SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 12033B

Assigned Inspector: Patrick - Braedon

☑ IP & CA $180.00: 9/3/24 JM Initial/Date

☑ OP $200.00: 9/3/24 JM Initial/Date

~~☐ Send IP permit for signature:~~ N/A ~~☐ Signature received:~~ N/A

~~☐ Floor plans reviewed~~

☒ Generate CA ☒ Approve as Noted in Winchester -> no hold as of 9/11/24

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 4/2/26

☒ Release final hold in Winchester: 4/6/26

Comments:

12033B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14895

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: 19960108
STREET ADDRESS: 10526 Wildlife Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Sanctuary
LOT #: 26 LOT SIZE (acres): _____

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: 6,893
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 10

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 VPPBPS

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?** 6/1/20 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Meghal Patel
ADDRESS: 8251 Pamplin Court
CITY: Charlotte
STATE: NC ZIP: 28273
WORK PHONE: _____
MOBILE PHONE: (704) 830-8267
FAX: _____
E-MAIL: mpatel8989@gmail.com

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

**Owner's Authorization form is required if legal representative is submitting application*

NAME: Wendell Overby
ADDRESS: 813 Davidson Drive NW
CITY: Concord
STATE: NC ZIP: 28025
WORK PHONE: (980) 439-5007
MOBILE PHONE: (704) 239-2001
FAX: _____
E-MAIL: sfsconcordnc@gmail.com

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:

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.

WO (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.

_____ 8/28/24

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:

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

File #: _____

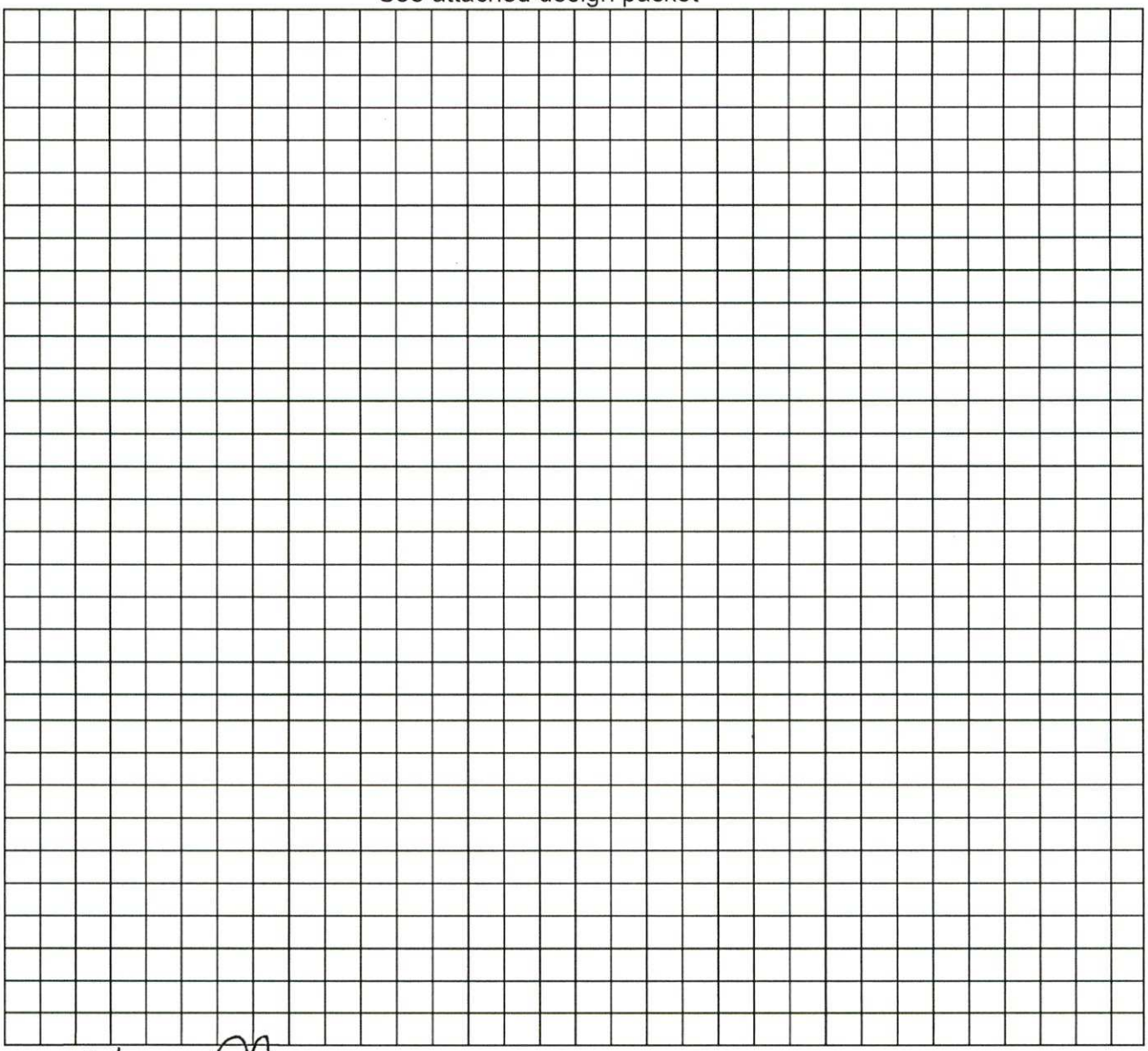
PROPOSED PLOT PLAN

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: 10526 Wildlife Road Tax Parcel #: 19960108

Subdivision Name: Sanctuary Phase 2 Lot #: 26

See attached design packet



Property Owner's or Owner's Legal Representative Signature

8/28/24
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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/03/24	**Amount:**	180.00
Receipt #:	150649	**Tendered:**	180.00
Check / Auth #:	VISA 067595	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: WENDELL OVERBY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0789	A2 Session Law IP/CA Combo 10526 WILDLIFE	1	180.00	180.00

Permit#

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/03/24	**Amount:**	200.00
Receipt #:	150651	**Tendered:**	200.00
Check / Auth #:	VISA 067595	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: WENDELL OVERBY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 10526 WILDLIFE	1	200.00	200.00

Permit#

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

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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

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 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

8/25/2024

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

Re: Improvement Permit & CA Submittal for 10526 Wildlife Road (Lot #26)

Mr. Michelone,

Attached please find sealed soil notes as well as site plans and design related data for a 5 bedroom VPPBPS 6' 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: Meghal Patel

Signature: _____

Date: _____

"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: 8/25/2024 Seal:





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
Mailing Address:	Concord
City:	Concord
State:	North Carolina
Zip:	28025
Phone #:	SFSConcordNC@gmail.com
Email:	813 Davidson Dr NW

Owner:	Meghal Patel
Mailing Address:	8251 Pamplin Ct
City:	Charlotte
State:	North Carolina
Zip:	28273
Phone #:	704 830-8267
Email:	mpatel8989@gmail.com

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

[ ] Yes [X] 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 [X] No Is the site subject to approval by any other public agency?
[ ] Yes [X] 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: 8/25/2024

Owner's Signature: _____ Date: _____

Permit/File #: 12033B

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: 19960108
Issued To: Meghal Patel
Property Location: 10526 Wildlife Road
Subdivision (if applicable): The Sanctuary Lot#: 26 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: 5 bedroom house
Number of bedrooms: 5 Number of Occupants: 10 Other:
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 600 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIIe (VPPBPS 6') PMANIFOLD (Initial) Pump Required: [X] Yes [ ] No [ ] May be required
Proposed Wastewater System Type*: IVa (VPPBPS 6') 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): [ ] Yes [X] 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)*: 48 Usable Depth to LC (Repair)*: 48 ***Limiting Condition***
Max. Trench Depth (Initial)ǂ: 32 Max. Trench Depth (Repair)ǂ: 32 ***ǂ 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 installlation)
Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

Licensed Soil Scientist Print Name: Wendell Overby, LSS
Licensed Soil Scientist Signature: Wendell Overby Date: 8/25/2024

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 #: 12033B

This Section for Local Health Department Use Only

Initial submittal received: 9/9/24 (Date) by BPJ (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: Brandi P. Shults Date: 9/9/24

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: 9/9/29

See attached site sketch

NCDHHS

Permit/File #: 120538

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

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

PIN/Lot Identifier: 19960108

Issued To: Meghal Patel

Property Location: 10526 Wildlife Road, Lot#26

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

Facility Type: 5 bedroom house

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

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

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

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

Type of Wastewater System* IIIe (VPPBPS 6') PMANIFOLD (Initial) IVa (VPPBPS 6') LPP (Repair)

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

Design Daily Flow: 600 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: 1500 gallons Total Trench/Bed Length: 335 feet Trench/Bed Spacing: 6 feet on center

Trench/Bed Width: 24 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 48 *Limiting condition

Soil Cover: 10 inches Slope Adjusted Maximum Trench/Bed Depth‡: 32 inches ***‡ Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 1500 galllons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: 41.63 ft. TDH vs. 39.9 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)]: [ ] Yes [X] No

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

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installlation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

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: 8/25/2029

AOWE/PE Signature: Date: 8/25/2024

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 12033B

This Section for Local Health Department Use Only

Initial submittal received: 9/9/24 (Date) by GH (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: Brandon L. Shutt Date of Issuance: 9/9/24

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: 9/9/29

See attached site sketch

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: _____

PIN/Lot Identifier: _____

Issued To: _____

Additional Improvement Permit Conditions:

Additional Construction Authorization Conditions:

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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

Project# 24-1008

Septic System Design for a 5 Bedroom House
VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

Contents	Page
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Jul 2024
Design By: Wendell Overby

Page 1	INFORMATION FOR THE INSTALLER	Project #24-1008

VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

* **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 fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* 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 VPPBPS 6' type using PMANIFOLD distribution**
* **Repair specified as VPPBPS 6' type using LPP distribution**
* **System trench depth specified at 32"**
* **System trenches installed on 6' minimum; 24" wide trenches**
* **Installation does not require a soil cap**

CALCULATIONS	Project #24-1008

VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

PROJECT INFO	Designer	Wendell Overby
	Project #	24-1008
	Project MM YYYY	Jul 2024
	County	Mecklenburg
	Project Location	10526 Wildlife Road
	Lot # (if applicable)	26
	Subdivision (if applicable)	The Sanctuary
	Parcel #	19960108
	Lot size (acres)	3.4
	Easement(s) on parcel?	No
	Business (if applicable)	N/A
	Name (Owner)	Meghal Patel
	Mailing Address (Owner)	8251 Pamplin Ct
	City (Owner)	Charlotte
	State (Owner)	North Carolina
	Zip (Owner)	28273
	Phone (Owner)	704 830-8267
	Email (Owner)	mpatel8989@gmail.com
	Bedrooms	5
	Water Source	Municipal Supply
	Foundation Type	Basement
	Daily Flow (gallons)	600
SYSTEM	System LTAR	0.3
	System Type	VPPBPS 6'
	System Distribution	PMANIFOLD
	System Trench Center Distance (feet)	6
	System Trench Width (inches)	24
	System Trench Depth (inches)	32
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Media Height (inches)	22
	Tank Size (gallons)	1500
	Required Feet of Line (system)	333
	Designed Feet of Line (system)	335
	Saprolite system?	No
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS 6'
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	6
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	32
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Tank Size (gallons)	1500
	Required Feet of Line (repair)	333
	Designed Feet of Line (repair)	333
	Saprolite system?	No
SYSTEM PUMP VARIABLES	Amount of Line from Layout (feet)	335
	Gallons per Minute	39.9
	Required Septic Tank Capacity (gallons)	1500
	Minimum Standard Tank Size (gallons)	1500
	Lateral Line Volume (gallons)	219
	Dosing Volume-#panels x 3.6g (gallons)	277
	Tank Draw Down (inches)	9.6
	Pump Run Time (minutes)	6.9
	Elevation Head (feet)	31
	Pressure Head (feet)	2
	Supply Line Length (feet)	260
	Supply Line Volume (gallons)	45
	Supply Line Diameter	2" SCH 40 PVC
	Friction Factor (ft/100ft from the interpolater)	3.0
	Friction Head (feet)	7.8
	Friction Head +10% (feet)	8.6
	Total Dynamic Head (feet)	41.6
	Pump Recommendation	Zoeller 163

Page 2	DESIGN SPECIFICATIONS	Project #24-1008

VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

Business (if applicable):	N/A
Contact:	Meghal Patel
Phone:	704 830-8267
Email:	mpatel8989@gmail.com
County:	Mecklenburg
Location:	10526 Wildlife Road
Source of Wastewater Flow:	5 bedroom home
Estimated Daily Wastewater Production:	600 gpd
Drain field Size:	335 lf
Loading Rate:	0.3 $gpd/ft.^2$
Trench Depth:	32 in
Trench Width:	24 in
Soil Cap:	0 in
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
System Flow:	39.90 gpm
Lateral Length Required:	333 lf
Total Area Trench Bottom:	999 sf
Estimated Supply Line Length:	260 lf
Supply Line Diameter:	2" SCH 40 PVC
Supply Line Volume:	45 gal
Dosing Volume:	277 gal
Pump Draw Down:	9.6 in
Pressure Head:	2 ft
Friction Head:	7.8 ft
Elevation Head:	31.0 ft
Total Dynamic Head:	41.6 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	Zoeller 163 or County Approved Effluent Rated Pump Capable of Delivering 42 ft.of Head at 40 gpm Total Flow

Page 3	LAYOUT SPECIFICATIONS	Project #24-1008

VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

Daily Flow (gpd) **600** **Jul 2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			REPAIR				
1	Yellow			4.3	95.7	100	100
2	Blue			4.6	95.4	115	114
3	Pink			5.2	94.8	120	119
			SYSTEM				
4	Red			5.7	94.3	108	84
5	Orange			6.6	93.4	90	84
6	Yellow			7.1	92.9	75	60
7	Blue			7.9	92.1	65	60
8	Pink			8.8	91.2	47	47

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	335	0.300	VPPBPS 6'	50%	PMANIFOLD	32	0
REPAIR	333	0.300	VPPBPS 6'	50%	LPP	32	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

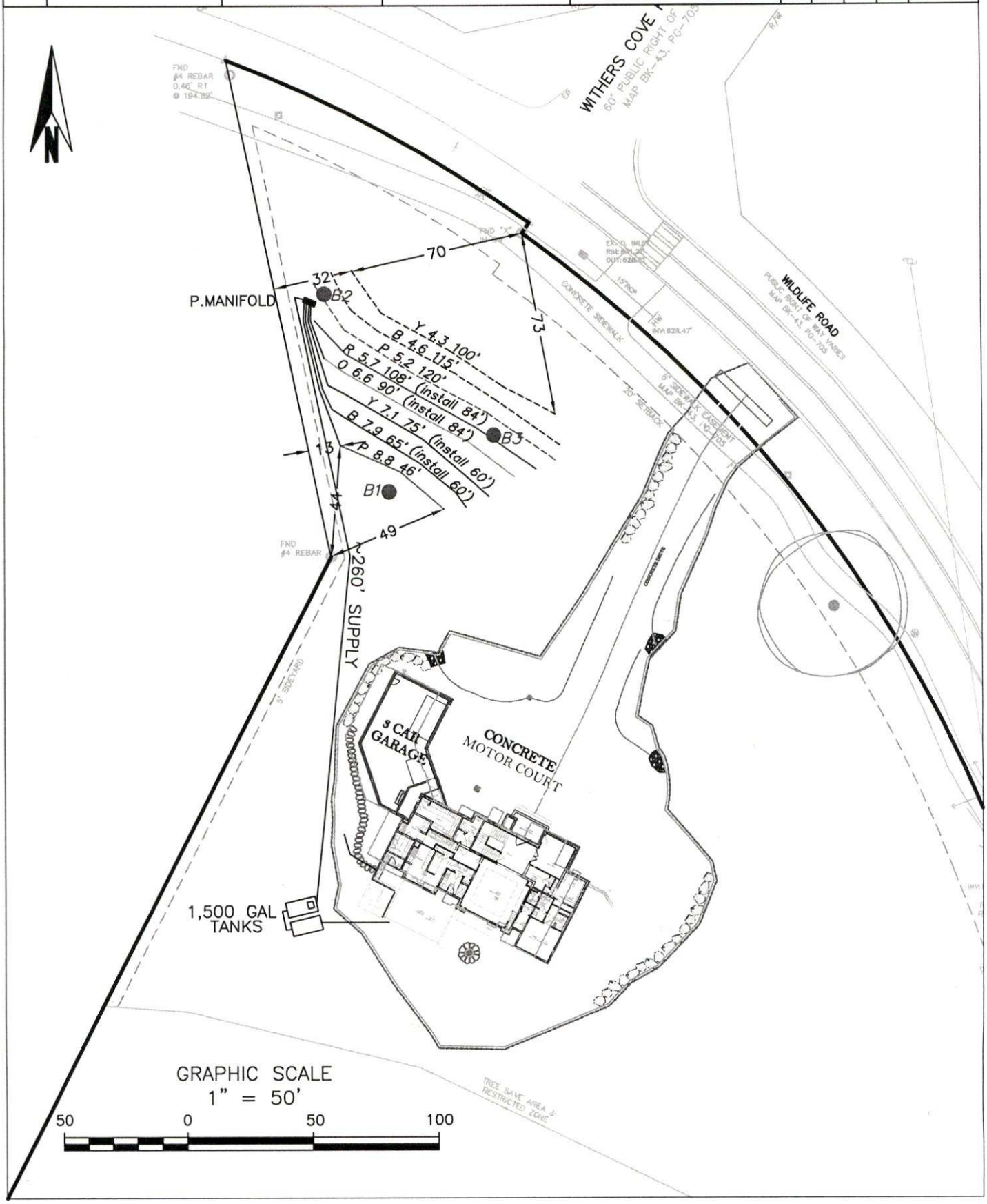
Page 4	SYSTEM FLOW	Project #24-1008

VPPBPS 6' using PMANIFOLD distribution
Site location: 10526 Wildlife Road, Lot # 26

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR	Number of Panels
4	Red	5.7	84	SCH 80 3/4	**10.1**	152	252	**0.120**	**0.60**	19
5	Orange	6.6	84	SCH 80 3/4	**10.1**	152	252	**0.120**	**0.60**	19
6	Yellow	7.1	60	SCH 40 1/2	**7.11**	107	180	**0.119**	**0.59**	14
7	Blue	7.9	60	SCH 40 1/2	**7.11**	107	180	**0.119**	**0.59**	14
8	Pink	8.8	46	SCH 80 1/2	**5.48**	82	138	**0.119**	**0.60**	11
	total	**feet =**	334	**gal/min =**	**39.9**					**77**

Design Flow	**600**	gpd
Pump Run to Dose 600 gpd=	**15.04**	
Soil LTAR	**0.300**	
Accepted LTAR	**0.60**	

SHEET	SHEET TITLE:	PROJECT NAME:						
SHEET 1 OF 1	SEPTIC SYSTEM LAYOUT SKETCH MAP	PATEL WILDLIFE RD MECKLENBURG COUNTY AUG 2024	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	SCALE: 1" = 50'	FIELD WORK WO	DRAWN BY WO	PROJECT MGR. WO	PROJECT NO. 24-1108



~~161~~, 163, ~~165~~

Flow-Mate

Heavy duty construction with oversized bearings and a balanced bronze, non-clogging vortex impeller allow these pumps to stand up to the highest heads and maximum flows. They are well suited to applications with low pressure pipe (LPP) and enhanced flow STEP systems. Using Zoeller's cool run design, we added fins to these pumps, lowering operating temperatures. The corrosion-resistant, powder coated epoxy finish and hermetically sealed, oil-filled motor add up to a long-lasting, trouble-free product.

APPLICATIONS:

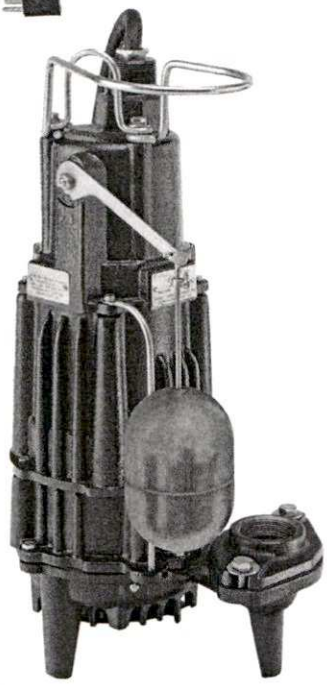
- Onsite or septic applications
- Enhanced flow STEP systems
- Commercial dewatering
- Sump/dewatering

SPECIFICATIONS:

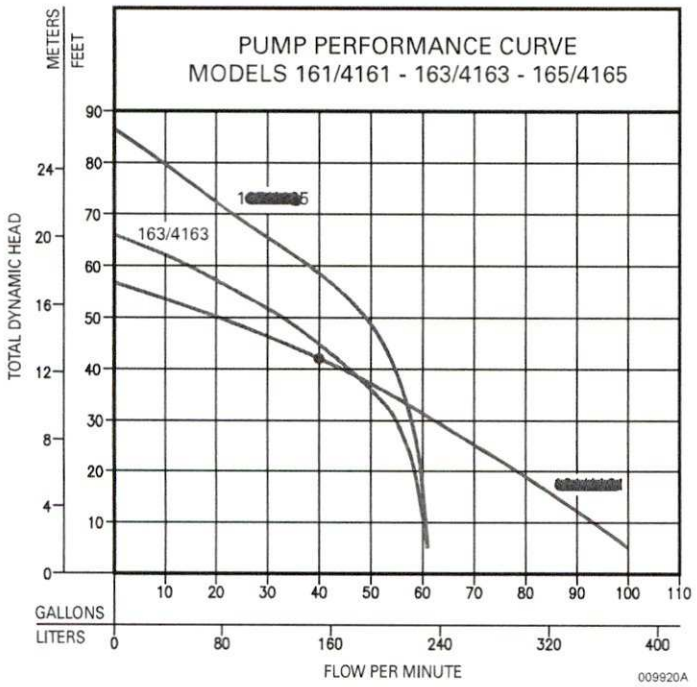
- 1-1/2" NPT discharge (available with 2" or 3" NPT bolt-on flange)
- 1/2 HP through 1 HP
- Available in automatic or nonautomatic
- 3/4" (19 mm) spherical solids capacity with cast iron vortex impeller
- Hazardous location/explosion-proof version available (automatic and nonautomatic)
- Double shaft seal versions available for added protection
- Thermally protected motor

For more information, see Technical Data Sheet FM2785.





Explosion-proof models available



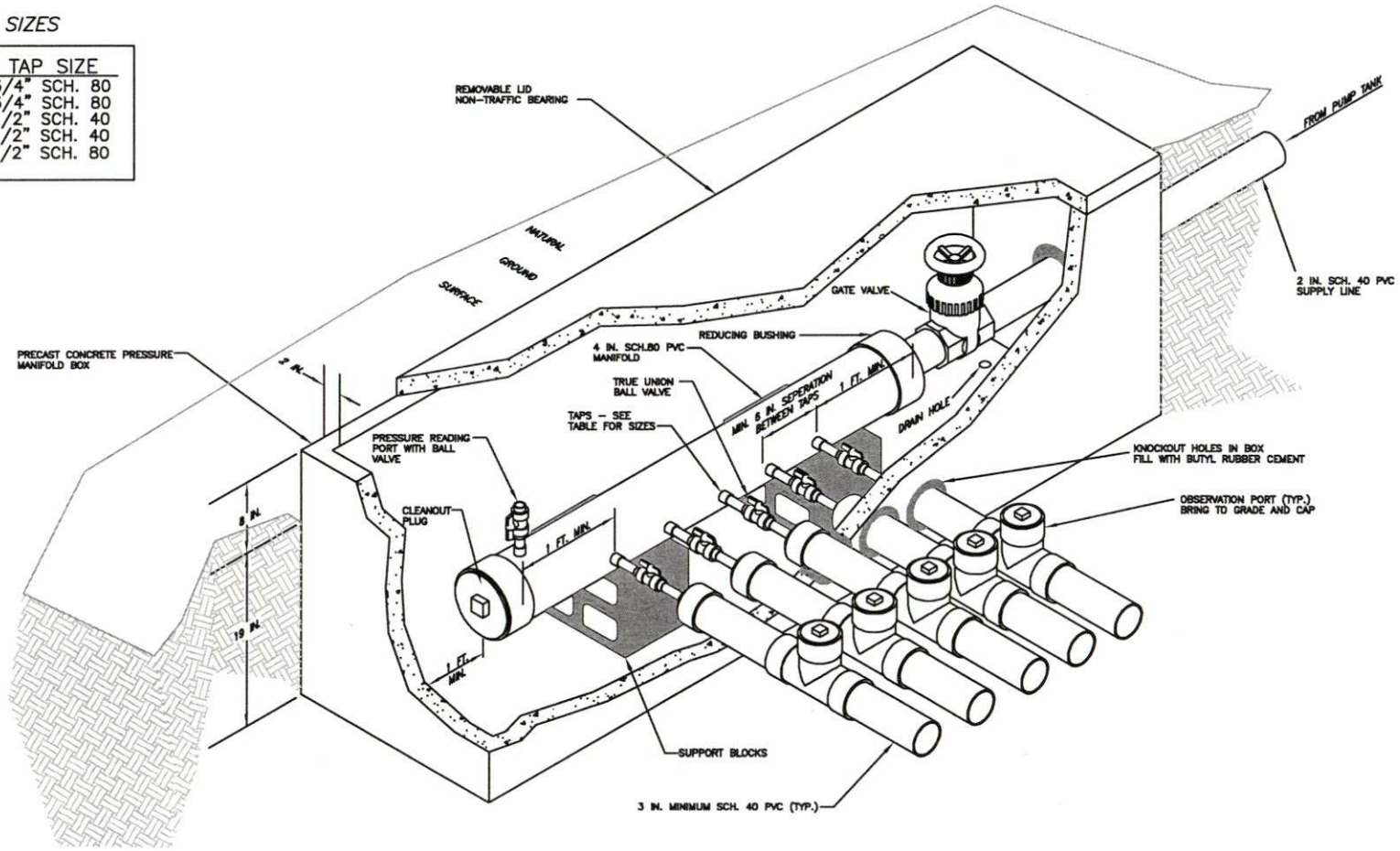
For complete product information, visit: zoellerpumps.com

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PRESSURE MANIFOLD DETAILS
10526 WILDLIFE ROAD

TAP SIZES

LINE No.	TAP SIZE
4	3/4" SCH. 80
5	3/4" SCH. 80
6	1/2" SCH. 40
7	1/2" SCH. 40
8	1/2" SCH. 80



Sheet 1 of 1

PROPERTY ID #: 19960108

COUNTY: Mecklenburg

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(complete all fields in full)

OWNER: Meghal Patel

ADDRESS: 8251 Pamplin Ct

PROPOSED FACILITY: 5 bedroom house

LOCATION OF SITE: 10526 Wildlife Road

APPLICATION DATE:

DATE EVALUATED: 7/15/2024

PROPERTY SIZE: 3.4 acres

PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☐ Well ☐ Spring ☑ Other — Municipal Supply

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L / 16%	0 - 3 3 - 33 33 - 48	DB L WFG R C MMA BR CL WMA	FR SS SP FI SS SP FR SS SP F SAP	N/A	48	N/A	N/A	0.3
2	L / 16%	0 - 4 4 - 30 30 - 48	BR CL WMA R C MMA BR CL WMA	FR SS SP FI SS SP FI SS SP F SAP	N/A	48	N/A	N/A	0.3
3	L / 16%	0 - 4 4 - 30 30 - 48	DB L WFG R C MMA BR CL WMA	FR SS SP FI SS SP FR SS SP F SAP	N/A	48	N/A	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	335	333
System Type(s)	VPPBPS 6'	VPPBPS 6'
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):

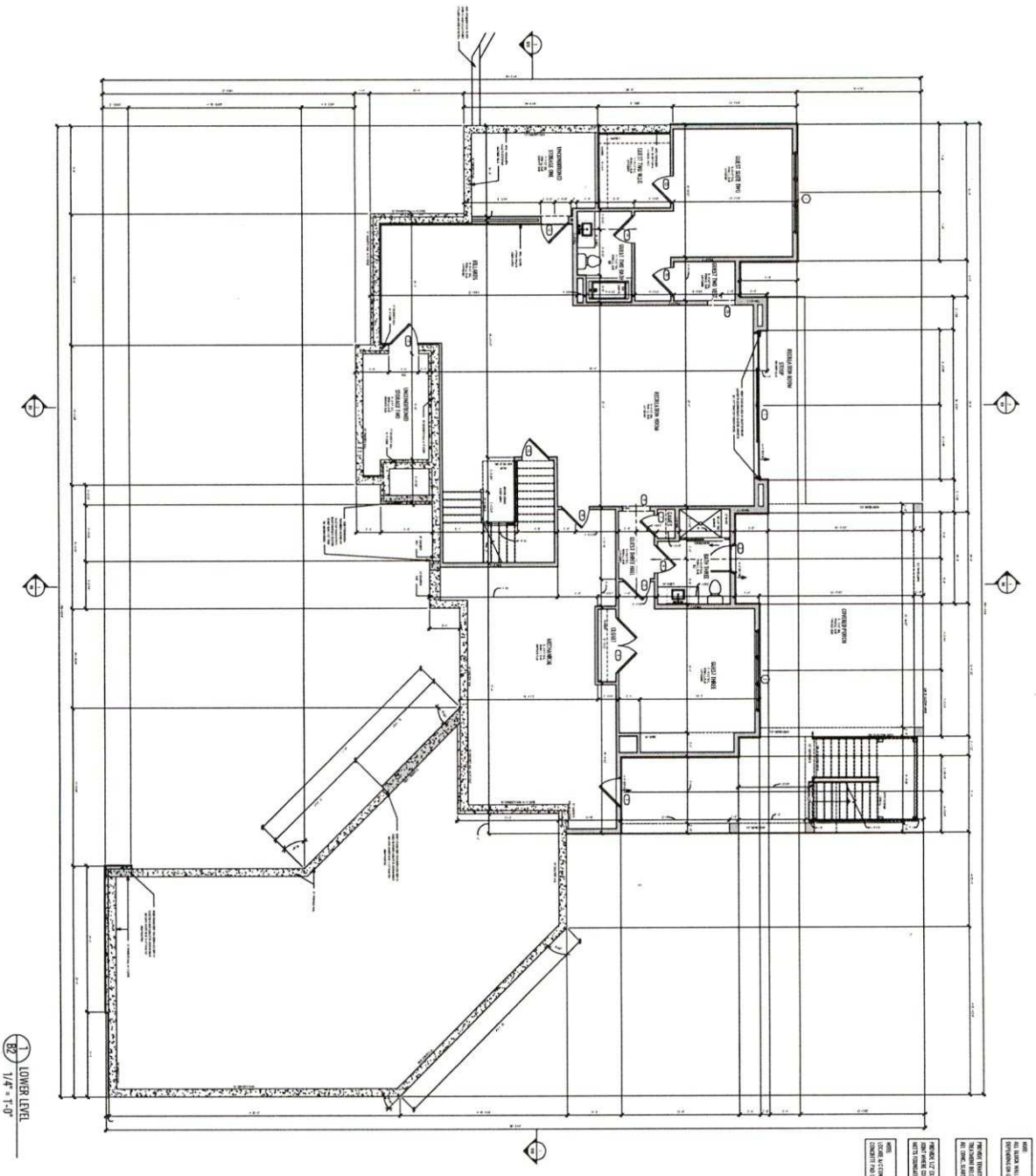
SITE CLASSIFICATION (.1948): S

EVALUATED BY: Wendell Overby

OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST WENDELL OVERBY 1218 N.C. NORTH CAROLINA

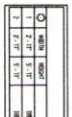
COMMENTS:

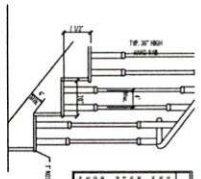


1 B2 LOWER LEVEL
1/4" = 1'-0"













PATEL RESIDENCE

10526 WILDLIFE ROAD

CHARLOTTE, NORTH CAROLINA

B2

AUGUST 14, 2024

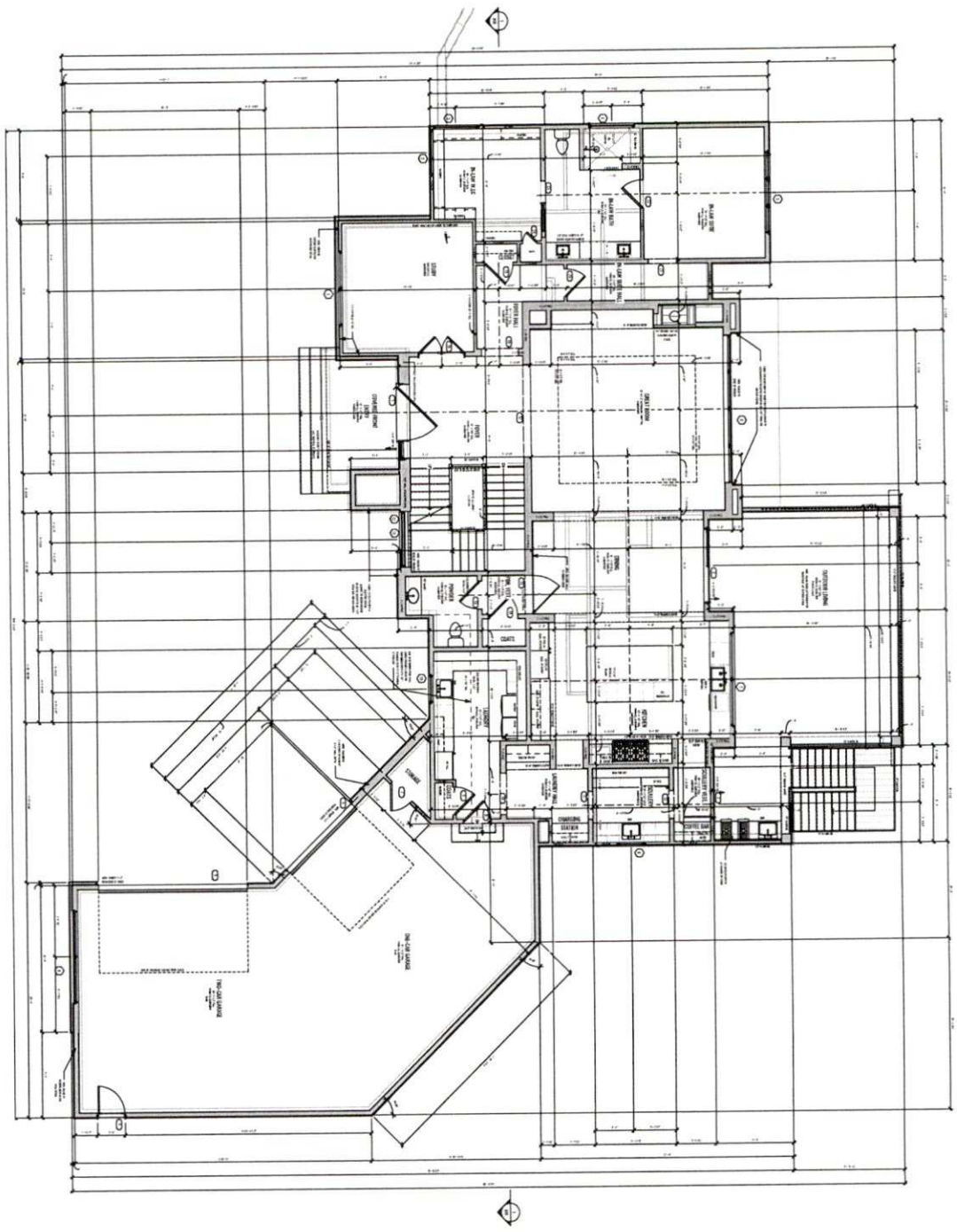
2041-ARCA- NEW

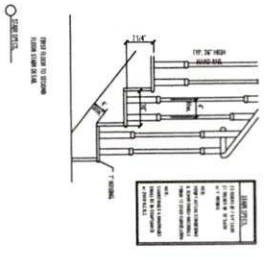
SMITH SLOVIK residential design group

TROY SMITH: 704-641-2544 DAVE SLOVIK: 704-565-9910

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

ARCADIA



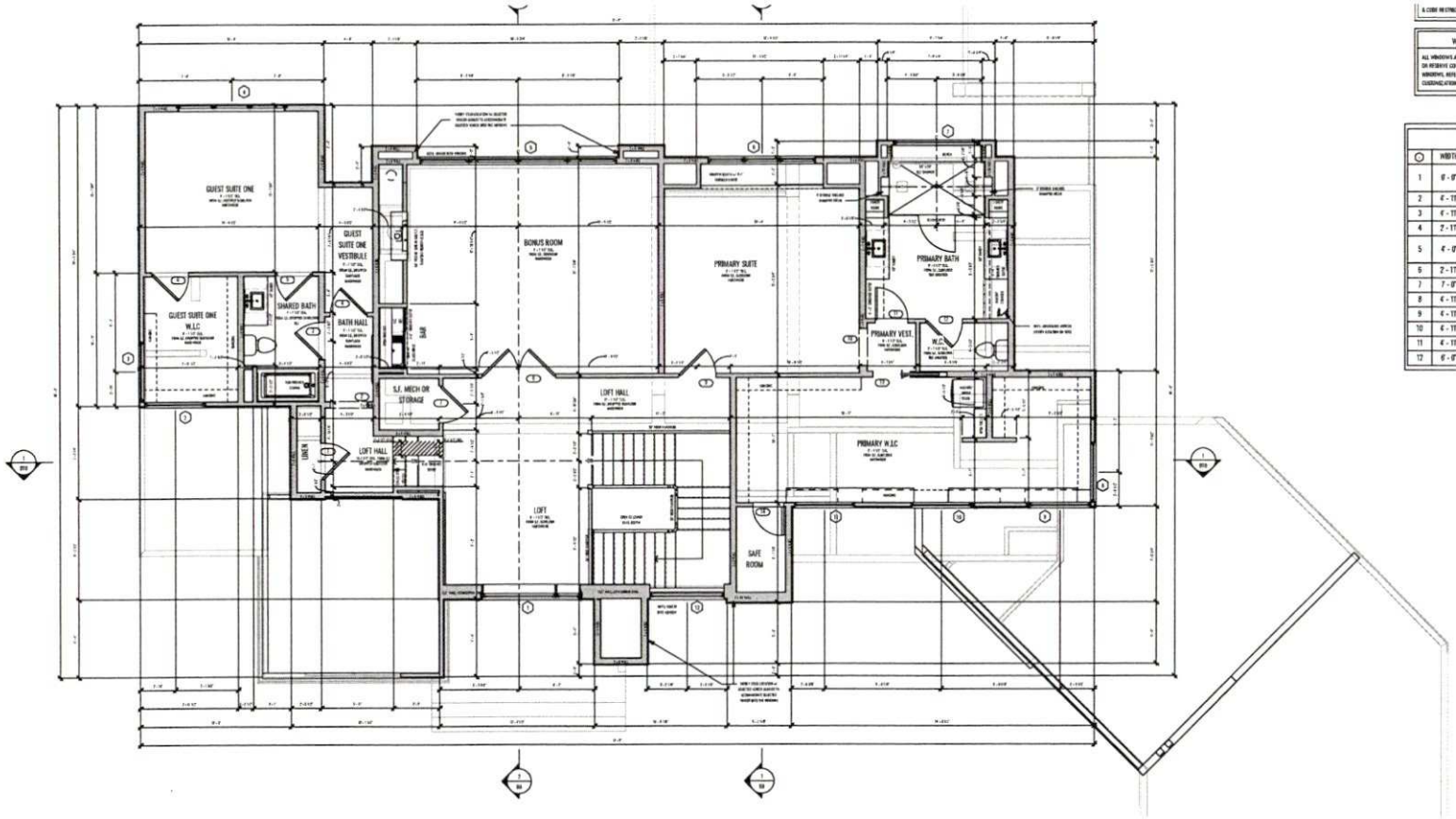


PATEL RESIDENCE

10526 WILDLIFE ROAD

CHARLOTTE, NORTH CAROLINA

SMITH SLOVIK
residential design group



& CODE RESTRICTIONS

WINDOW NOTE

ALL WINDOWS ARE BASED ON PELLA LIFESTYLE OR RESERVE CONTEMPORARY SERIES WINDOWS. REFER TO CHART FOR CUSTOMIZATION OR STANDARD

8	6' - 0"	8' - 0"	TWIN-PANELED (FRENCH OPTIONAL)
9	3' - 0"	6' - 0"	SINGLE-PANELED
10	3' - 0"	6' - 0"	8" CASED OPENING
11	2' - 8"	6' - 0"	SINGLE-PANELED
12	3' - 0"	6' - 0"	SINGLE-PANELED
13	3' - 0"	6' - 0"	SINGLE-PANELED POCKET
14	2' - 6"	6' - 0"	SINGLE-FLUSH HIDDEN ENTRY

SECOND FLOOR WINDOW SCHEDULE

○	WIDTH	HEIGHT	COMMENTS	WINDOW LINE
1	6' - 0"	7' - 0"	TWIN-CASEMENT (72"(LEFT & 24" FLANKED) (96" TOTAL) (SEE ELEVATION)	PELLA RESERVE CONTEMPORARY SERIES CUSTOM
2	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
3	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
4	2' - 11"	5' - 11"	TRIPLE-CASEMENT (105" TOTAL)	PELLA LIFESTYLE SERIES STANDARD
5	4' - 0"	8' - 0"	(QUAD.-FIXED CASEMENT (192" TOTAL) (SEE ELEVATION))	PELLA RESERVE CONTEMPORARY SERIES CUSTOM
6	2' - 11"	5' - 11"	TRIPLE-CASEMENT (105" TOTAL)	PELLA LIFESTYLE SERIES STANDARD
7	7' - 0"	6' - 0"	SINGLE-PICTURE (TEMPERED)	PELLA RESERVE CONTEMPORARY SERIES CUSTOM
8	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
9	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
10	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
11	4' - 11"	7' - 11"	SINGLE-TRANSOM	PELLA LIFESTYLE SERIES STANDARD
12	6' - 0"	4' - 0"	SINGLE-CASEMENT (SEE ELEVATION)	PELLA RESERVE CONTEMPORARY SERIES CUSTOM

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 # 120338 App# 14895 Tax Parcel# 199-601-08

Property Owner: Meghal Patel

Job Location Address: 10526 Wildlife Rd

City: Charlotte State: NC Zip Code: 28278

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: Matches A2, A5 LSS design

*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.**

Braedon Shelton — Authorized Agent

1/20/26 — Date

Wind River (Shawn) — Others Present

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

On-Site Wastewater Section

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

File #: 12033B Permit #: 14895 Tax Parcel #: 19960108

Property Owner: Meghal Patel

Job Location Address: 10526 Wildlife Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/1/26 Contractor Name: Wind River

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

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Shoaf Effluent Pump Model: Zoeller

Drainfield Installation ☐ N/A (46', 60', 60', 84', 84')

Trench Depth: 32 inches

Trench Width: 24 feet

Line Spacing: 6 feet (O.C.)

Total line length: 335 feet

# of Lines: 5 @ Varied feet

Depth of Media: N/A inches (Type) VPPBPS

Depth of Cover: ≥6 inches

Distribution Device: Pressure Manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥10 feet

Inspection Dates

Tank(s) Inspected: 12/17/24

Excavation Inspected: 1/20, 1/21, 1/22/26

Pump & Controls Inspected: 3/26/26 MC

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

* Installed in Accordance to LSS Design.

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: IIIe, VPPBPS, 9, N/A, N/A, 5-Bedroom System

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 12033B Permit #: 14895 Tax Parcel #: 199-601-08

Property Owner: Meghal Patel

Job Location Address: 10526 Wild Life Rd

City: Charlotte State: NC Zip Code: 28278

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: IIIe, VPPBPS

*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: 5-Bedroom System, Vertical PPBPS

DENR Authorized Agent: Trey Kling for Braedon Shelton Date: 4/1/26

Signature: Trey Kling