SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12552B / 16274

Assigned Inspector: Matt MW

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☑ Send IP permit for signature: MW 4/20/16 ☑ Signature received: MW 4/20/16

☐ 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:

12552B/16274

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: 04708305
STREET ADDRESS: 1206 Mineral Springs rd.
CITY: Charlotte
STATE: NC ZIP: 28262
SUBDIVISION NAME: n/a
LOT #: L21 & L22 LOT SIZE (acres): 2.18 acres
TOWNSHIP: T46M6-168

○ 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: 1620
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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

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

NUMBER OF BEDROOMS TO BE ADDED: _____ 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 [5] ANY TYPE [1] CONVENTIONAL [2] ACCEPTED [3] INNOVATIVE [4] 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: Kenneth Morris
ADDRESS: 1206 Mineral Springs rd.
CITY: Charlotte
STATE: NC ZIP: 28262
WORK PHONE: _____
MOBILE PHONE: 980-266-0087
FAX: _____
E-MAIL: Kigomd.m@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

KDM (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.

_____ 04/14/2026

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: $ N/a DATE FEE RECEIVED: 4/15/26

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

APPLICATION PROCESSED BY: MD

GWS FILE NUMBER ASSIGNED: 125528

APPLICATION ID NUMBER ASSIGNED: 16274

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 #: 1207328

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: 1206 Mineral Springs rd. Tax Parcel #: 04708305

Subdivision Name: N/A Lot #: L21 & 22 & 146 MG-168

Please see attached photos for layout.

Property Owner's or Owner's Legal Representative Signature

04/14/2026
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

Mecklenburg County

Environmental Health

Groundwater & Wastewater Services

How to Prepare Your Property for an Improvement Permit:

The following items must be done before a Mecklenburg County Health Department representative can visit your site:

- Identity and mark all property corners
    - **Note: For tracts larger than 2 acres contact this department for specific instructions relating to identifying property lines.**
- All property lines should be marked every 50 feet.
- You are responsible for marking all structures to be built on site.
- Clearing excessive underbrush (i.e., thick briars, pine thickets, broom sage bushes, kudzu, honeysuckle, weeds, etc.) is required to allow thorough inspection for soil and wastewater system layout.
    - **Note: Absolutely no grading, filling, or cutting shall occur on site prior to evaluation for permit issuance.**
- When lot is clearly marked as above instructions require, give our office a call at 980-314-1680. We will then connect you with the inspector who will complete the soil test.

Note: Failure to follow these instructions properly can result in a 2-week delay in processing your application. If the lot is improperly marked and results in an additional trip a $100 extra trip fee may apply.

By signing below, I acknowledge that I have fully read and understand this document.

Property Owner's or Owner's Legal Representative Signature

Date 04/14/2026

3205 Freedom Dr. Suite 8000 J, Charlotte NC • 28208 • (980) 314-1680 • Fax (704) 336-6894

Last Modified: 8/7/23

MECKLENBURG COUNTY
Health Department

Kimberly Scott, DrPH, MPH
Interim Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

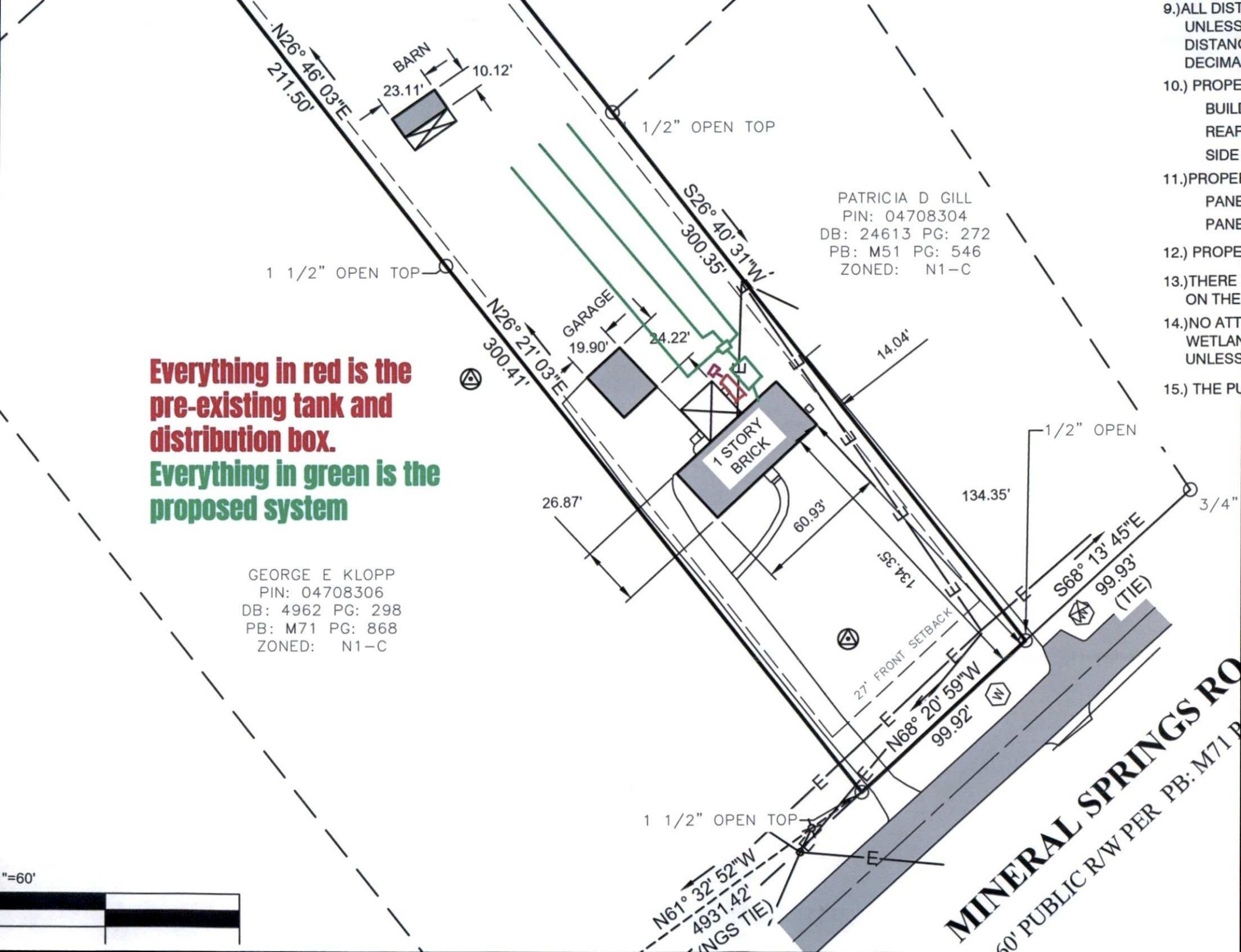
Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that N/A is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at Parcel ID: 04708305.
   Number Street Town
   (Or Parcel Number)

Kenneth Morris
Property Owner (print name)

Property Owner (signature)

04/14/2026
Date



9.)ALL DIST
UNLESS
DISTANC
DECIMA

10.) PROPE
BUILI
REAF
SIDE

11.)PROPEI
PANE
PANE

12.) PROPE

13.)THERE
ON THE

14.)NO ATT
WETLAN
UNLESS

15.) THE PU

S&T Bank | Person... TD Ameritrade StockFetcher FINVIZ.com - Stock... Channeling: Chartin... How to Make (and L... QuickBooks Login |... New employee for... Actionable Trading I... High Short Interest... FOREX.com Web Pla... Evolve Public Adobe
Chrome isn't your default browser Set as default

olaris v4.1

1206 MINERAL SPRINGS RD CHARLOTT

Property Key

Parcel ID	GIS ID
04708305	04708305

Address on Property (Postal City)

1206 MINERAL SPRINGS RD CHARLOTTE NC 28262

Address Use: Single Family Residential

Owner Name	Mailing Address
KENNETH MORRIS	1206 MINERAL SPRINGS RD CHARLOTTE NC 28262

Prop Report | Buffer Srch | Zoom To | Unselect

Report Issues

- Wrong Property Information or Map
- Wrong Mailing Address
- Address or Road Issues
- Other Website Issues



North View (1/2)
Photo Date: 01/12/2026

Link To

- Google Street View
- Birdseye View maintained by Mecklenburg County
- Time Machine – Aerial Photo Viewer

Type here to search

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 12552B Permit #: 16274 Tax Parcel #: 04708305

Property Owner: Kenneth Morris

Job Location Address: 1206 Mineral Springs Rd

City: Charlotte State: NC Zip Code: 28262

Improvement Permit Issuance Date: 4/17/26 **Construction Authorization Issuance Date:** 4/17/26

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/17/27. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device _____

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

Bed Depth: 48 inches

Bed Width: 10 feet

Total line length: 50 feet

# of Lines: 3 @ 50 feet 6" sand

Depth of Media: 18 inches (Type) 12" Stone

Distribution Device D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

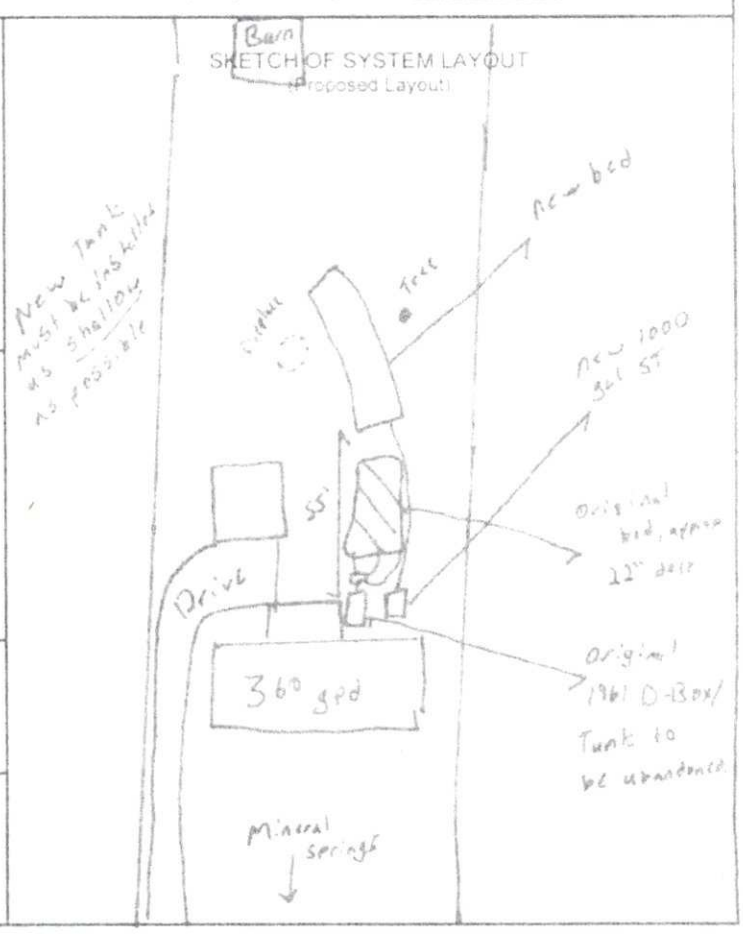
Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 710 feet

SKETCH OF SYSTEM LAYOUT (Proposed Layout)



Comments: System Classification & Type: Tank Replacement. Map file into existing field if able and negate new bed install. If unable, the repair bed is provided on permit. Must be gravel and sand

Authorized Agent: Matt Mull Signature: Matt Mull

Owner Signature: [signature] Date: 04/20/2026

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

File #: 12552B Permit #: 16274 Tax Parcel #: 04708305

Property Owner: Kenneth Morris

Job Location Address: 1206 Mineral Springs Rd

City: Charlotte State: NC Zip Code: 28262

Improvement Permit Issuance Date: 4/17/26 **Construction Authorization Issuance Date:** 4/17/26

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/17/27. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: ___ inches

Trench Width: ___ feet

Line Spacing: ___ feet (O.C.)

Total line length: ___ feet

# of Lines: ___ @ ___ feet

Depth of Media: ___ inches (Type) ___

Distribution Device: ___

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

Bed Depth: 48 inches

Bed Width: 10 feet

Total line length: 50 feet

# of Lines: 3 @ 50 feet

Depth of Media: 18 inches (Type) 6" sand 12" stone

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other ___

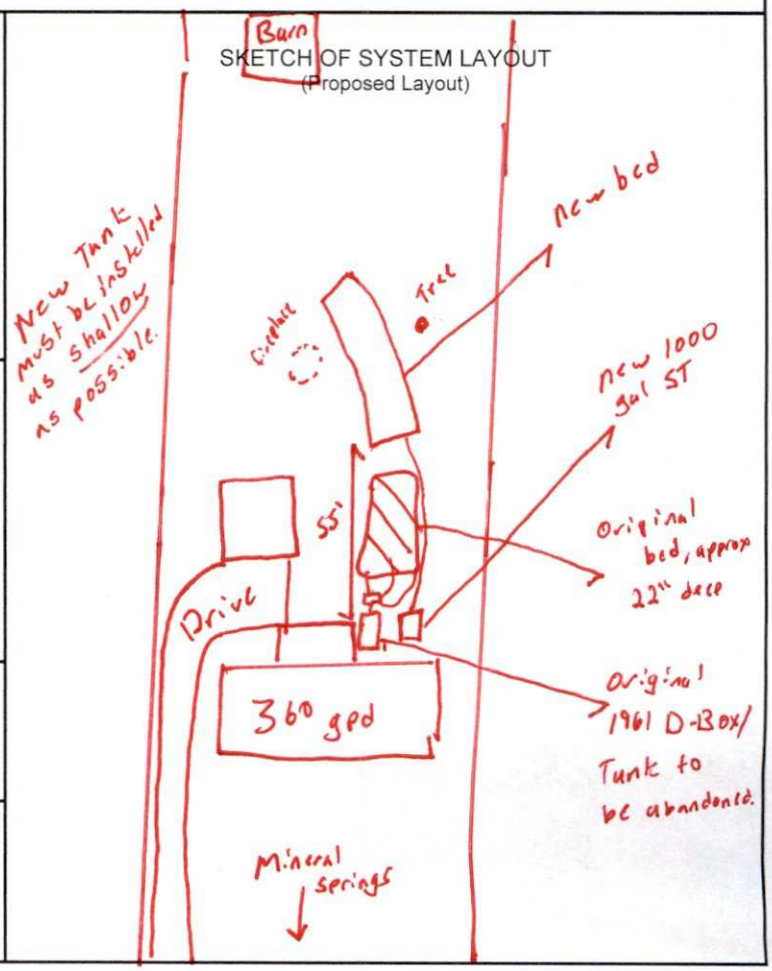
Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 710 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Tank Replacement. May tie into existing field if able and negate new bed install. If unable, 1ta repair bed is provided on permit. Must be gravel and sand.

Authorized Agent: Matt Hull Signature: Matt Hull

Owner Signature: ___ Date: ___