SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

SESSION LAW A2

IP/CA Combo

File Number: 8791B

Assigned Inspector: Patrick- Troy

☑ IP & CA $180: SM 11/18/25 Initial/Date

☑ OP $200: JH 11/18/25 Initial/Date

~~☐ Floor plans reviewed~~

☑ Approve as Noted in ~~Accela~~ Winchester - as of 11/20/25 no building permit hold

☑ Septic file complete: 3/25/26

☑ Release final hold in Accela: LP 3/26/26

Comments:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/18/25	**Amount:**	180.00
Receipt #:	157927	**Tendered:**	180.00
Check / Auth #:	VISA 018700	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: KHURAM BASHIR
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0789	A2 Session Law IP/CA Combo 7832 DEERBRIDGE	1	180.00	180.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
210.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/18/25	**Amount:**	200.00
Receipt #:	157928	**Tendered:**	200.00
Check / Auth #:	VISA 018700	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: KHURAM BASHIR
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7832 DEERBRIDGE	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
210.00					

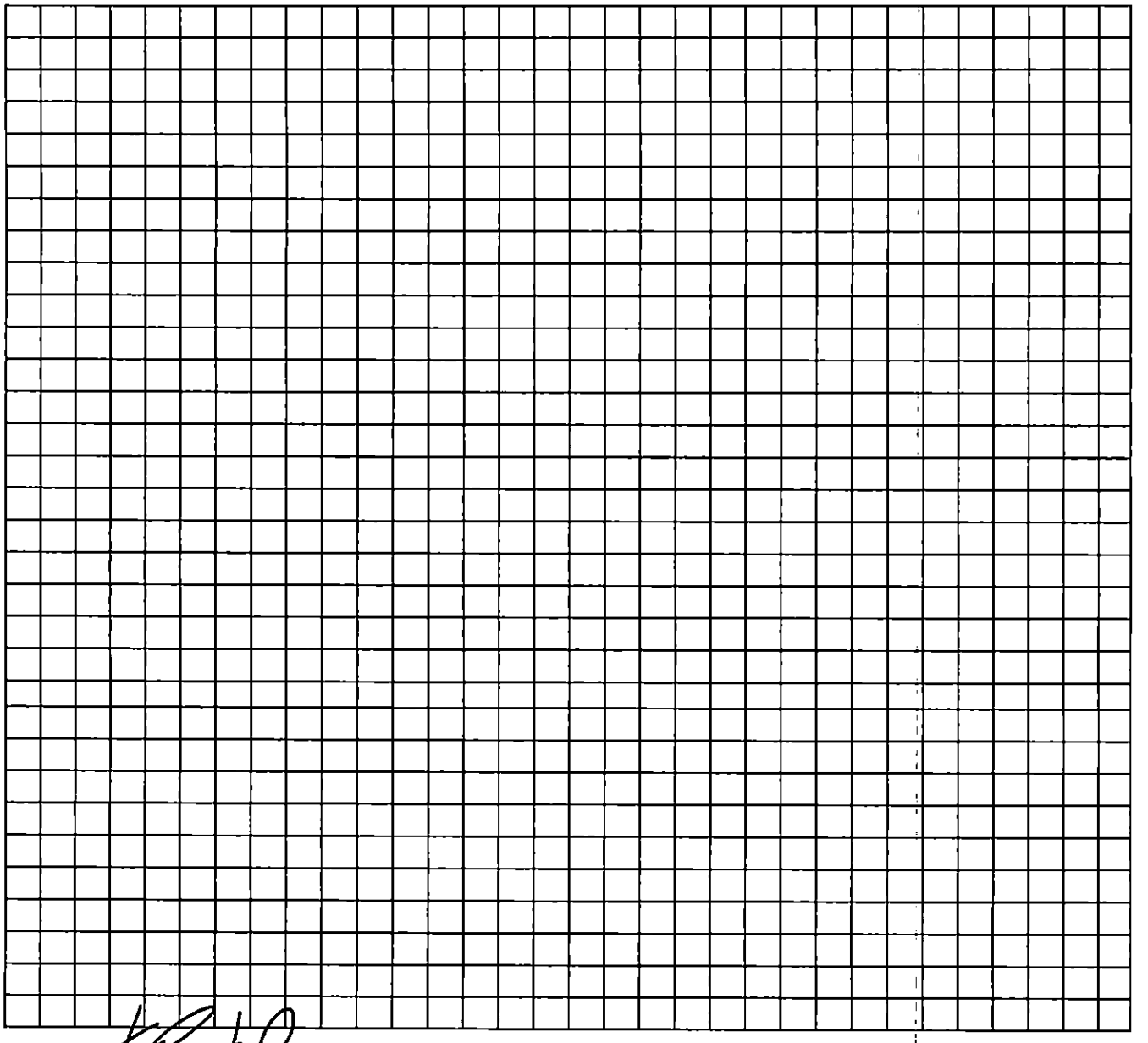
File #: _____

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: 7832 Deerbridge Tax Parcel #: 13903383

Subdivision Name: Stonebridge Lot #: 81

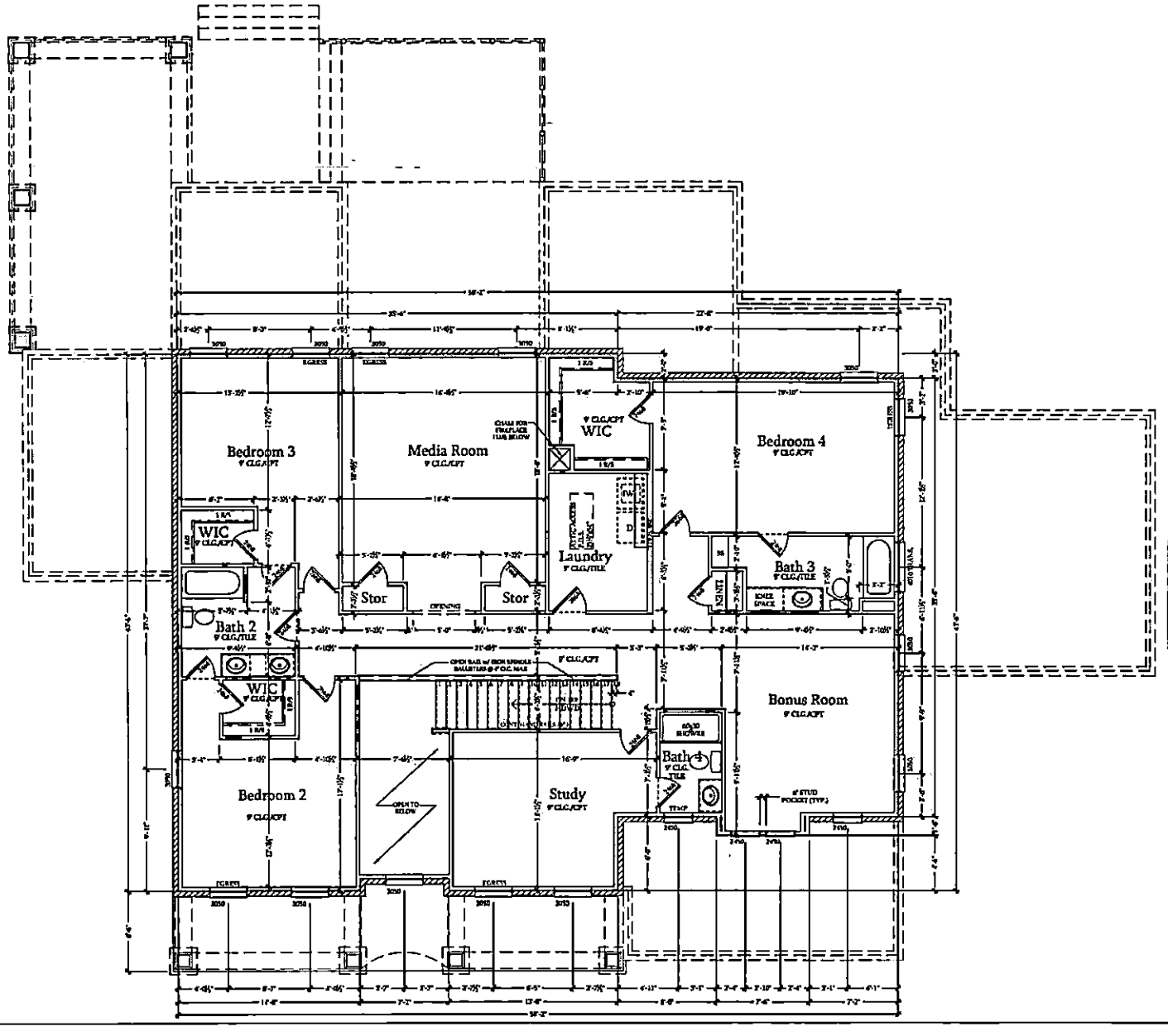


Property Owner's or Owner's Legal Representative Signature

11/17/25
Date

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

Revised on: 4/20/17



GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- = TYP. FRAME WALL
- = INTERIOR BEARING WALL
- = HALF WALL
- = EXTERIOR WALL w/ BRICK VENEER
- = EXTERIOR WALL w/ STONE VENEER

MECKLENBURG COUNTY NORTH CAROLINA

MECKLENBURG COUNTY CODE ENFORCEMENT

Residential Plan Review Disclaimer
A limited plan review for compliance with the NC State Residential Code was performed on these plans. It is the Responsibility Of The Contractor to construct the project using good engineering practice and as built compliance with the North Carolina Residential Code, local ordinances, and State regulations.

PROJECT # 387407

APPROVED

A LIMITED REVIEW FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS

PLANS REVIEWED BY:

DANIEL T NEBUS II
07/26/2018

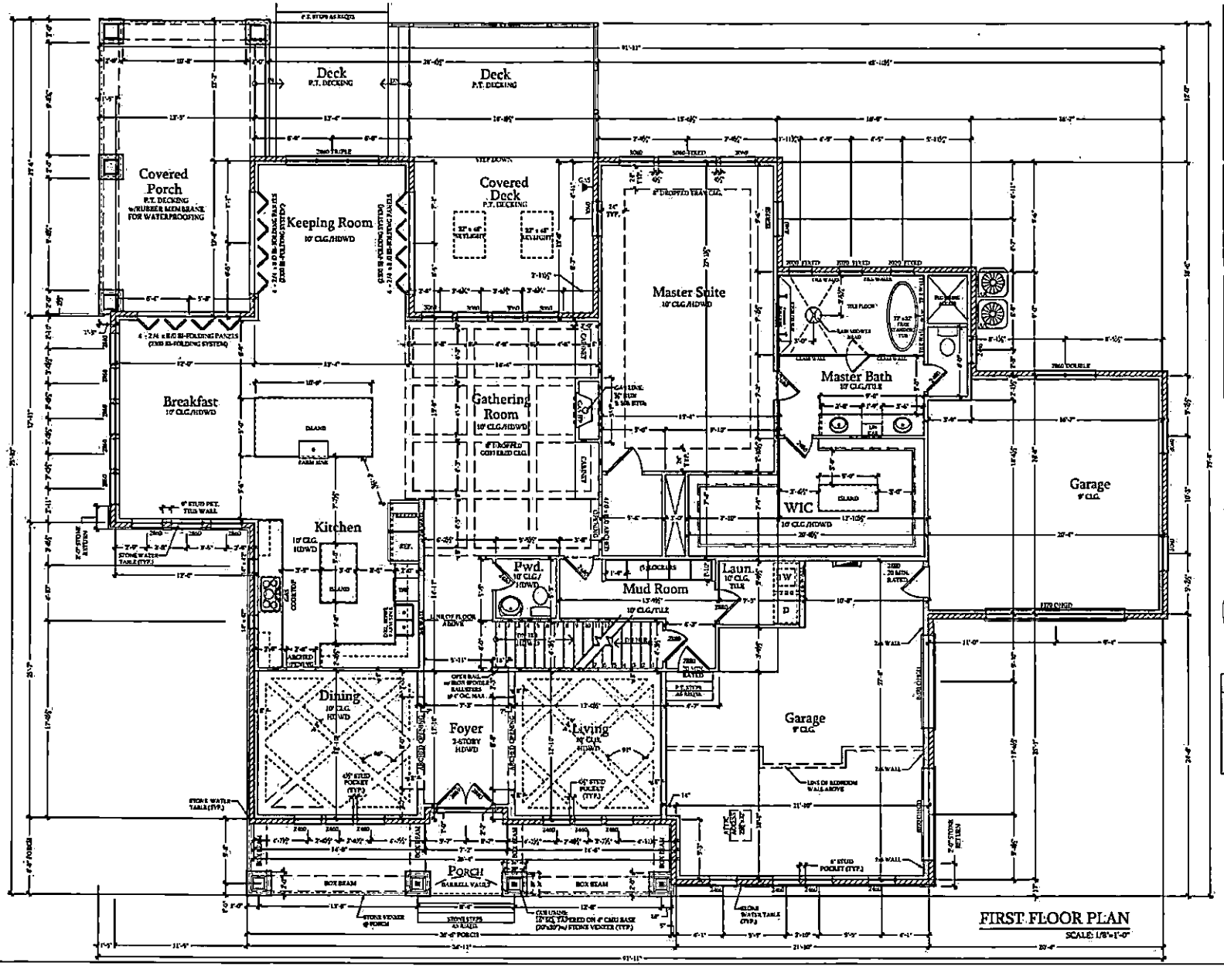
SECOND FLOOR PLAN

SCALE: 1/8"=1'-0"

BASHIR RESIDENCE
STONEBRIDGE LOT 81

designed by:	bshr
drawn by:	mll
checked by:	
date:	07/24/18

A-5.0
SECOND FLOOR PLAN



FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRC2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION R 302.6 TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN (TYP.).
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEET IS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

UNFINISHED	2354
~~FINISHED BASEMENT:~~	~~1008 s.f.~~
FIRST FL. LIVING:	2820 s.f.
SECOND FL. LIVING:	2178 s.f.
TOTAL LIVING:	6641 s.f.
SIDE-LOAD 2 CAR GARAGE:	584 s.f.
CARRIAGE GARAGE:	412 s.f.
FRONT PORCH/COVERED ENTRY:	227 s.f.
COVERED PORCH BEHIND BREAKFAST BAL.	339 s.f.
COVERED DECK ON REAR:	227 s.f.
~~UNFINISHED STORAGE/MECHANICAL:~~	~~296 s.f.~~
REAR DECK	328

REVISED SQUARE FOOTAGE ON BUILDING PERMIT APPLICATION / HEATED IS 4978 SF FOR FIRST FLOOR / UNHEATED IS 4143 SF FOR GARAGE & FRONT, REAR, BREAKFAST PORCH & UNFINISHED BASEMENT / DECK 328 SF

MECKLENBURG COUNTY NORTH CAROLINA

PROJECT #387407

MECKLENBURG COUNTY CODE ENFORCEMENT

Residential Plan Review Disclaimer: A limited plan review for compliance with the NC State Residential Code was performed on these plans. It is the Responsibility Of The Contractor to construct this project using good engineering practice and in full compliance with the North Carolina Residential Code itself as conducted, and State regulations.

APPROVED

A LIMITED REVIEW FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS

PLANS REVIEWED BY:

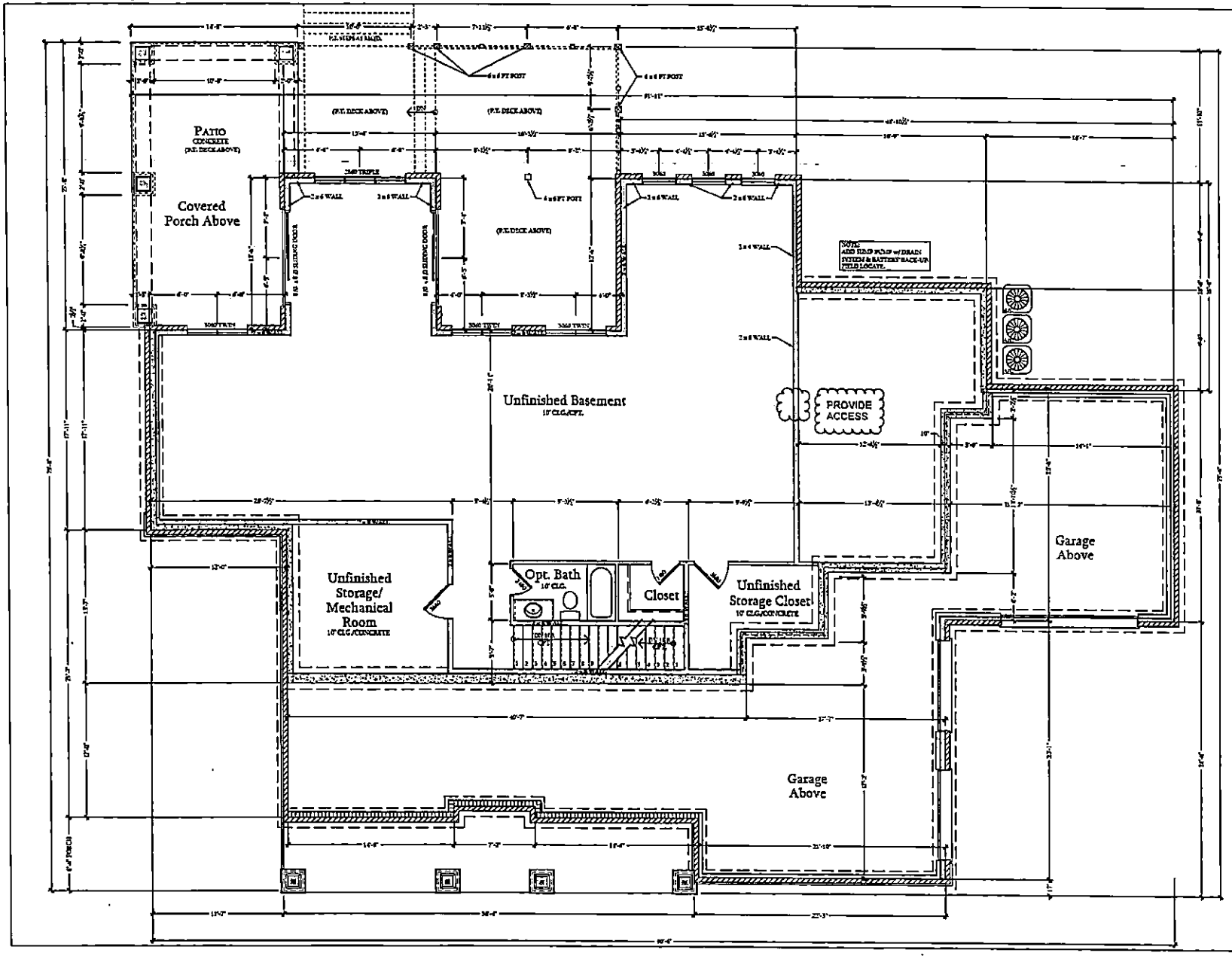
DANIEL T HEBUS II
01/26/2018

BASHIR RESIDENCE
STONEBRIDGE LOT 81

designed by: tah
drawn by: mb
checked by:
date: 01/14/18

A-3.0

FIRST FLOOR PLAN



GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DRAWING AND FIGURED DIMENSIONS GIVEN OR CONFLICT BETWEEN FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRC 2012 SECTION R312
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION R302.6 TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALLS AND TUBS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SWEPT ROOF OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- EXTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

MECKLENBURG COUNTY ENGINEERING DEPARTMENT NORTH CAROLINA

MECKLENBURG COUNTY CODE ENFORCEMENT

Residential Plan Review Disclaimer
A limited plan review has been done in accordance with the NC State Residential Code. Section 104 and 105 of the 2012 IRC state that it is the responsibility of the Contractor to understand and to comply with the North Carolina Residential Code, local ordinances, and State regulations.

PROJECT
 # 387407

APPROVED

A LIMITED REVIEW FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS

PLANS REVIEWED BY:

DANIEL T NEBUS II
07/05/2018

BASEMENT FLOOR PLAN

SCALE: 1/8"=1'-0"

BASHIR RESIDENCE
STONEBRIDGE LOT 81

designed by:	bsh
drawn by:	cdl
checked by:	
date:	01/16/18

BS-2.1

BASEMENT FLOOR PLAN

87913

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: 13903383
STREET ADDRESS: 7832 Deerbridge Street
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Stonebridge
LOT #: 81 LOT SIZE (acres): 0.75
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8
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

HAS 8211 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY ○ YES ○ NO
IF YES, 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: Khuram Bashir
ADDRESS: 7832 Deerbridge st.
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: (516) 884-2818
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

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)**

kb (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.

_____ 11/17/25

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
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

813 Davidson Dr NW
SFSConcordNC@gmail.com
SoilAndForestryServices.com

Project #:25-1178

Thank you for choosing us to design your septic system.

This design packet contains everything you will need to get your septic permit and can be used for obtaining quotes from septic installers.

Please print the packet and sign the cover page, the agent authorization (if included) and the Application for Services page.

You will need to visit your county environmental services department and complete any applications they require along with paying any necessary fees for permitting.

Sincerely,

Soil & Forestry Services of the Carolinas, PA

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

11/17/2025

Mecklenburg Groundwater & Wastewater Services
Attn: Jeremy Michelone
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208

Re: Improvement Permit & CA Submittal for 7832 Deerbridge Street (Lot #81)

Mr. Michelone,

Attached please find sealed soil notes as well as site plans and design related data for a 4 bedroom house ACCEPTED system using PMANIFOLD distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Khuram Bashir

Signature:

Date: 11-17-2025

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

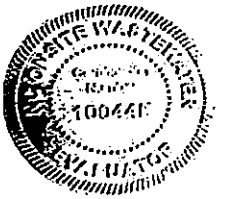
"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

Wendell Overby LSS, 980-439-5007

Signature:

Date: 11/17/2025 Seal:





SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

11/17/2025

Mecklenburg Groundwater & Wastewater Services
Attn: Jeremy Michelone
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208

Re: Improvement Permit & CA Submittal for 7832 Deerbridge Street (Lot #81)

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"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Khuram Bashir

Signature: _____

Date: 11-17-2025

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

Wendell Overby LSS, 980-439-5007

Signature: _____

Date: 11/17/2025 Seal:





CALCULATIONS	Project #25-1178

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

PROJECT INFO	Designer	Wendell Overby
	Project #	25-1178
	Project MM YYYY	Nov 2025
	County	Mecklenburg
	Project Location	7832 Deerbridge Street
	Lot # (if applicable)	81
	Subdivision (if applicable)	Stonebridge
	Parcel #	13903383
	Property is Recorded?	Yes
	Lot size (acres)	0.745
	Easement(s) on parcel?	Yes
	Business (if applicable)	N/A
	Current Owner (for AA)	N/A
	Electronic Signature OK?	N/A
	Name	Khuram Bashir
	Mailing Address	4606 sagewood park rd
	City	Matthews
	State	North Carolina
	Zip	28105
	Phone	516 884-2818
	Email	
	Facility Type	Residential
	Facility	House
	Bedroom	4
	Water Source	Public
	Foundation Type	Basement w/Fixtures
	Daily Flow (gallons)	480
	Soil Evaluation Method	Pits
	Soil Evaluation Date	09/26/2013
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	PMANIFOLD
	System Type Text	IIIbg (ACCEPTED PUMP)
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	27
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	45
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	400
	Designed Feet of Line (system)	408
	Saprolite system?	Yes
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	LPP
	Repair System Type Text	IV
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	27
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	45
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	267
	Designed Feet of Line (repair)	267
	Saprolite system?	No
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	408
	Gallons per Minute	28.4
	Required Septic Tank Capacity (gallons)	1000
	Minimum Standard Tank Size (gallons)	1000
	Lateral Line Volume (gallons)	266
	Dosing Volume (gallons)	186
	Tank Draw Down (inches)	8.9
	Pump Run Time (minutes)	6.5
	Elevation Head (feet)	21
	Pressure Head (feet)	2.0
	Supply Line Length (feet)	390
	Supply Line Volume (gallons)	68
	Supply Line Diameter	2" SCH 40 PVC
	Friction Factor (ft/100ft)	1.6
	Friction Head (feet)	6.3
	Friction Head +10% (feet)	7.0
	Total Dynamic Head (feet)	30.0
	Pump Recommendation	Zoeller 153

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair

[X] 5 Year Expiration Requested (site plan provided) [ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant:	Wendell Overby, LSS // Soil & Forestry Services, PA	Owner:	Khuram Bashir
Mailing Address:	Concord	Mailing Address:	4606 sagewood park rd
City:	Concord	City:	Matthews
State:	North Carolina	Zip: 28025	State: North Carolina	Zip: 28105
Phone #:	SFSConcordNC@gmail.com	Phone #:	516 884-2818
Email:	813 Davidson Dr NW	Email:	0

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

[ ] Yes	[ ] No	Does the site contain any jurisdictional wetlands?
[ ] Yes	[X] No	Is any wastewater going to be generated on the site other than domestic sewage?
[ ] Yes	[ ] No	Is the site subject to approval by any other public agency?
[X] Yes	[ ] No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: _____ Date: 11/17/2025

Owner's Signature: _____ Date: 11-17-2025

Permit/File #: 8791B

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg
PIN/Lot Identifier: 13903383
Issued To: Khuram Bashir
Property Location: 7832 Deerbridge Street
Subdivision (if applicable): Stonebridge Lot#: 81 Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Wendell Overby #1218
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Facility Type: Residential
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIIbg (ACCEPTED PUMP) (Initial) Pump Required: [X] Yes [ ] No [ ] May be required
Proposed Wastewater System Type*: IV (HPPBPS LPP) (Repair) Pump Required: [X] Yes [ ] No [ ] May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW
Saprolite System (Initial): [X] Yes [ ] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 45 Usable Depth to LC (Repair)*: 45 ** Limiting Condition*
Max. Trench Depth (Initial)†: 27 Max. Trench Depth (Repair)†: 27 *† Measured on the downhill side of the trench*
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

- Proposed septic areas are to remain undisturbed (no grading, no utilities installation)
- Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)
- Supply line and drainfield located in existing recorded easement. Supply line crosses creek at 90degrees and will use aerial
- crossing with supply line in ductile iron pipe minimum 10ft on either side of crossing.
- See Design for any additional details Project#:25-1178

Licensed Soil Scientist Print Name: Wendell Overby, LSS
Licensed Soil Scientist Signature: Wendell Overby Date: 11/17/2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

PROPERTY ID #: 13903383
COUNTY: Mecklenburg

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(complete all fields in full)

OWNER: Khuram Bashir
DATE EVALUATED: 09/26/2013
ADDRESS: 4606 sagewood park rd
PROPOSED FACILITY: 4 bedroom house
PROPOSED DESIGN FLOW (.0400): 480
PROPERTY SIZE: 0.745 acres
LOCATION OF SITE: 7832 Deerbridge Street
PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Public [ ] Single Family Well [ ] Shared Well [ ] Spring [ ] Other
WATER SUPPLY SETBACK: 10
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] Domestic [ ] High Strength [ ] IPWW

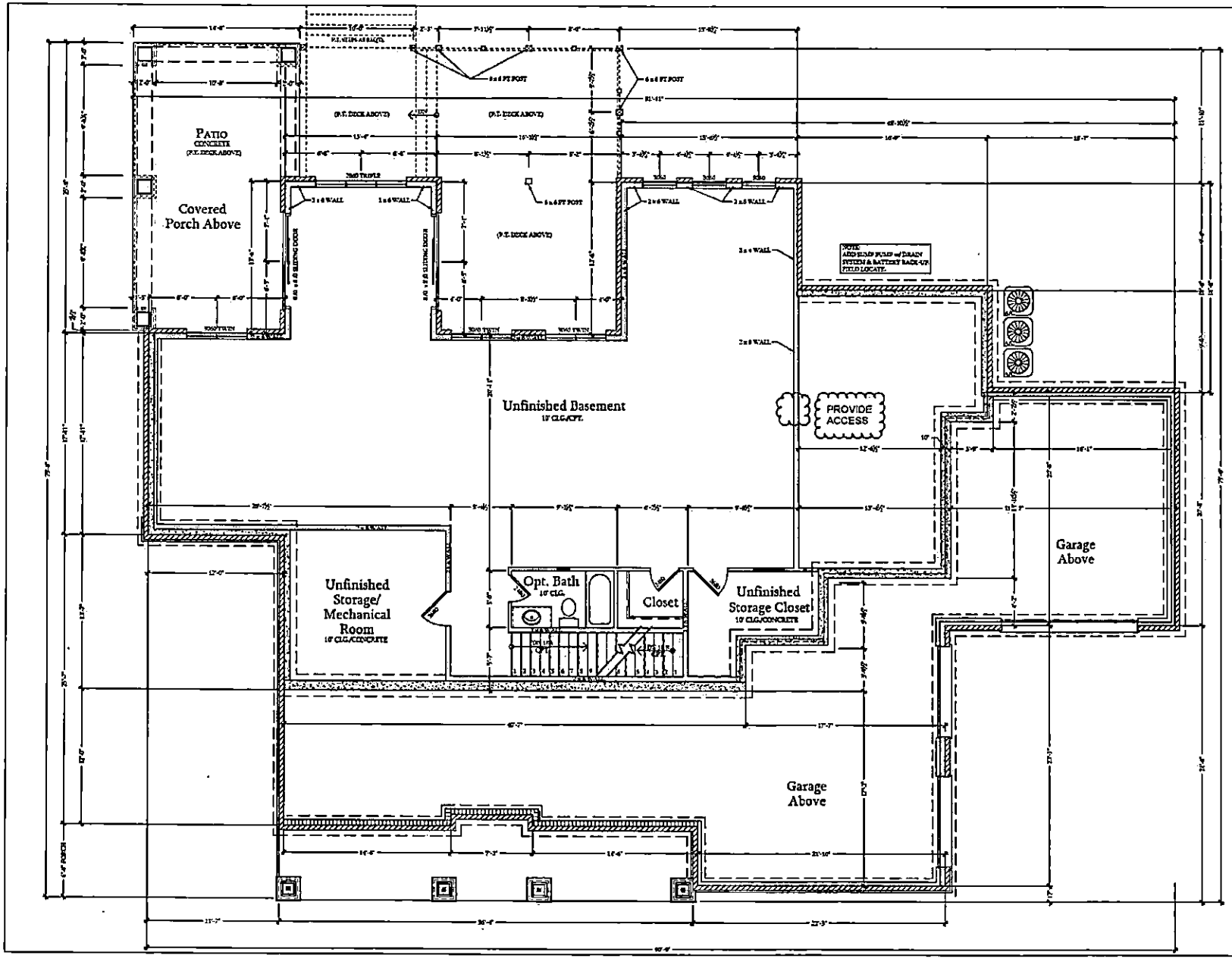
PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
P29	L / 9%	0 - 5	B CL WMS	FR SS SP	N/A	45	N/A	N/A	0.3	4
		5 - 23	R C WMS	FI SS SP						
		23 - 45	R CL WMS	FR SS SP						
P30	L / 16%	0 - 4	B CL WFS	FR SS SP	N/A	45	N/A	N/A	0.3	6
		4 - 30	R C WMS	FI SS SP						
		30 - 45	R CL WMS	FR SS SP						
		45 - 52	VAR L MASS SAP	VFR SS SP						
P32	L / 17%	0 - 8	B SCL WFS	FR SS SP	N/A	21	N/A	N/A	0.3	7
		8 - 21	R C WFA	FR SS SP						
		21 - 60	VAR L MASS SAP	FR SS SP						
P33	L / 17%	0 - 6	B L WFG	VFR SS SP	N/A	46	N/A	N/A	0.3	7
		6 - 35	R C MFA	FI SS SP						
		35 - 46	R CL WFA	FR SS SP						
		46 - 50	VAR L MASS SAP	VFR SS SP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	408	267
System Types(s)	ACCEPTED	HPPBPS
Site LTAR	0.3	0.3
Maximum Trench Depth	27	27

SITE CLASSIFICATION (.0509): S
EVALUATED BY: Wendell Overby
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST WENDELL OVERBY 1219 N.C. NORTH CAROLINA

COMMENTS: Project#:25-1178



GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION R 302.6 DWELLING/GARAGE SEPARATION OF THE IRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURNED.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

MECKLENBURG COUNTY NORTH CAROLINA

MECKLENBURG COUNTY CODE ENFORCEMENT

Residential Plan Review Disclaimer: A limited plan review for compliance with the NC State Residential Code was performed on these plans. It is the Responsibility Of The Contractor to construct this project using good engineering practice and to full compliance with the North Carolina Residential Code, local ordinances, and State regulations.

PROJECT # 387407

APPROVED

A LIMITED REVIEW FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS

PLANS REVIEWED BY:

DANIEL T NEBUS II
07/26/2016

BASEMENT FLOOR PLAN

SCALE: 1/8"=1'-0"

BASHIR RESIDENCE
STONEBRIDGE LOT 81

designed by:	heh
drawn by:	mll
checked by:	
date:	01/14/16

BS-2.1

BASEMENT FLOOR PLAN

Permit/File #: 8791B

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $ _____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg
PIN/Lot Identifier: 13903383
Issued To: Khuram Bashir
Property Location: 7832 Deerbridge Street
Subdivision (if applicable): Stonebridge Lot#: 81 Block: _____ Section: _____
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Wendell Overby #1218
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Facility Type: Residential
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIIbg (ACCEPTED PUMP) (Initial) Pump Required: [X] Yes [ ] No [ ] May be required
Proposed Wastewater System Type*: IV (HPPBPS LPP) (Repair) Pump Required: [X] Yes [ ] No [ ] May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW
Saprolite System (Initial): [X] Yes [ ] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 45 Usable Depth to LC (Repair)*: 45 ** Limiting Condition*
Max. Trench Depth (Initial)!: 27 Max. Trench Depth (Repair)!: 27 *! Measured on the downhill side of the trench*
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details: _____
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other: _____
Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)
Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc.)
Supply line and drainfield located in existing recorded easement. Supply line crosses creek at 90degrees and will use aerial crossing with supply line in ductile iron pipe minimum 10ft on either side of crossing.
See Design for any additional details Project#:25-1178

Licensed Soil Scientist Print Name: Wendell Overby LSS
Licensed Soil Scientist Signature: _____ Date: 11/17/2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 8791B

This Section for Local Health Department Use Only

Initial submittal received: 11/19/25 (Date) by TK (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: TK Date: 11/20/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 11/20/2030

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 8791 B

This Section for Local Health Department Use Only

Initial submittal received: 11/19/25 (Date) by TC (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: TC Date of Issuance: 11/20/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. 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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 11/20/2030

See attached site sketch

NCDHHS

Permit/File #: 8791 B

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Mecklenburg — Pre-Construction Conference Required: [ ] Yes [X] No

PIN/Lot Identifier: 13903383

Issued To: Khuram Bashir

Property Location: 7832 Deerbridge Street, Lot#81

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Wendell Overby #10044E

Facility Type: Residential

Number of bedrooms: 4 Number of Occupants: 8 Other:

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [X] Yes [X] No Basement Fixtures? [X] Yes [ ] No

Crawl Space? [ ] Yes [X] No Slab Foundation? [ ] Yes [X] No

Type of Wastewater System* IIIbg (ACCEPTED PUMP) (Initial) IV (HPPBPS LPP) (Repair)

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

Design Daily Flow: 480 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? [ ] Yes [X] No

(if yes, please provide engineering documentation)

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 408 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 45 *Limiting condition

Soil Cover: 15 inches Slope Adjusted Maximum Trench/Bed Depth: 27 inches *# Measured on the downhill side of the trench*

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 29.95 ft. TDH vs. 28.4 GPM Grease Trap Size (if applicable): gallons

Distribution Method: [ ] Serial [ ] D-Box or Parallel [X] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] 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 [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: [X] Yes [ ] No

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

- Proposed septic areas are to remain undisturbed (no grading, no utilities installation)
- Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)
- Supply line and drainfield located in existing recorded easement. Supply line crosses creek at 90degrees and will use aerial crossing with supply line in ductile iron pipe minimum 10ft on either side of crossing.
- See Design for any additional details Project#:25-1178

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.

AOWE/PE Print name: Wendell Overby, LSS Expiration Date: 11/17/2030

AOWE/PE Signature: Wendell Overby Date: 11/17/2025

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

SFSConcordNC@gmail.com
980-439-5007
813 Davidson Dr NW
Concord 28025, NC
SoilAndForestryServices.com

Project# 25-1178

Septic System Design for a 4 bedroom house
ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Contents	Page
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
System Flow	4
Site Plan	5
Pump Specifications	6
Pressure Manifold Specifications	7
Calculations	8
Soil Descriptions	9
Floor Plans	10-12
Health Dept Use Only Blank Forms	13-15

Nov 2025
Design By: Wendell Overby

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 8791 B

This Section for Local Health Department Use Only

Initial submittal received: 11/19/25 (Date) by TC (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: TC Date of Issuance: 11/20/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. 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 the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 11/20/2030

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

SFSConcordNC@gmail.com
980-439-5007
813 Davidson Dr NW
Concord 28025, NC
SoilAndForestryServices.com

Project# 25-1178

Septic System Design for a 4 bedroom house
ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Contents	Page
Information for the Installer	1
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Pump Specifications	6
Pressure Manifold Specifications	7
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Soil Descriptions	9
Floor Plans	10-12
Health Dept Use Only Blank Forms	13-15

Nov 2025
Design By: Wendell Overby

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* Pump tank riser should be 6" above grade, control panel should be 24" above grade.

* **System specified as ACCEPTED type using PMANIFOLD distribution**
* **Repair specified as HPPBPS type using LPP distribution**
* **System trench depth specified at 27"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

Page 2	DESIGN SPECIFICATIONS	Project #25-1178

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Business (if applicable):	N/A
Contact:	Khuram Bashir
Phone:	516 884-2818
Email:	bashirkhuram@aol.com
County:	Mecklenburg
Location:	7832 Deerbridge Street
Source of Wastewater Flow:	4 bedroom house
Estimated Daily Wastewater Production:	480 gpd
Drain field Size:	408 lf
Loading Rate:	0.3 gpd/ft.^{2}
Trench Depth:	27 in
Trench Width:	36 in
Soil Cap:	0 in
Septic Tank Size:	1000 gal
Pump Tank Size:	1000 gal
System Flow:	28.44 gpm
Lateral Length Required:	400 lf
Total Area Trench Bottom:	1200 sf
Estimated Supply Line Length:	390 lf
Supply Line Diameter:	2" SCH 40 PVC
Supply Line Volume:	68 gal
Dosing Volume:	186 gal
Pump Draw Down:	8.9 in
Pressure Head:	2.0 ft
Friction Head:	6.3 ft
Elevation Head:	21.0 ft
Total Dynamic Head:	30.0 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	Zoeller 153 or County Approved Effluent Rated Pump Capable of Delivering 30 ft.of Head at 28 gpm Total Flow

Page 2	DESIGN SPECIFICATIONS	Project #25-1178

ACCEPTED using PMANIFOLD distribution
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Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	Zoeller 153 or County Approved Effluent Rated Pump Capable of Delivering 30 ft.of Head at 28 gpm Total Flow

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Daily Flow (gpd) 480 Nov 2025

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH	END CAP LENGTH	TOTAL LENGTH
TBM		0.0			100.0				
INSTR. 1			100.0						
			REPAIR						
1	Pink		Extra -->	3.5	96.5	23	0	N/A	0
2	Red			4.1	95.9	38	27	N/A	27
3	Orange			4.9	95.1	51	51	N/A	51
4	Yellow			5.8	94.2	56	51	N/A	51
5	Blue			6.8	93.2	69	69	N/A	69
6	Pink			8.0	92.0	82	69	N/A	69
			SYSTEM						
7	Red			9.0	91.0	122	100	2	102
8	Orange			10.2	89.8	128	100	2	102
9	Yellow			11.7	88.3	130	100	2	102
10	Blue			13.6	86.4	164	100	2	102

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	408	0.300	ACCEPTED	25%	PMANIFOLD	27	0
REPAIR	267	0.300	HPPBPS	50%	LPP	27	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
7	Red	9.0	102	SCH 40 1/2	7.11	120	306	0.070	0.39
8	Orange	10.2	102	SCH 40 1/2	7.11	120	306	0.070	0.39
9	Yellow	11.7	102	SCH 40 1/2	7.11	120	306	0.070	0.39
10	Blue	13.6	102	SCH 40 1/2	7.11	120	306	0.070	0.39
	total	feet =	408	gal/min =	28.4				

Design Flow	480	gpd
Pump Run to Dose 480 gpd=	16.88	
Soil LTAR	0.300	
Accepted LTAR	0.40	

Page 4	SYSTEM FLOW	Project #25-1178

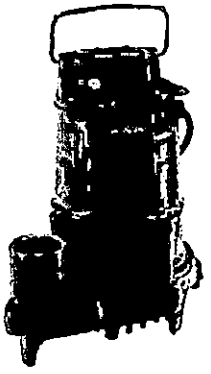
ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
7	Red	9.0	102	SCH 40 1/2	**7.11**	120	306	**0.070**	**0.39**
8	Orange	10.2	102	SCH 40 1/2	**7.11**	120	306	**0.070**	**0.39**
9	Yellow	11.7	102	SCH 40 1/2	**7.11**	120	306	**0.070**	**0.39**
10	Blue	13.6	102	SCH 40 1/2	**7.11**	120	306	**0.070**	**0.39**
	total	**feet =**	408	**gal/min =**	**28.4**				

Design Flow	**480**	gpd
Pump Run to Dose 480 gpd=	**16.88**	
Soil LTAR	**0.300**	
Accepted LTAR	**0.40**	

~~154, 152,~~ 153

Dose-Mate



This is our fastest growing line of effluent pumps. The 150 series is truly a workhorse designed for reliability under extreme conditions in an effluent environment. 150 series pump curves cover a wide range of applications. They are well suited to applications with low pressure pipe (LPP) and enhanced flow STEP systems. Zoeller's cool run design and corrosion-resistant, powder coated epoxy finish, in addition to the hermetically sealed, oil-filled motor and non-clogging vortex impeller add up to a long-lasting, trouble-free product.

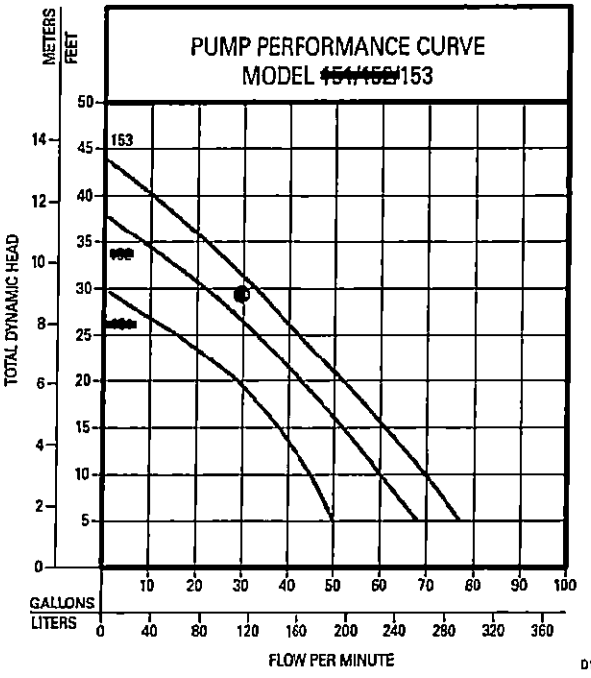
APPLICATIONS:

- STEP or onsite applications
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
- 3/10 HP through 1/2 HP
- Available in nonautomatic or with a variable level piggyback mechanical switch
- 1/2" (12 mm) spherical solids capacity with vortex thermoplastic impeller

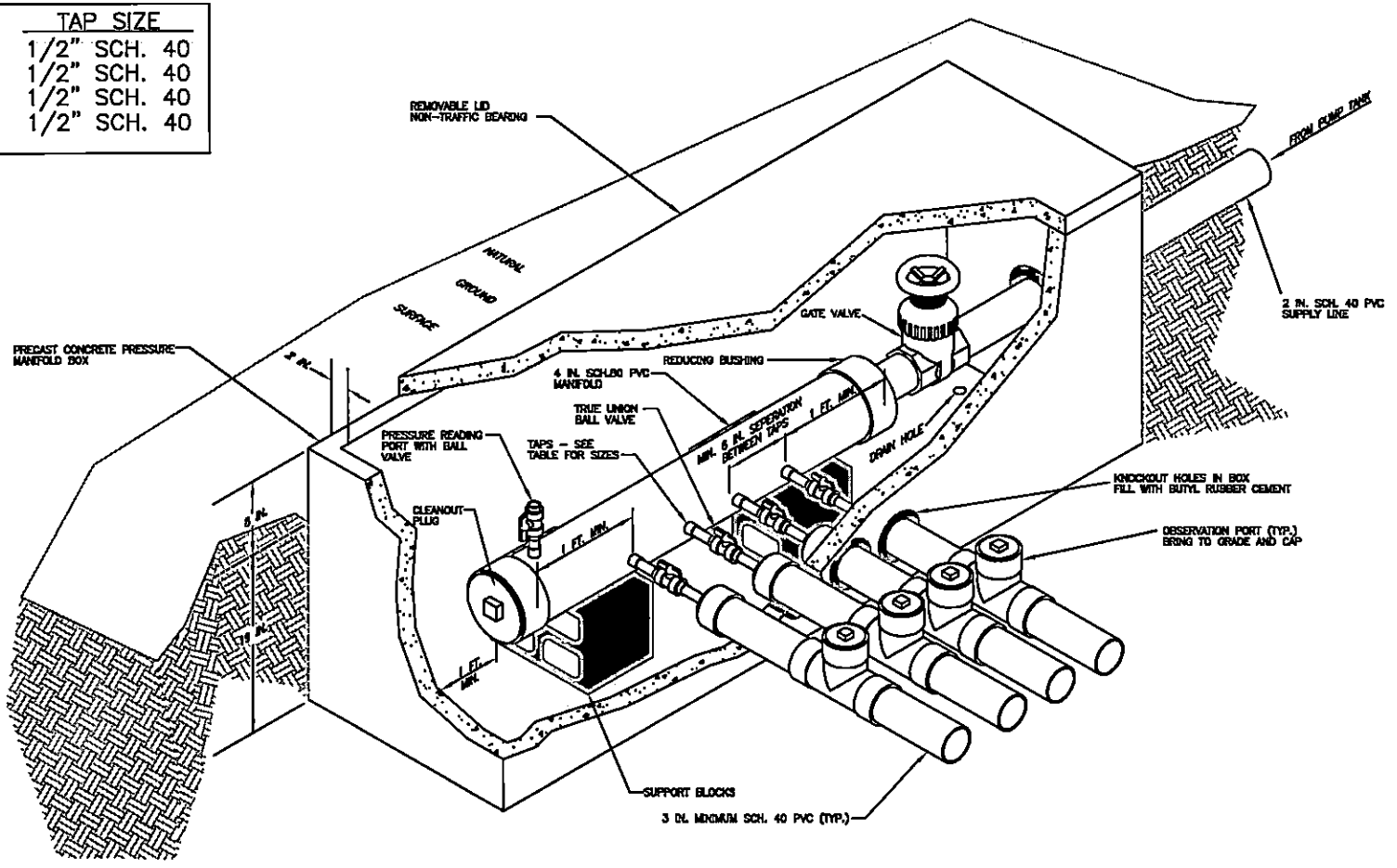
For more information, see Technical Data Sheet FM2784.



PRESSURE MANIFOLD DETAILS
7832 Deerbridge Street

TAP SIZES

LINE No.	TAP SIZE
7	1/2" SCH. 40
8	1/2" SCH. 40
9	1/2" SCH. 40
10	1/2" SCH. 40



CALCULATIONS	Project #25-1178

ACCEPTED using PMANIFOLD distribution
Site location: 7832 Deerbridge Street, Lot # 81

PROJECT INFO	Designer	Wendell Overby
	Project #	25-1178
	Project MM YYYY	Nov 2025
	County	Mecklenburg
	Project Location	7832 Deerbridge Street
	Lot # (if applicable)	81
	Subdivision (if applicable)	Stonebridge
	Parcel #	13903383
	Property is Recorded?	Yes
	Lot size (acres)	0.745
	Easement(s) on parcel?	Yes
	Business (if applicable)	N/A
	Current Owner (for AA)	N/A
	Electronic Signature OK?	N/A
	Name	Khuram Bashir
	Mailing Address	4606 sagewood park rd
	City	Matthews
	State	North Carolina
	Zip	28105
	Phone	516 884-2818
	Email	
	Facility Type	Residential
	Facility	House
	Bedroom	4
	Water Source	Public
	Foundation Type	Basement w/Fixtures
	Daily Flow (gallons)	480
	Soil Evaluation Method	Pits
	Soil Evaluation Date	09/26/2013
SYSTEM	System LTAR	0.3
	System Type	ACCEPTED
	System Distribution	PMANIFOLD
	System Type Text	IIIbg (ACCEPTED PUMP)
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	27
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	45
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	400
	Designed Feet of Line (system)	408
	Saprolite system?	Yes
REPAIR	Repair LTAR	0.3
	Repair Type	HPPBPS
	Repair Distribution	LPP
	Repair System Type Text	IV
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	27
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	45
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	267
	Designed Feet of Line (repair)	267
	Saprolite system?	No
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	408
	Gallons per Minute	28.4
	Required Septic Tank Capacity (gallons)	1000
	Minimum Standard Tank Size (gallons)	1000
	Lateral Line Volume (gallons)	266
	Dosing Volume (gallons)	186
	Tank Draw Down (inches)	8.9
	Pump Run Time (minutes)	6.5
	Elevation Head (feet)	21
	Pressure Head (feet)	2.0
	Supply Line Length (feet)	390
	Supply Line Volume (gallons)	68
	Supply Line Diameter	2" SCH 40 PVC
	Friction Factor (ft/100ft)	1.6
	Friction Head (feet)	6.3
	Friction Head +10% (feet)	7.0
	Total Dynamic Head (feet)	30.0
	Pump Recommendation	Zoeller 153

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 # 8791B App# 15887 Tax Parcel# 139-033-83

Property Owner: Khuram Bashir

Job Location Address: 7832 Deerbridge St.

City: Mint Hill State: NC Zip Code: 28227

1. Does System design match facility, flow & wastewater characteristics?

☑ YES ☐ NO

Comments: AZ permit

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.**

Troy Kling
Authorized Agent

12/9/25
Date

Mike - MCB Plumbing
Others Present

Phone: (980) 314-1600 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 87913 Permit #: 15887 Tax Parcel #: 139-033-83

Property Owner: Khurram Bashir

Job Location Address: 7832 Deerbridge St

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 3/25/26 Contractor Name: _____

Permitted Design Flow: 460 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: Zoeller 153

Drainfield Installation ☐ N/A

Trench Depth: 27 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) CHM36

Depth of Cover: 6+ inches

Distribution Device: pressure manifold

Inspection Dates

Tank(s) Inspected: 12/16/25

Excavation Inspected: 12/16/25

Pump & Controls Inspected: 3/25/26

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: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Installed as Designed

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: 710 feet

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: II b - CHM36

ENR Authorized Agent: _____ Signature: _____

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 #: 8791 B Permit #: 15887 Tax Parcel #: 139-033-83

Property Owner: Khuram Bashir

Job Location Address: 7832 Deerbridge St

City: Mint Hill 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.

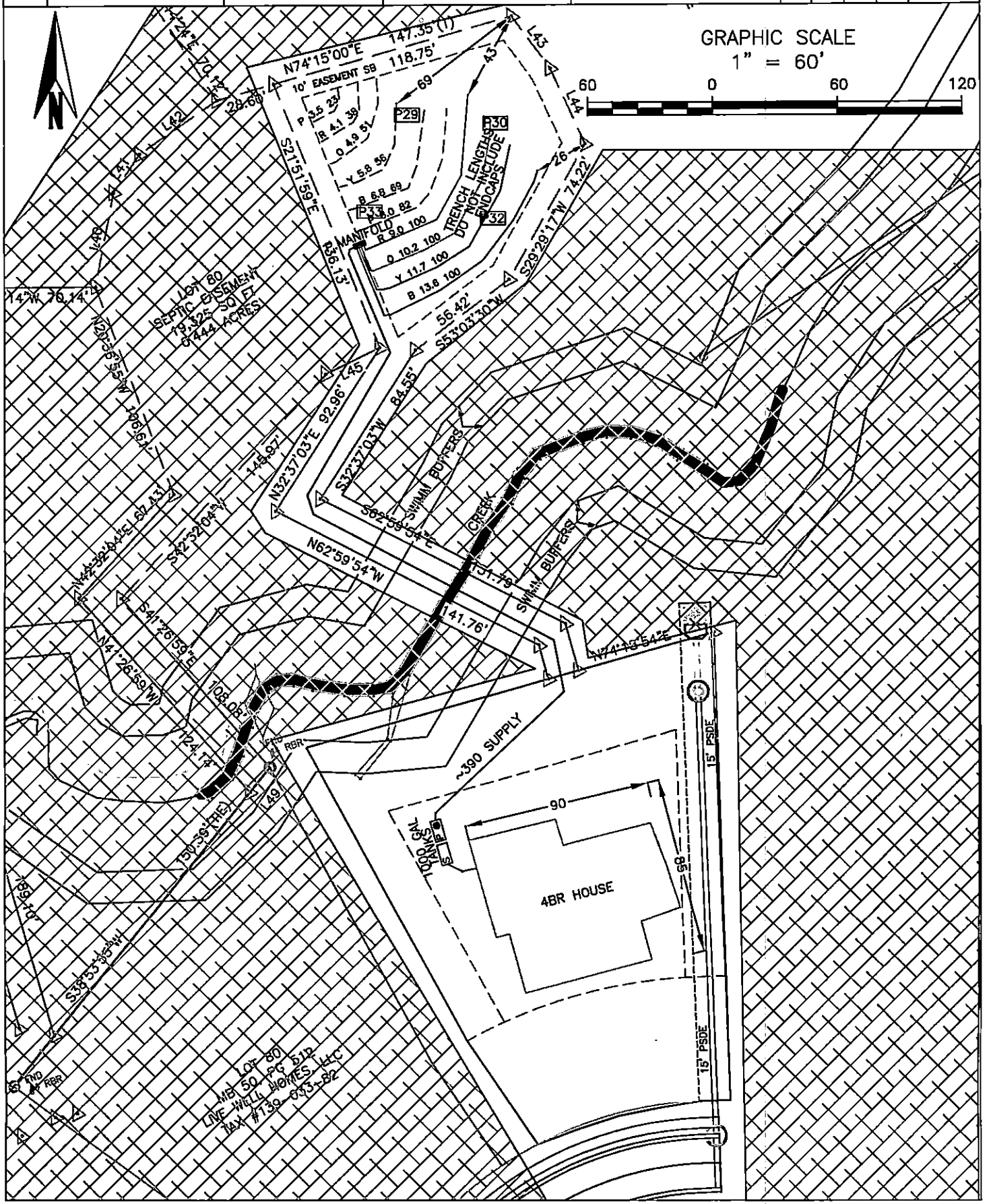
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Troy Whitney Date: 3/25/26

Signature:

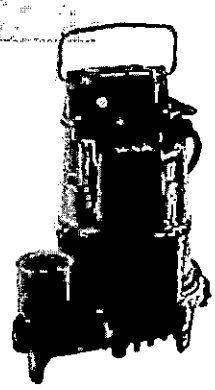
SHEET	SHEET TITLE:	PROJECT NAME:			SCALE	FIELD WORK	DRAWN BY	PROJECT MGR.	PROJECT NO.
SHEET 1 OF 1	SEPTIC SYSTEM LAYOUT SKETCH MAP	ASHOUR DEERBRIDGE ST MECKLENBURG COUNTY NOVEMBER 2025	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA 813 Davidson Dr NW Concord NC 28025 usablesoil@gmail.com 980-439-5007 soilandforestryservices.com	1" = 60'	WO	WO	WO	25-1178



~~151, 152,~~ 153

Dose-Mate

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APPLICATIONS:

- STEP or onsite applications
- Light commercial dewatering

SPECIFICATIONS:

- 1-1/2" NPT discharge
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- Available in nonautomatic or with a variable level piggyback mechanical switch
- 1/2" (12 mm) spherical solids capacity with vortex thermoplastic impeller

For more information, see Technical Data Sheet FM2784.

