SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12046B

Assigned Inspector: Patrick / Troy

☑ IP $250.00: LP - 9/9/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: SR 4/13/26 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: n/a ☐ Signature received: n/a

☒ Floor plans reviewed

Approved 5/29/26 - CO hold placed

~~☐ Generate CA~~ ☒ Approve as Noted in Winchester After Signatures Received.

☐ 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: 9/4/26

☐ Release final hold in Winchester: _____

Comments:

IP ONLY

Sent IP to Earl 12/20/24 - LP

Sent CA to Candice 5/29/26

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/09/24
Receipt #: 150779
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: #3
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8017 JAMES QUERY 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:	04/13/26	**Amount:**	200.00
Receipt #:	161017	**Tendered:**	200.00
Check / Auth #:	MC 071187	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: EASTWOOD HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 8017 JAMES QUERY	1	200.00	200.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/13/26	**Amount:**	200.00
Receipt #:	161018	**Tendered:**	200.00
Check / Auth #:	MC 071187	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: EASTWOOD HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 8017 JAMES QUERY	1	200.00	200.00

Permit#

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

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

12046B / #14930

9 SEP '24 AM 11:16

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: 139/3403
STREET ADDRESS: 8017 James Query Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Chase Wood
LOT #: 3 LOT SIZE (acres): 1.462
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: 5
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

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

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

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

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: 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.

_____ 8-27-24

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:

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

Property ID: 13913403
Lot #: 3
File #: 12046B
AppID: 14930

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Coulston Enterprises, Inc.
Applicant: Earl Coulston
Address: 8017 James Query Rd.
Date Evaluated: 10/8/2024
Proposed Facility: 5 BR SFR
Design Flow (.0400): 600 GPD
Property Size: 1.41 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	.0503 Consistence/ Mineralogy	Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	General Comments / Other	.0509 Profile Class & LTAR	.0502 Slope Correction Max Trench Depth (Low Side of trench)
1	L 3 - 5%	0 - 14	Wk, Abk, C	Fi, S, P	R					Top 14" s.	S 0.25	34" (3' w) 35" (2' w)
		14 - 40	Mo, Abk, C	Fi-Fr, S, P, SEXP	R							
		40 - 60	Wk, Sbk, CL	Fr, SS, SP	R							
2	L 3 - 5%	0 - 28	Mo, Abk, C	Fi-Fr, SS, SP, SEXP	R						S 0.25	34" (3' w) 35" (2' w)
		28 - 61	Mo-Wk, Sbk, CL	Fr, SS, SP	R							
3	L ~3%	0 - 3	Wk, Gr, L	Fr, SS, NP	B	C: Yl					S 0.20 <30" US 30"+	18"
		3 - 16	Wk, Abk, C	Fi-Fr, S, P, SEXP	R							
		16 - 30	Wk, Abk, C	Fr, SS, SP	R	C-						
		30 - 52	Mo, Pl to Abk, C	Fr, SS, SP	R							
		52 - 62	Wk, Sbk, CL	Fi-Fr, SS, SP	R							
4	L ~3%	0 - 26	Wk, Abk, C	Fi-Fr, S, P, SEXP	R	C: YB					S 0.20 <26" US 26"+	14" *Drip or LPP?*
		26 - 50	Mo, Pl to Abk, C-CL	Fi-Fr, SS, SP	R	C-M: G Chroma 2 deplet. @ 26"+	>50"	N/A	26"	F: Sap. inclus. @ 40"+		
5	L 3 - 5%	0 - 30	Wk, Sbk, C	Fr, SS, SP, SEXP	R	N/A	≥50% Sap. @ 55"	L-Sap.	N/A	C-M: Sap. inclus. @ 30-50" F: Floater rock frags. @ 16-30"	S 0.275	34" (3' w) 35" (2' w)
		30 - 50	Wk, Sbk, CL	Fr, SS, SP	R							
		50 - 62	Wk, Sbk, CL & L-Sap.	Mix Fr, SS, SP	R / M							
6	L 3 - 5%	0 - 30	Wk, Abk, C	Fr, SS, SP, SEXP	R	N/A	>54"	N/A	N/A	Top 12" Compacted F: Sap. inclus.@ 23-30" C-M: Sap. inclus. @ 30"+	S 0.275	34" (3' w) 35" (2' w)
		30 - 54	Wk, Abk, CL	Fr, SS, SP	R							

Top 12-14" is compacted - recommend installing deeper.

Lot #3

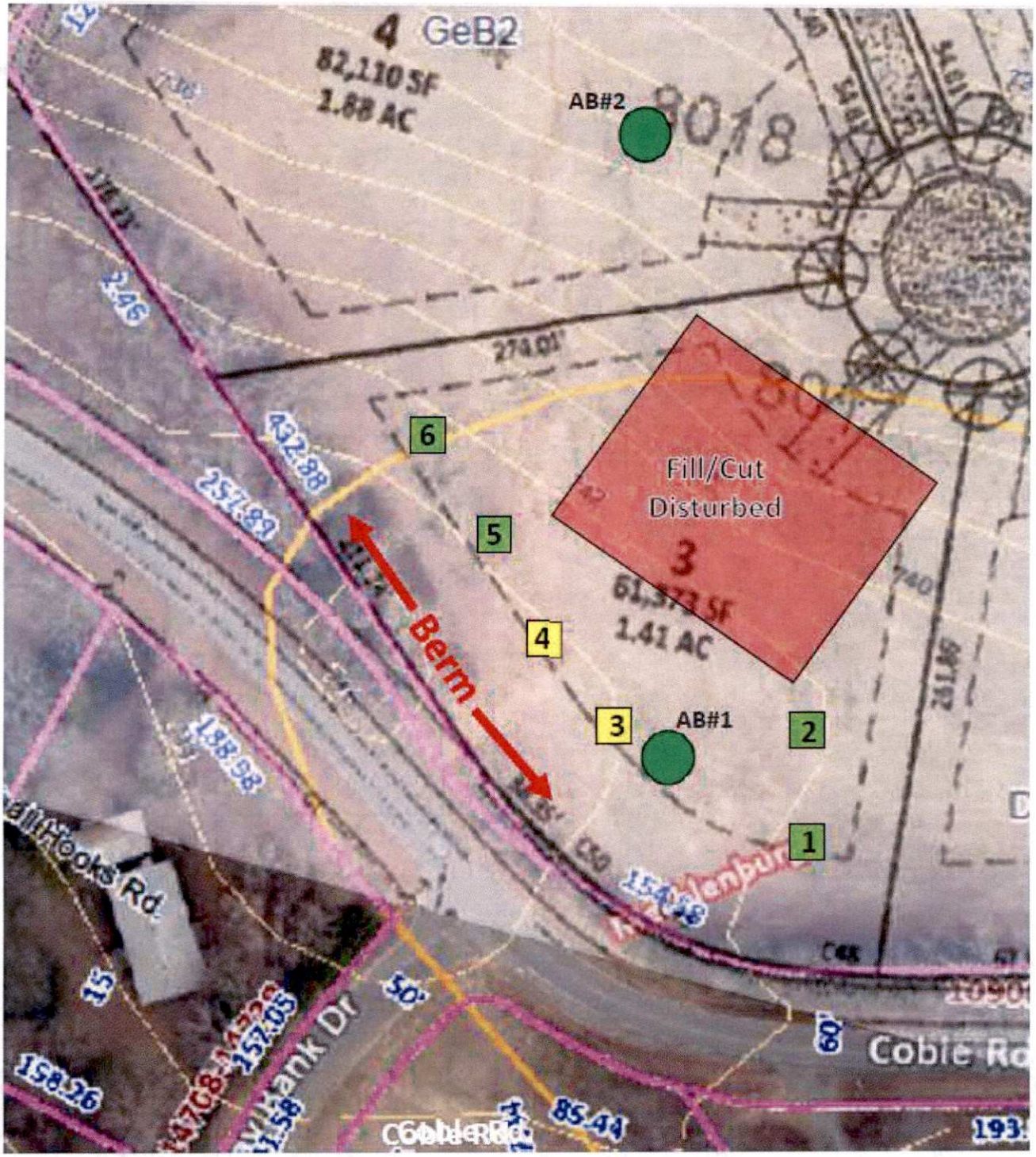
Description	Initial System	Repair System
Available Space (.0508)	S ---	S ---
System Type(s)	IIIb ---	IIIbe ---
Site LTAR	0.25	0.25
Maximum Trench Depth	(2' w) 35", (3' w) 34"	(2' w) 35", (3' w) 34"

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

COMMENTS: Initial system and repair area should be located on either side of soil pits #3 & #4 without going into this area. Otherwise, the LTAR must be lowered and the max trench depth shallower accordingly based on those soil profiles.

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



Map Created by: P. Mitchell
Date: 10/08/2024

PROPERTY INFO
Address: Lot 3 – 8017 James Query Rd.
PID No.: 13913403

* Map NOT to Scale

Mecklenburg County
Groundwater & Wastewater Services

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



Map Created by: P. Mitchell
Date: 10/08/2024

PROPERTY INFO
Address: Lot 3 – 8017 James Query Rd.
PID No.: 13913403

* Map NOT to Scale

Mecklenburg County
Groundwater & Wastewater Services

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12046B/14930

IMPROVEMENT PERMIT

County: Mecklenburg

PIN/Lot Identifier: 13913403

Owner: Coulston Enterprises Applicant: Earl Coulston

Property Location: 8017 James Query Rd

Subdivision (if applicable) Chasewood Lot #: 3 Block: _____ Section: _____

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Residence

Number of bedrooms: 5 Number of Occupants: 10 Other: _____

Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): .25 Proposed LTAR (Repair): .25

Proposed Wastewater System Type*: IIIbe (Initial) Pump Required: ■ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: IIIbe (Repair) Pump Required: ■ Yes ☐ No ☐ May be required

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

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

Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No

Fill System (Initial): ☐ Yes ■ 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 ■ 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)[x]: 48" Usable Depth to LC (Repair)[x]: 48" ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 36" Max. Trench Depth (Repair)[‡]: 36" ***[‡] Measured on the downhill side of the trench***

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

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

Drainfield location meets requirements of Rule .0508: Yes ■ No ☐ Drainfield location meets requirements of Rule .0601: Yes ■ No ☐

Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
Any disruption or compaction of soil/improvement permit area may require revocation of the issued permit.

Authorized Agent's Printed Name: Matthew Hall Expiration Date: 12/19/2024

Authorized Agent's Signature: Matt Hall Date: 12/19/2024

See attached site sketch

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.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

SITE SKETCH

PIN 13913403 Permit Number 14930

Coulston Enterprises
Applicant's Name

Subdivision/Section/Lot Number

Matthew Hall
Authorized State Agent

12/19/24
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = _____

- SEE ATTACHED DRAWING
- IMPROVEMENT PERMIT ONLY
- CONSTRUCTION AUTHORIZATION WILL ~~NEED~~ TO BE OBTAINED BEFORE PERMIT HOLD RELEASE

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

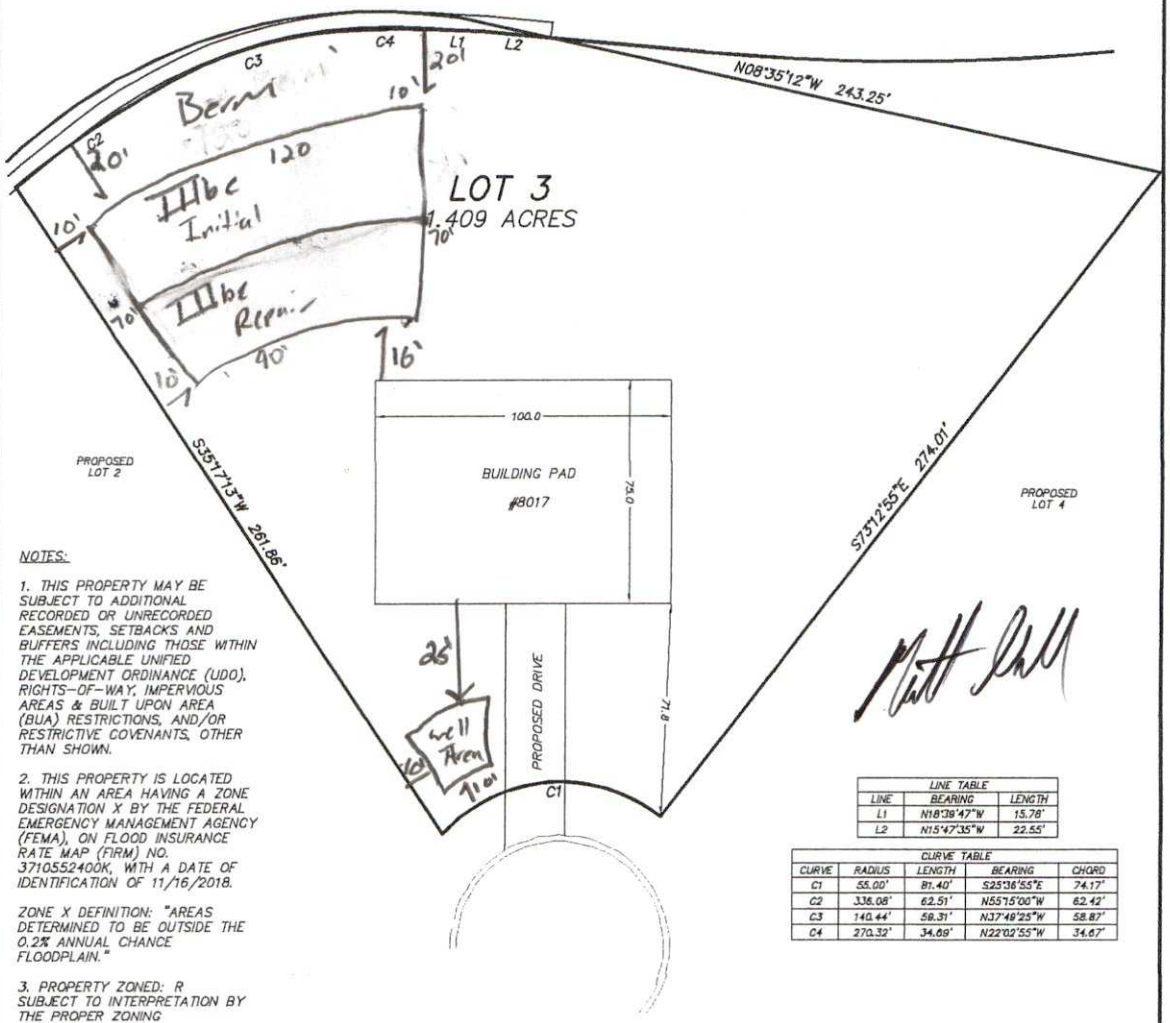
DATE OF EXHIBIT AUGUST 12th 2024

8017 James Query
File 120613
APP: 14930
PID 13913403

N.C. GRID (NAD83/2011)

Improvement

COBLE ROAD
60' PUBLIC R/W (S.R. 3100)



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.

LINE TABLE		
LINE	BEARING	LENGTH
L1	N18°38'47"W	15.78'
L2	N15°47'35"W	22.55'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	55.00'	81.40'	S25°36'55"E	74.17'
C2	336.08'	62.51'	N55°15'00"W	62.42'
C3	140.44'	58.31'	N37°48'25"W	58.87'
C4	270.32'	34.69'	N22°02'55"W	34.67'



PROPOSED
JAMES QUERY RD
60' PUBLIC R/W

SITE PLAN
OF
LOT 3 OF CHASEWOOD
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=50'

SURVEYED FOR COULSTON ENTERPRISES, INC

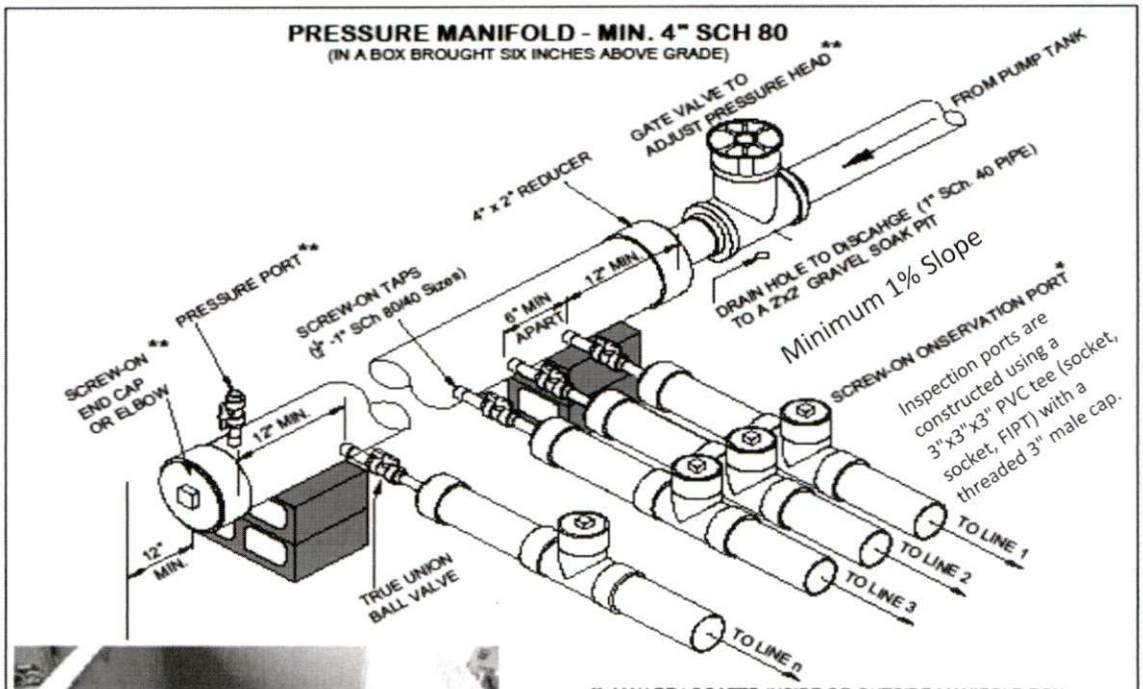
MAP BOOK_____ PAGE_____ DEED BOOK_____ PAGE_____
DRAWN BY MM FIELD WORK_____ FIELD BOOK #_____

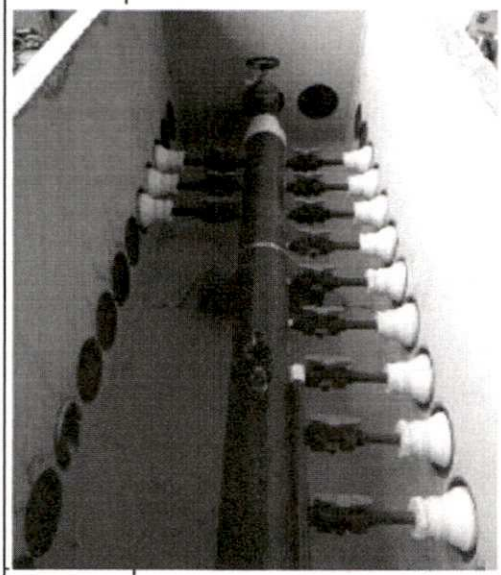
CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886

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

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 40	1/2in SCH 40	1/2in SCH 40	1/2in SCH 40						
Flow	7.11	7.11	7.11	7.11	0	0	0	0	0	0





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

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

LINE #	TAPS	LENGTH
1	1/2in SCH 40	100
2	1/2in SCH 40	100
3	1/2in SCH 40	100
4	1/2in SCH 40	100

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. 1/1
Approved	ICD	10/23/2018	
No Scale			Sheet 1 of 1

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # 14930

# of BDR: 5 Daily Flow: 600 gal/day L.T.A.R.: 0.2500 gal/day/sq.ft

Septic Tank: 1500 gals Pump Tank: 1500 gals Sq. Foot: 1200 System Type: PPBPS-Horizontal

Number of Taps: 4 Length of Trenches: 400 ft(See Tap Chart for Details)

Depth of Trenches: 34 in Manifold Length: 42 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

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

Friction Loss + Fitting Loss: 1.32 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 6.00 ft

Total Head: 9.32 ft Pump to Deliver: 28.44 gals/min at 9.32 ft head

Dosing Volume: 331 gals,

Drawdown: 331 gals divided by 30 gals/in = 11.0 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			100.00	100	1/2in SCH 40	7.11	150.00	300	0.5000	23	6.2
2			100.00	100	1/2in SCH 40	7.11	150.00	300	0.5000	23	6.2
3			100.00	100	1/2in SCH 40	7.11	150.00	300	0.5000	23	6.2
4			100.00	100	1/2in SCH 40	7.11	150.00	300	0.5000	23	6.2
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			Total Feet =	400	gal/min =	28.44		LTAR =	0.2500		
			Feet Required =	400	Velocity =	2.72		(ltar + 5%)	0.2625		
Total # of Panels (PPBPS)		92		Des. Flow	600			(ltar w/50% red)	0.5000		
% of Dose Vol.		75		Pump Run=	21.10			(ltar + 5%)	0.5250		
Dose Volume		331		Tank Gal/IN	30						
Dose Pump Time		11.65		Elev. Head	6.00						
Drawdown in Inches		11.0									

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12046B/14930

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 139-134-03

Owner: Eastwood Construction Partners LLC Applicant: Same

Property Location: 8017 James Query 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* PPBPS - H (Initial) PPBPS - H (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: 400 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 36 inches LTAR: .25 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: 10 ft. TDH vs. 29 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: Inspection by LHD every 5 years.

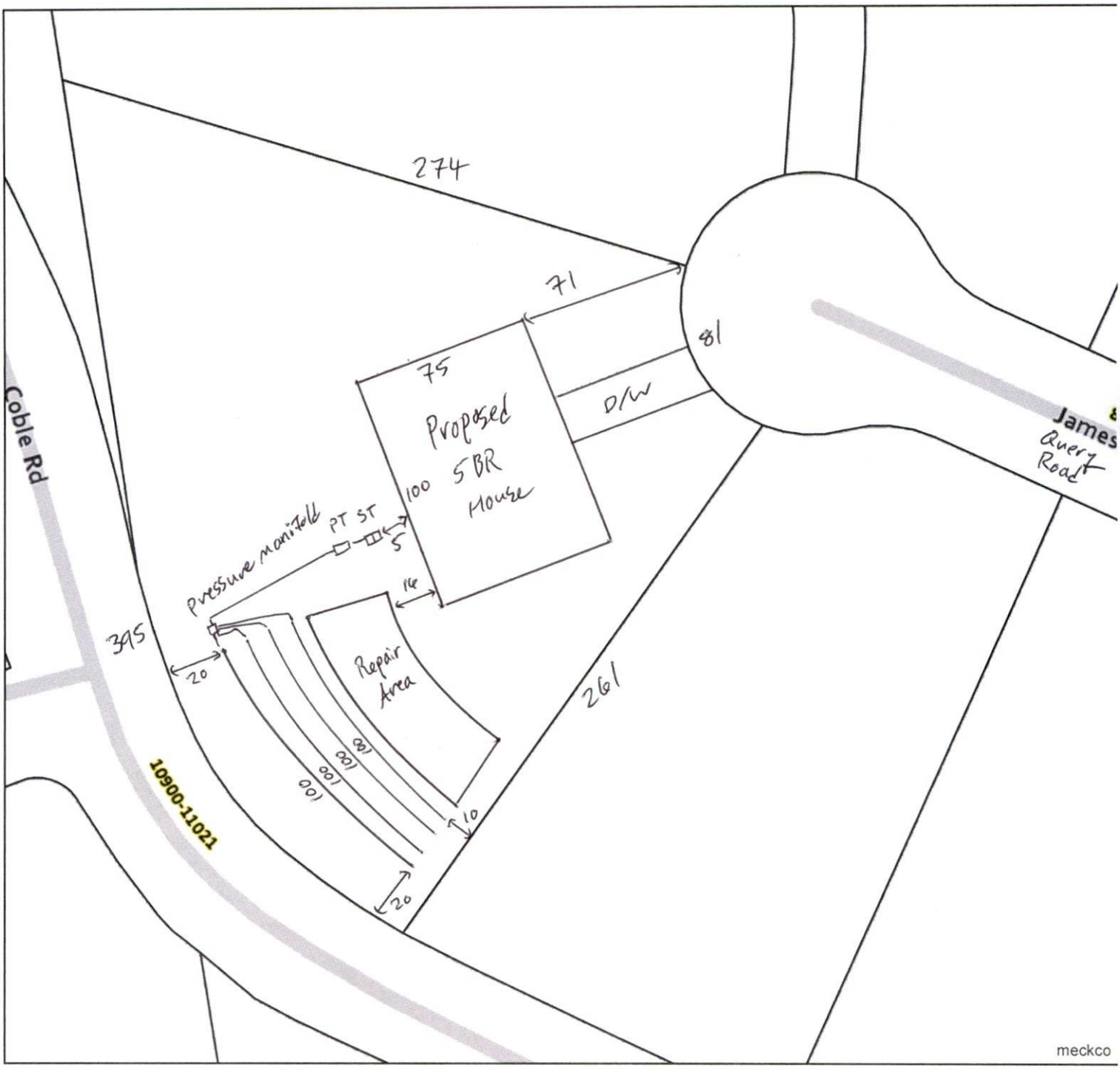
Conditions: Supply line MUST BE SLEEVED under construction access road if road is still in use at the time of installation.

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: 12/19/2029 (5 years from IP issuance)

Authorized Agent's Signature: Date: 5/27/2026

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14930
PID #: 139-134-03
File #: 12046B

Authorized Agent: Troy Kling Date: 5/27/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12046B/14930

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 139-134-03

Owner: Eastwood Construction Partners LLC Applicant: Same

Property Location: 8017 James Query 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* PPBPS - H (Initial) PPBPS - H (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: 400 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 36 inches LTAR: .25 gpd/ft² Usable Depth to LC (Initial)[x]: 48 [x] ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth[t]: 34 inches [t] ***Measured on the downhill side of the trench***

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

Pump Requirements: 10 ft. TDH vs. 29 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: Inspection by LHD every 5 years.

Conditions: Supply line MUST BE SLEEVED under construction access road if road is still in use at the time of installation.

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.

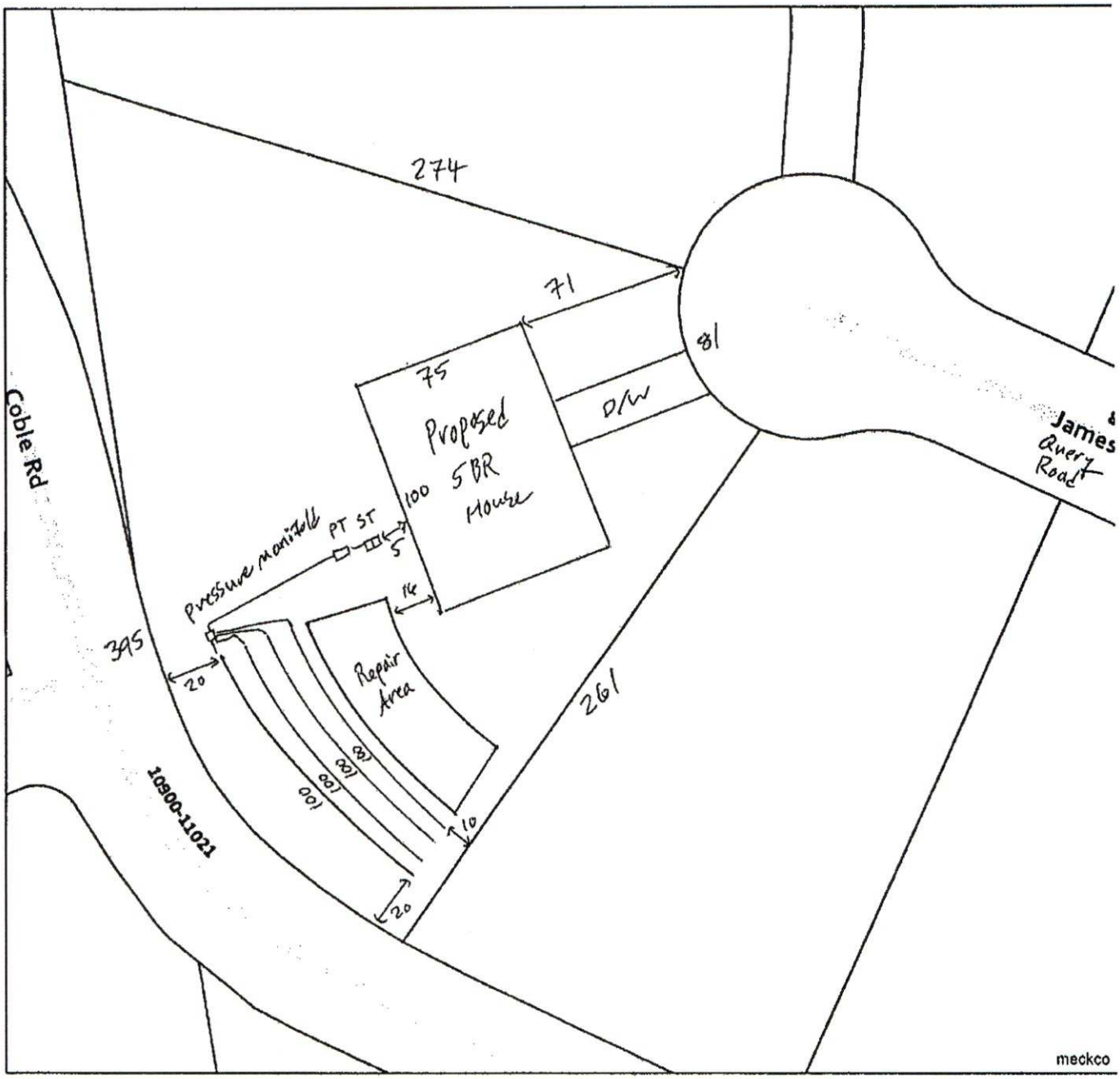
Authorized Agent's Printed Name: Troy Kling Expiration Date: 12/19/2029 (5 years from IP issuance)

Authorized Agent's Signature: [signature] Date: 5/27/2026

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form CA-24.1

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14930
PID #: 139-134-03
File #: 120613

Authorized Agent: Troy Kling Date: 5/27/26

Owner/ Legal Agent: Candice Martin Date: 5/29/26

1 inch = 60 fee

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

Septic System Pre-Construction Meeting Checklist

File # 12046B App# SEP-014930 Tax Parcel# 139-134-03

Property Owner: Eastwood Construction Partners LLC

Job Location Address: 6017 Sanes Quarry Road

City: Charlotte State: NC Zip Code: 28227

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

   ☑ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☑ YES ☐ NO

   Comments: _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Troy Kling — Authorized Agent

8/19/26 — Date

Wes Little — Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12046B Permit #: SEP-014930 Tax Parcel #: 139-134-03

Property Owner: Eastwood Construction Partners LLC

Job Location Address: 8017 Sanes Quarry Road

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 9/4/26 Contractor Name: Wes Little

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

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Shoaf STB-964 PT-477 Effluent Pump Model: Liberty 280 T

Drainfield Installation ☐ N/A

Trench Depth: 34 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 14 inches (Type) PPBPS-H

Depth of Cover: 6 inches

Distribution Device: Pressure Manifold

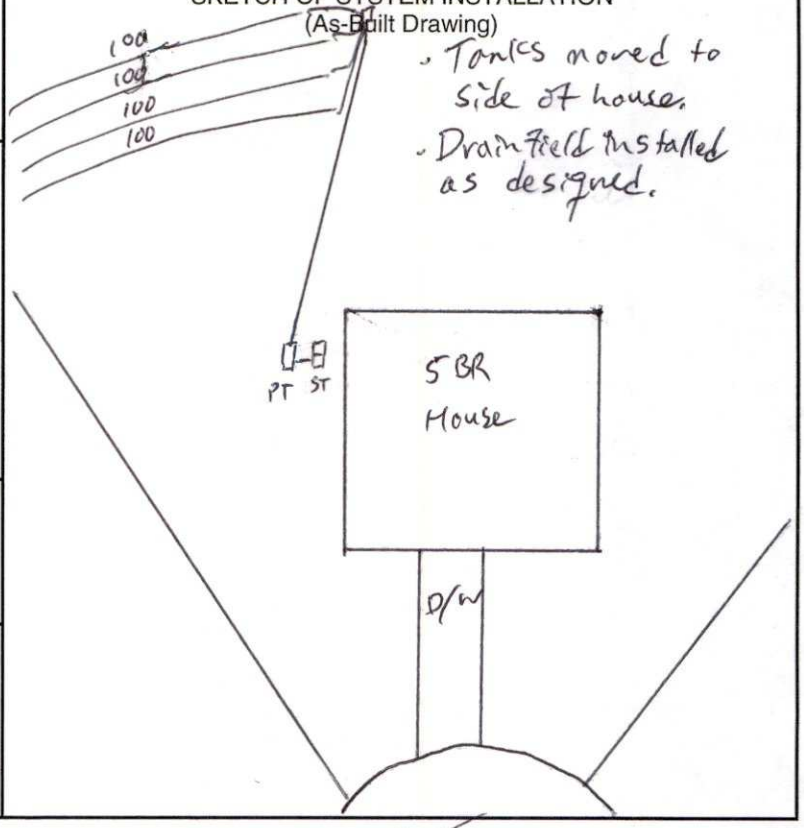
Inspection Dates

Tank(s) Inspected: 8/26/26

Excavation Inspected: 8/26/26

Pump & Controls Inspected: 8/26/26

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



- Tanks moved to side of house.
- Drainfield installed as designed.

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: 700 feet

Distance from Water Supply Source: 750 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: IIIb - pump to PPBPS-H

DENR Authorized Agent: Troy King Signature: T

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 #: 12046B Permit #: SEP-014930 Tax Parcel #: 139-134-03

Property Owner: Eastwood Construction Partners LLC

Job Location Address: 8017 James Query 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: 9/4/26

Signature: TK