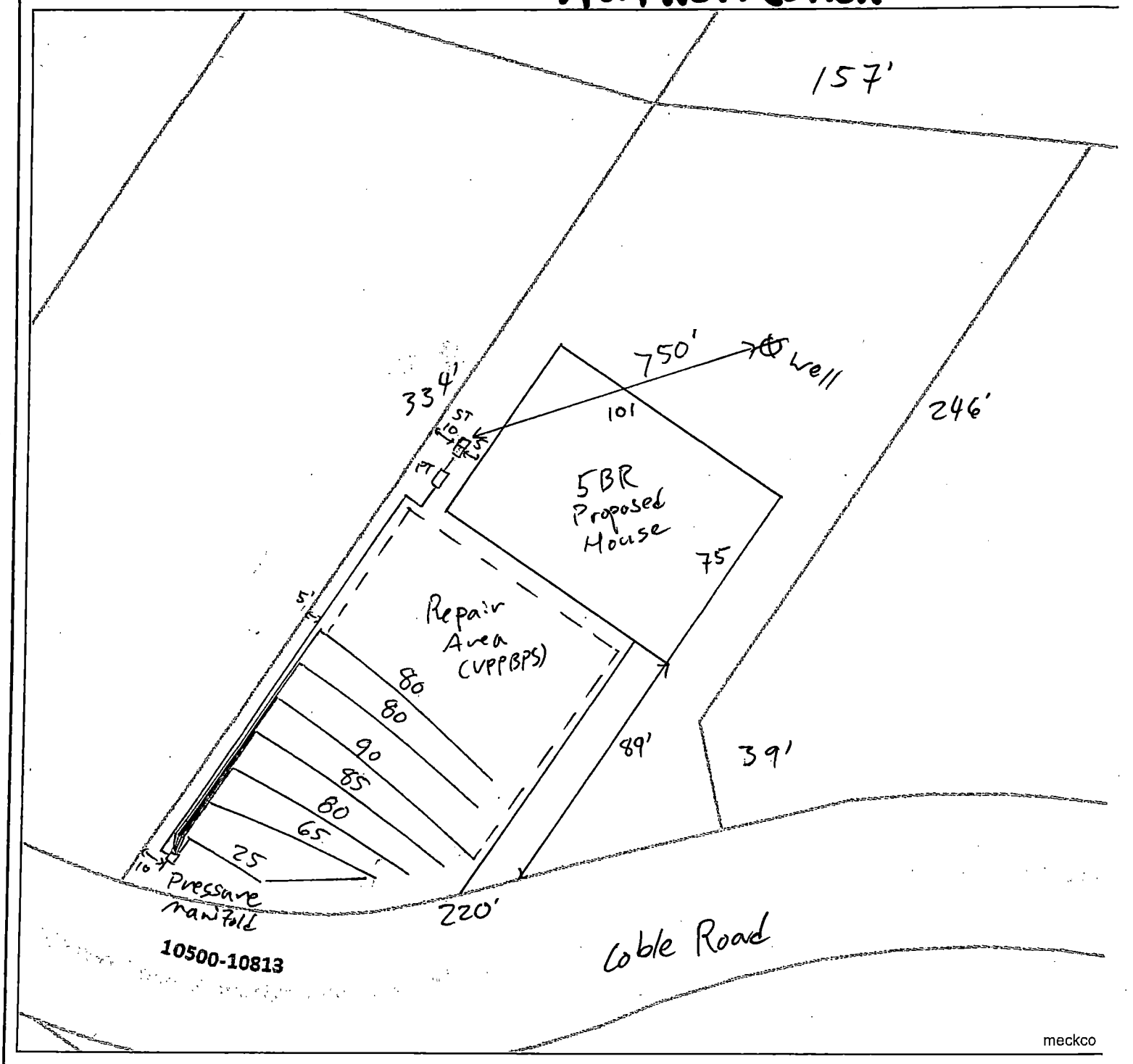
Authorized Agent's Signature: Date: 9/24/2025



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# On-site Wastewater Construction Authorization Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14934
PID #: 139-134-48
File #: 120398

Authorized Agent: Troy Kling Date: 9/24/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

# MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
# RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # 14934

# of BDR: 5 Daily Flow: 600 gal/day L.T.A.R.: 0.3000 gal/day/sq.ft

Septic Tank: 1500 gals Pump Tank: 1500 gals Sq. Foot: 1515 System Type: Accepted

Number of Taps: 6 Length of Trenches: 505 ft(See Tap Chart for Details)

Depth of Trenches: 34 in Manifold Length: 54 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 2 side(s) of manifold

Supply Line: length: 200 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 6.68 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 6.00 ft

Total Head: 14.68 ft Pump to Deliver: 32.88 gals/min at 14.68 ft head

Dosing Volume: 246 gals,

Drawdown: 246 gals divided by 30 gals/in = 8.2 inches

**Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.**

## TAP CHART

Benchmark is = 100.00 set at Design Head: 2

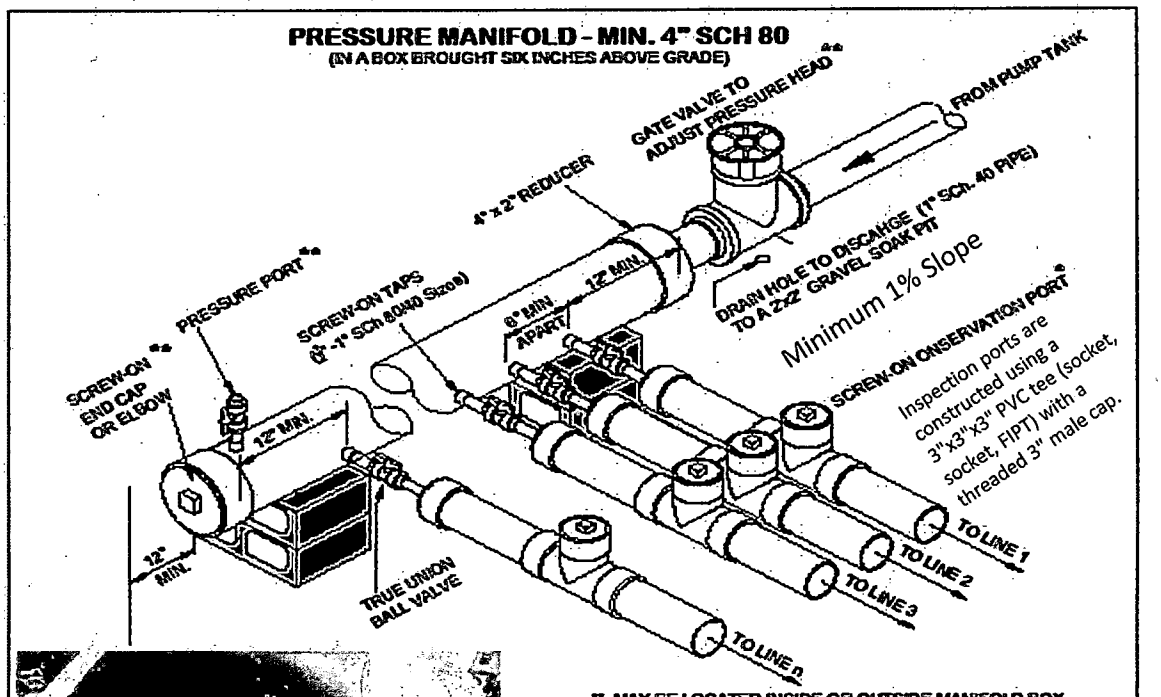
Pump tank elev. 100.00 Pump elev. 95.00 Manifold elev. 101.00

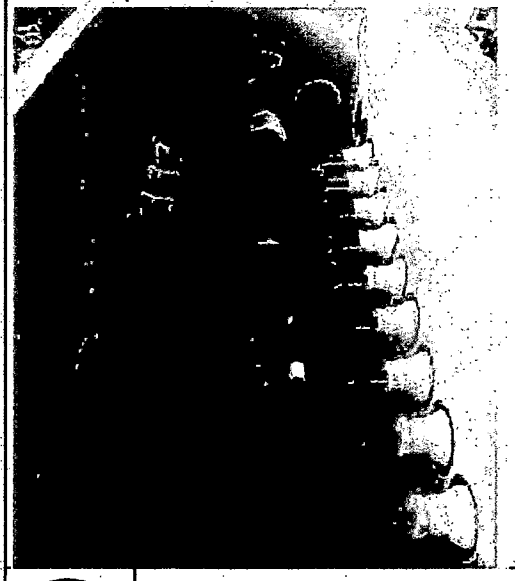
| line | color | rod read | Elevation | length | hole size | flow/tap | gal/day | trench area | LINE LTAR | # of Panels (PPBPS) | Spacing of Panels (in) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | YB | | 100.00 | 90 | 1/2in SCH 80 | 5.48 | 100.00 | 270 | 0.3704 | | |
| 2 | P | | 100.00 | 80 | 1/2in SCH 80 | 5.48 | 100.00 | 240 | 0.4167 | | |
| 3 | Y | | 100.00 | 85 | 1/2in SCH 80 | 5.48 | 100.00 | 255 | 0.3922 | | |
| 4 | B | | 100.00 | 90 | 1/2in SCH 80 | 5.48 | 100.00 | 270 | 0.3704 | | |
| 5 | P | | 100.00 | 80 | 1/2in SCH 80 | 5.48 | 100.00 | 240 | 0.4167 | | |
| 6 | Y | | 100.00 | 80 | 1/2in SCH 80 | 5.48 | 100.00 | 240 | 0.4167 | | |
| | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! | | |
| | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! | | |
| | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! | | |
| | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! | | |
| | | | Total Feet = | 505 | gal/min = | 32.88 | | LTAR = | 0.3000 | | |
| | | | Feet Required = | 500 | Velocity = | 3.14 | | (ltar + 5%) | 0.3150 | | |
| Total # of Panels (PPBPS) | | | | Des. Flow | 600 | | | (ltar w/25% red) | 0.4000 | | |
| % of Dose Vol. | | 75 | | Pump Run= | 18.25 | | | (ltar + 5%) | 0.4200 | | |
| Dose Volume | | 246 | | Tank Gal/IN | 30 | | | | | | |
| Dose Pump Time | | 7.49 | | Elev. Head | 6.00 | | | | | | |
| Drawdown in Inches | | 8.2 | | | | | | | | | |

Comments:

PM Draw

| | Line 1 | Line 2 | Line 3 | Line 4 | Line 5 | Line 6 | Line 7 | Line 8 | Line 9 | Line 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Taps** | 1/2in SCH 80 | 1/2in SCH 80 | 1/2in SCH 80 | 1/2in SCH 80 | 1/2in SCH 80 | 1/2in SCH 80 | | | | |
| **Flow** | 5.48 | 5.48 | 5.48 | 5.48 | 5.48 | 5.48 | 0 | 0 | 0 | 0 |



** MAY BE LOCATED INSIDE OR OUTSIDE MANIFOLD BOX. WHEN LOCATED OUTSIDE VALVE BOX IS REQUIRED.

* MAY BE INSIDE BOX OR IF OUTSIDE, BRING 6" ABOVE GRADE

| LINE # | TAPS | LENGTH |
|---|---|---|
| 1 | 1/2in SCH 80 | 90 |
| 2 | 1/2in SCH 80 | 80 |
| 3 | 1/2in SCH 80 | 85 |
| 4 | 1/2in SCH 80 | 90 |
| 5 | 1/2in SCH 80 | 80 |
| 6 | 1/2in SCH 80 | 80 |

**Pressure Manifold Detail**
**N/A**
**Groundwater & Wastewater Services**

| | | Date | File Name |
|---|---|---|---|
| Designed | ICD | 10/23/2018 | Pressure Manifold Detail |
| Revision | 0 | N/A | Drawing No. |
| Approved | ICD | 10/23/2018 | 1/1 |
| **No Scale** | | | Sheet 1 of 1 |

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12039B/14934

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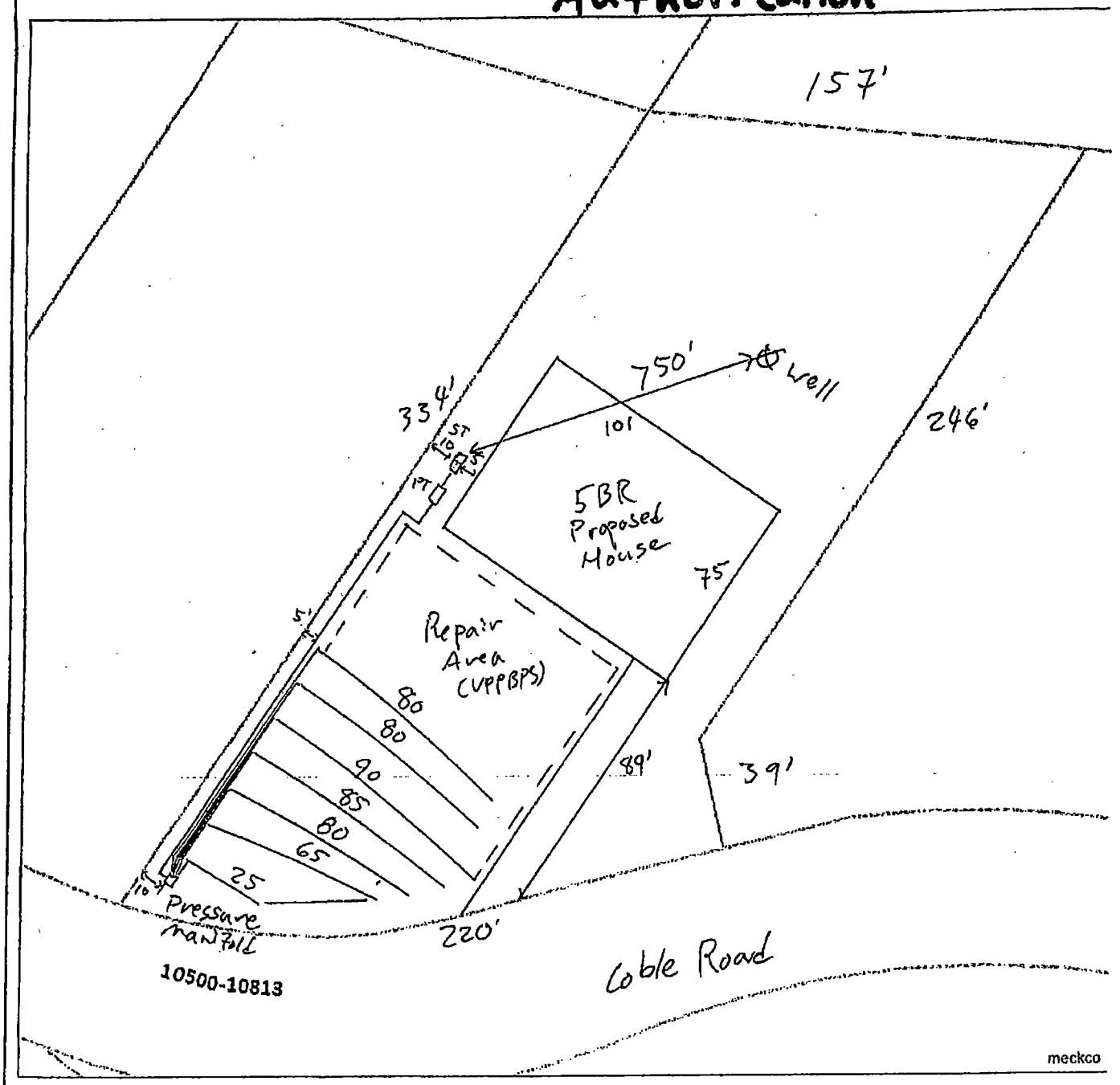
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# On-site Wastewater Construction Authorization Diagram




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14934
PID #: 139-134-48
File #: 12039B

Authorized Agent: Troy Kling Date: 9/24/25

Owner/ Legal Agent: Candice Mann Date: 10/16/25

1 inch = 50 feet

Phone: (980) 314-1680 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 12039 B Permit #: 14934 Tax Parcel #: 139-134-48

Property Owner: Eastwood Homes

Job Location Address: 10812 Coble Road

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 4/10/26 Contractor Name: Little's Septic - Wes Little

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Sheaf STB964 PT477 Effluent Pump Model: Lib 280

**Drainfield Installation** ☐ N/A

Trench Depth: 34 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 7 @ Varies feet

Depth of Media: 12 inches (Type) CHM36

Depth of Cover: 6+ inches

Distribution Device: Pressure manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

**Water Supply Source**

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

**System Installation Setbacks**

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: >50 feet

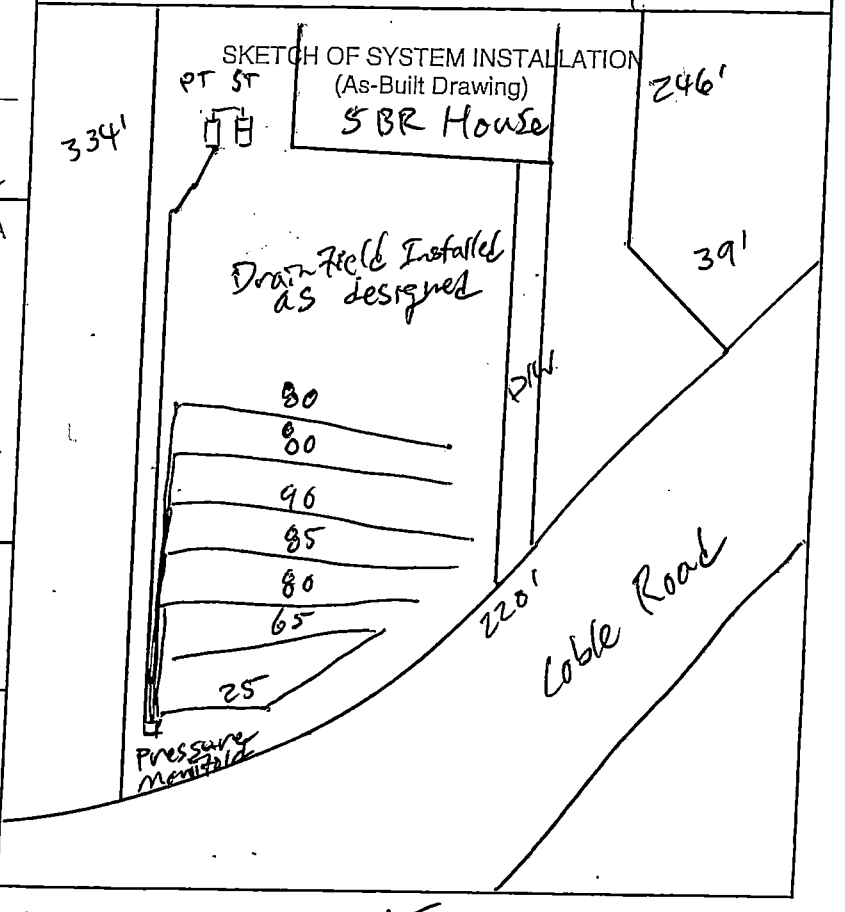
**Inspection Dates**

Tank(s) Inspected: 3/5/26

Excavation Inspected: 3/5/26

Pump & Controls Inspected: 4/9/26

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: III b - CHM36

DENR Authorized Agent: Troy Kisling Signature: Troy Kisling

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 #: 12039B Permit #: 14934 Tax Parcel #: 139-134-48

Property Owner: Eastwood Homes

Job Location Address: 10812 Coble Road

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 b

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

Subsurface system operator required: Yes ☐ No ☑

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Troy Kling Date: 4/10/26

Signature: Troy Kling