SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12003B

Assigned Inspector: Braedon

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: SM 4/22/26 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 12003B

EXISTING SYSTEM APPROVAL

☒ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]

[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Unique Hilliard
Mailing Address: 581 e 7th street
City: Charlotte
State: Nc Zip: 28202
Phone #: 9803908969
Email: Udconstructionco@gmail.com

Owner: Dennis hilliard
Mailing Address: 9121 hidden ridge
City: Charlotte
State: Nc Zip: 28216
Phone #: 9803016372
Email: Dennisk.hilliard@gmail.com

Parcel #:
Property Location/Address: 3921 Marlette drive Charlotte Nc 28214
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: Design Daily Flow: GPD
Number of Bedrooms: 1 Max # Occupants: 2 Other:
Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER ADU

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

☐ Yes ☐ No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA 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 the 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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Property owner's signature (required) — Date: 04/22/2026

Applicant's signature (required) — Date: 04/22/2026

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.

ll the following must be checked for approval:

- ☐ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☐ DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- ☐ Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: _____

_____

Inspector's Printed Name: _____ Inspector Certification #: _____

Inspector's Signature: _____ Date: _____

The existing system approval expires one year after the date of issuance.

See attached site sketch

SP1.0

HILLARD

A SITE PLAN FOR:
UNIQUE HILLARD

3921 MARLETTE DRIVE
CHARLOTTE, NC 28214

SITE PLAN

SP1.0

shane beal
DRAFTING

1801 POARCH ROAD
LINCOLNTON, NC 28092
(980) 429-4000
SBEAL2640@YAHOO.COM

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/22/26	**Amount:**	100.00
Receipt #:	161159	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: UNIQUE HILLIARD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 3921 MARLETTE	1	100.00	100.00

Permit#

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

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

MECKLENBURG COUNTY
Health Department

(704) 336-4700

April 27th, 2026

Dennis Keith Hilliard
9121 Hidden Ridge Ln unit 408
Charlotte, NC 28216

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 3919 Marlette Dr
Health Department File Number: **12003B**

Dear Property Owner or Owner's Agent:

On April 24th,2026, the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not being granted**. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ **The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.**

***Wanting to add an additional ADU (bedroom) to the existing system. If trying to add an additional bedroom the property needs to be evaluated to see if the septic system can be expanded in size. Please contact a private consultant.**

If you need any additional information or assistance, please contact our office at (980)-297-3719.

Sincerely,

Braedon Shelton, REHS
Environmental Specialist

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12003B

Assigned Inspector: Braeden

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: LP 5/6/26 Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: 6/12/26 ☑ Signature received: 6/12/26

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

Hold can be released to obtain building permit once permit is signed & returned.

gravity fall

120038
16326

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: 113 171 13
STREET ADDRESS: 3921 marlette dr
CITY: charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .3

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: 416
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 1

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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

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

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

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** before 1983 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Dennis Hilliard
ADDRESS: 3921 marlette dr
CITY: charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 980 301 6372
FAX: _____
E-MAIL: dennisr.hilliard@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Unique Hilliard
ADDRESS: 581 e 7th
CITY: charlotte
STATE: NC ZIP: 28202
WORK PHONE: _____
MOBILE PHONE: 980 390 8969
FAX: _____
E-MAIL: udhilliard@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. LH (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.

Taylor Hilliard — 05/06/26

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

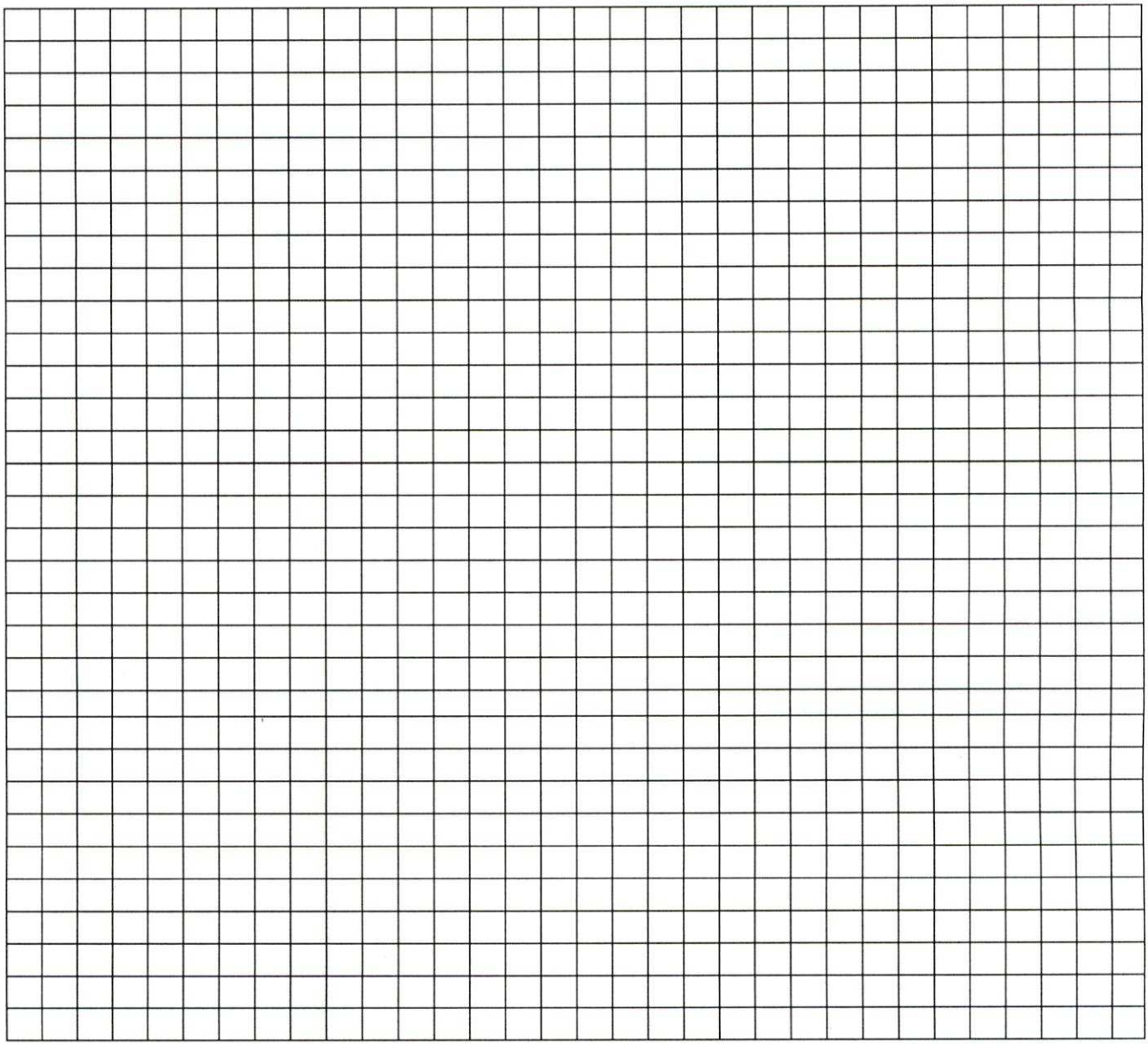
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/06/26
Receipt #: 161437
Check / Auth #: CASH
Received By: PLACILJ

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: UNIQUE HILLARD
Attn:
Address: 581 E 7TH ST
Address:
City/State/Zip: CHARLOTTE, NC 28202

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 3921 MARLETTE DR	1	300.00	300.00

Permit#

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

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

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

Property ID: 11317113
Lot #: ---
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Unique
Applicant: Same
Address: 3919 Marlette Dr.
Date Evaluated: AB- 8/9/24, Pits- 6/5/26
Proposed Facility: Exist 2 BR w/ new 1 BR ADU
Design Flow (.0400): 240 + 120 GPD
Property Size: 0.303 ac.
Location of Site: See file
Property Recorded: 12/17/1965
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] 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	PROFILE FACTORS Matrix Soil Color	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth *(Low Side of trench)*
1	L ~3%	0 - 14	Wk, Sbk, C-CL	Fr, SS, SP	R	N/A	18"	L-Sap. Need Pits	N/A	M. Sap inclus @ 5"-14"	Need Pits (0.30?)	Need Pits
		14 - 18	Wk, Sbk, CL & L-Sap.	Mix Fr, SS, SP	R / M							
		18 - 48	M, L-Sap.	Fr, SS, SP	M							
2	L ~3%	0 - 18	Wk, Sbk, C-CL	Fr, SS, SP	R	N/A	22"	L-Sap. Need Pits	N/A	F-C. Sap inclus @ 0-18"	Need Pits (0.30?)	Need Pits
		18 - 22	Wk, Sbk, CL & L-Sap.	Mix Fr, SS, SP	R / M							
		22 - 48	M, L-Sap.	Fr, SS, SP	M							
P1	L ~3%	0 - 2	Wk, Sbk, CL	Fr, SS, SP	B	N/A	54"	S L-Sap.	N/A		S 0.30	-1"
		2 - 23	Mo, Sbk, C	Fr, S, P, SE	R							
		23 - 54	Wk, Sbk, CL & Sap.	mix Fr, SS, SP	R / M							
		54 - 68	M, L-Sap.	Fr, SS, SP	M							
P2	L ~3%	0 - 29	Fill	C/CL/Sap. mix w/ organic debris		N/A	75"	N/A	N/A		S 0.30	-1"
		29 - 48	Mo, Sbk, C	Fr, S, P, SE	R							
		48 - 75	Wk, Sbk, CL & Sap.	mix Fr, SS, SP	R / M							

Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	IIIe	IIIe
Site LTAR	0.30	0.30
Maximum Trench Depth	60"	42"

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

COMMENTS: Recommend using a 60" trench depth from the existing grade in the area below the existing drianfield (area of P2) due to fill material. Recommend adding sand to tench bottom below the system media. Some of the fill could be shaved off to a uniform slope.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 6/05/2026

PROPERTY INFO
Address: 3919 Marlette Dr.
PID No.: 11317113

1 in = 40 ft

Mecklenburg County
Groundwater & Wastewater Services

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016326 GWS File #: 12003B Tax Parcel #: 113-171-13

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 6/9/2031

Type of Installation: Residential - Alteration * ADU Lot Number: 0

Structure Type: HOUSE Size (ft^2): 416 # Bedrooms: 1 Max. Occup.:

Building Foundation: Crawl Space Water Supply: Community

II. Initial System Type: PPBPS-V (gravity) 12" Sand trench bottom **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): 275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 160 Total Trench Length (ft): 80

Maximum Trench Depth (in): 60 Depth of Media (in): N/A Distribution Device: Distribution Box

III. Repair System Type: **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 160 Total Trench Length (ft): 80

Maximum Trench Depth (in): 60 Depth of Media (in): N/A Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Braedon Shelton Owner/Legal Agent: Unique Hilliard
Print Name

Signature: Braedon Shelton Signature: Unique Hilliard

Date Issued: 6/9/2026

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016326** GWS File #: **12003B**

IV. Permit Conditions/Comments:

→ full ADV Repair permitted. Existing drainfield for Horiz repair Area not permitted in this permit.

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- DO NOT ALTER, CHANGE, GRADE THE SEPTIC AREA KEEP PROPOSED POOL 15 FEET OFF THE SEPTIC TANK

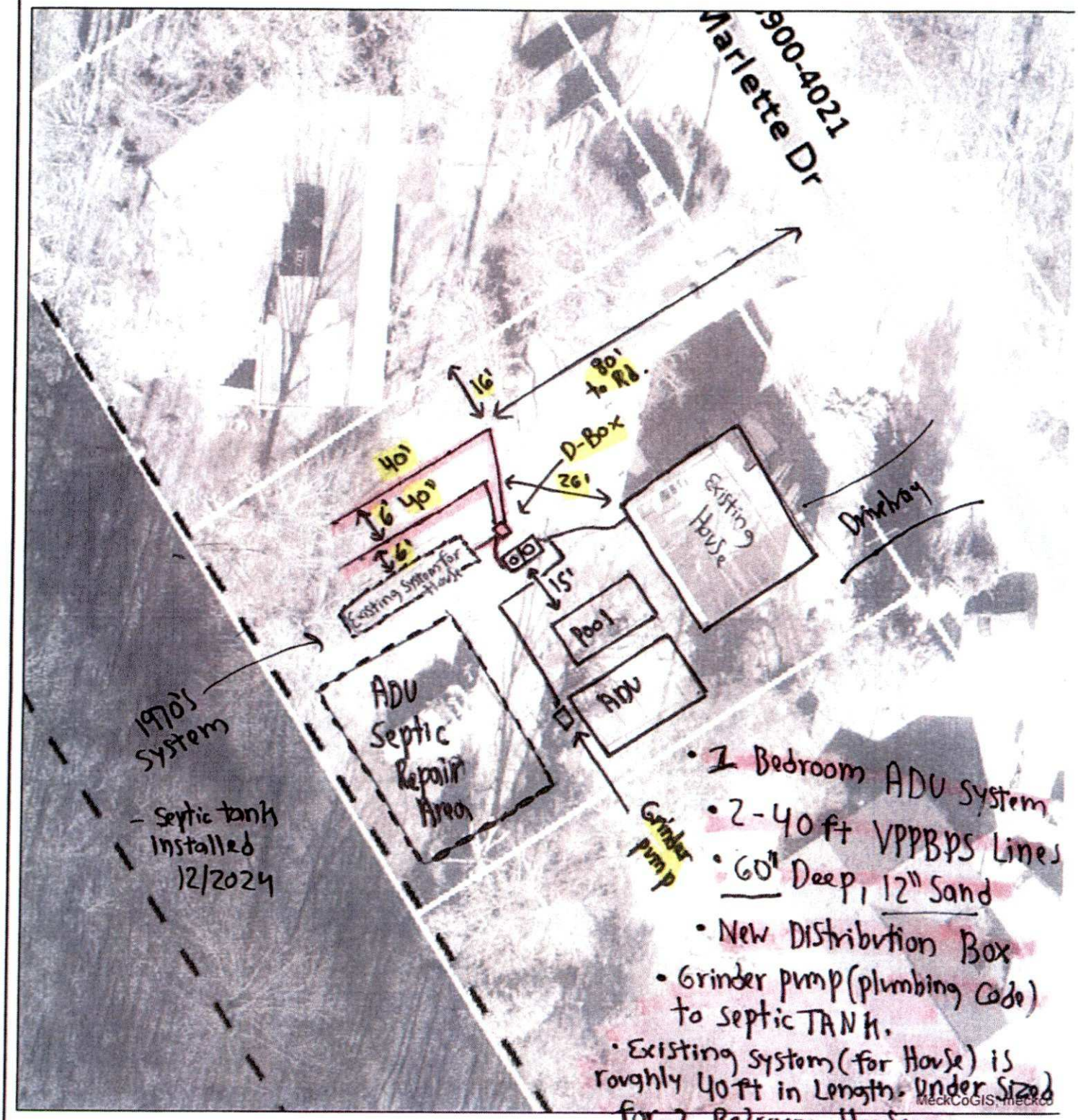
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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton
Signature: Braed Shelt
Date Issued: 6/9/2026

Owner/Legal Agent: Unique Hilliard
Print Name
Signature: Unique Hilliard

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16326
PID #: 113 171 13
File #: 12003B

Authorized Agent: Brandt Shultz Date: 6/9/26

Owner/ Legal Agent: [signature] Date: 6/12/26

1 inch = 30 fee

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016326 GWS File #: 12003B Tax Parcel #: 113-171-13

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 6/9/2031

Type of Installation: Residential - Alteration * ADV Lot Number: 0

Structure Type: HOUSE Size (ft^2): 416 # Bedrooms: 1 Max. Occup.:

Building Foundation: Crawl Space Water Supply: Community

II. Initial System Type: PPBPS-V (gravity) 12" Sand trench bottom **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 160 Total Trench Length (ft): 80

Maximum Trench Depth (in): 60 Depth of Media (in): N/A Distribution Device: Distribution Box

III. Repair System Type: **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 120 LTAR (gpd/ft^2): .275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 2 Trench Spacing (ft): 6 Absorption Area (ft^2): 160 Total Trench Length (ft): 80

Maximum Trench Depth (in): 60 Depth of Media (in): N/A Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Braedon Shelton Signature: _____

Date Issued: 6/9/2026

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016326** GWS File #: **12003B**

IV. Permit Conditions/Comments:

→ full ADR Repair permitted. Existing drainfield for Horse repair Area not permitted in this Permit.

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- DO NOT ALTER, CHANGE, GRADE THE SEPTIC AREA KEEP PROPOSED POOL 15 FEET OFF THE SEPTIC TANK

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

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

Authorized Agent: Braedon Shelton

Signature: Braed Shelt

Date Issued: 6/9/2026

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16326
PID #: 113 171 13
File #: 12003B

Authorized Agent: Brandt Shultz Date: 6/9/24

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee