SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

☐ **A2** ☐ **EOP/AOWE**

File # 12668B Accela Project # SP26-093	Assigned inspector: Troy
☐ IP $250.00:	**EOP/AOWE**
☐ IP Commercial $450.00:	☐ $35 Fee Paid
☐ CA $200 ☐OP $200:	**A2**
☐Alteration $300:	☐ IP/CA COMBO $180:
☐ Modified Plot Plan $100.00:	☐ IP/CA COMBO OP $200:
☐ Use Existing $100.00:	☐ IP ONLY $250:
☐ Use Existing Approved ☐ Use Existing Denied	☐ CA & OP $400:
	☐ A2 IP/CA Modified Plot Plan $40:
	☐ A2 Alteration $120:
	☐ IP/CA COMBO Commercial $260:
	☐ IP/CA COMBO Commercial OP $200:
☐ Send IP permit for signature:	☐ Signature received:
☐ Release Permit Hold & Add Occupancy Hold:	☐ This septic system requires a certified operation contract before final hold is released
☐ Certified operator contract is on file	☑ Septic file complete: 10/30/26
☐ Release final hold in Accela:	☐ Scanned To OnBase:

Comments: Tank replacement only - Complete

Replacement → 1000 gallon septic Tank

MECKLENBURG COUNTY
HEALTH DEPARTMENT

12668B

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: 10115310
STREET ADDRESS: 4333 North Sharon Amity Rd
CITY: Charlotte
STATE: NC ZIP: 28205
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .48
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: 1136
NUMBER OF BEDROOMS: 2
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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

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

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

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

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

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

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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ☑ YES ○ NO
PLEASE LIST TICKET REFERENCE NUMBER: 228568 VISIT BY DATE: Sept. 28th

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: Stephanie Lopez
ADDRESS: 4333 North Sharon Amity Rd.
CITY: Charlotte
STATE: NC ZIP: 28205
WORK PHONE: 704-315630
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Rapid Rooter - Kim Hibbs
ADDRESS: 4241 Stough Rd.
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: 678-992-3193
MOBILE PHONE: _____
FAX: _____
E-MAIL: rapidrooterllc@gmail.com

14. SEPTIC SYSTEM PERMIT APPLICATION:

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

SL (Initial here for septic system applications)

15. WELL PERMIT APPLICATION: KH

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.

_____ 9/17/2026

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: $ _____ DATE FEE RECEIVED: _____

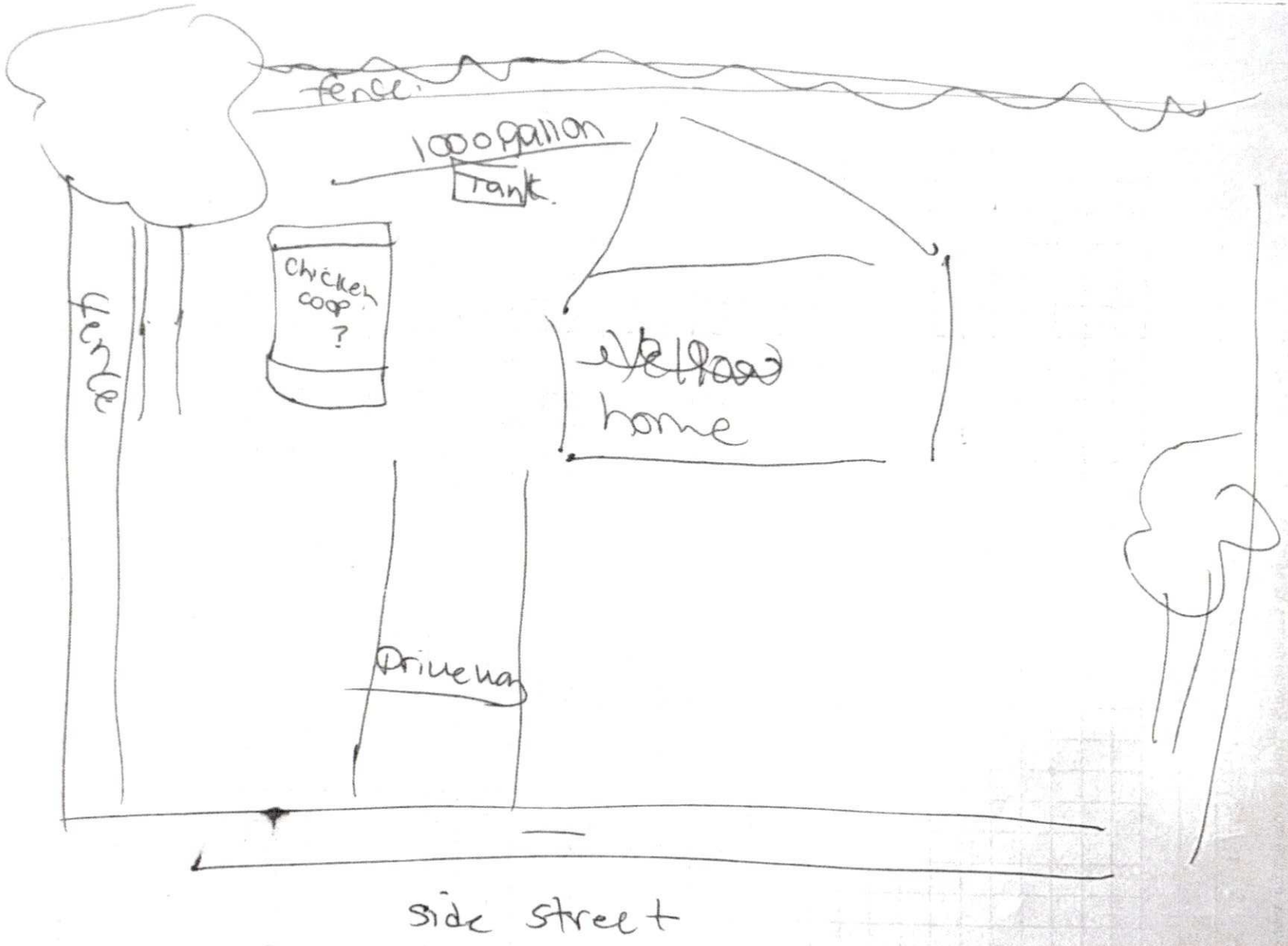
WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



4333 North Sharon Amity Rd.

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
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 Kim Hobbs - Rapid Rooter LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4333 N Sharon Amity Rd. Charlotte NC 28205
Number Street Town
(Or Parcel Number) parcel # 10115310

Stephanie Lopez
Property Owner (print name)

Property Owner (signature)

9/1/2026
Date

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

File Number: 12668B
Permit Number: SP26-093

Expiration Date: 09/30/2031

CONSTRUCTION AUTHORIZATION

Parcel Number: 10115310

Owner: _____ Applicant: STEPHANIE LOPEZ

Property Location: 4333 N SHARON AMITY RD , CHARLOTTE, NC 28205

Faciltiy Type: SFD

Number of bedrooms: 2 Number of occupants: 2 Other: _____

☐ New ☐ Alteration ☐ Modified Plot Plan ☑ Repair

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☐ Yes ☑ No

Type of Wastewater System*: Exst (Initial) _____ (Repair)

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

Design Daily Flow: 240 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No (if yes, please provide engineering documentation)

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

Type of Water Supply: ☐ Private Well ☐ Public Well ☐ Shared Well ☑ Municipal

Installation Requirements/Conditions: Septic Tank only

Septic Tank SIze: 1000 gallons Total ~~Trench/Bed~~ Length: _____ feet Trench/Bed Spacing: _____ feet on center

Slope Corrected Maximum Trench/Bed Depth _____ inches **‡ Measured on the downhill side of the trench**

Pump Tank SIze (if applicable): _____ gallons

Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LLP

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

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No Pre-Construction Conference Required: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements: _____

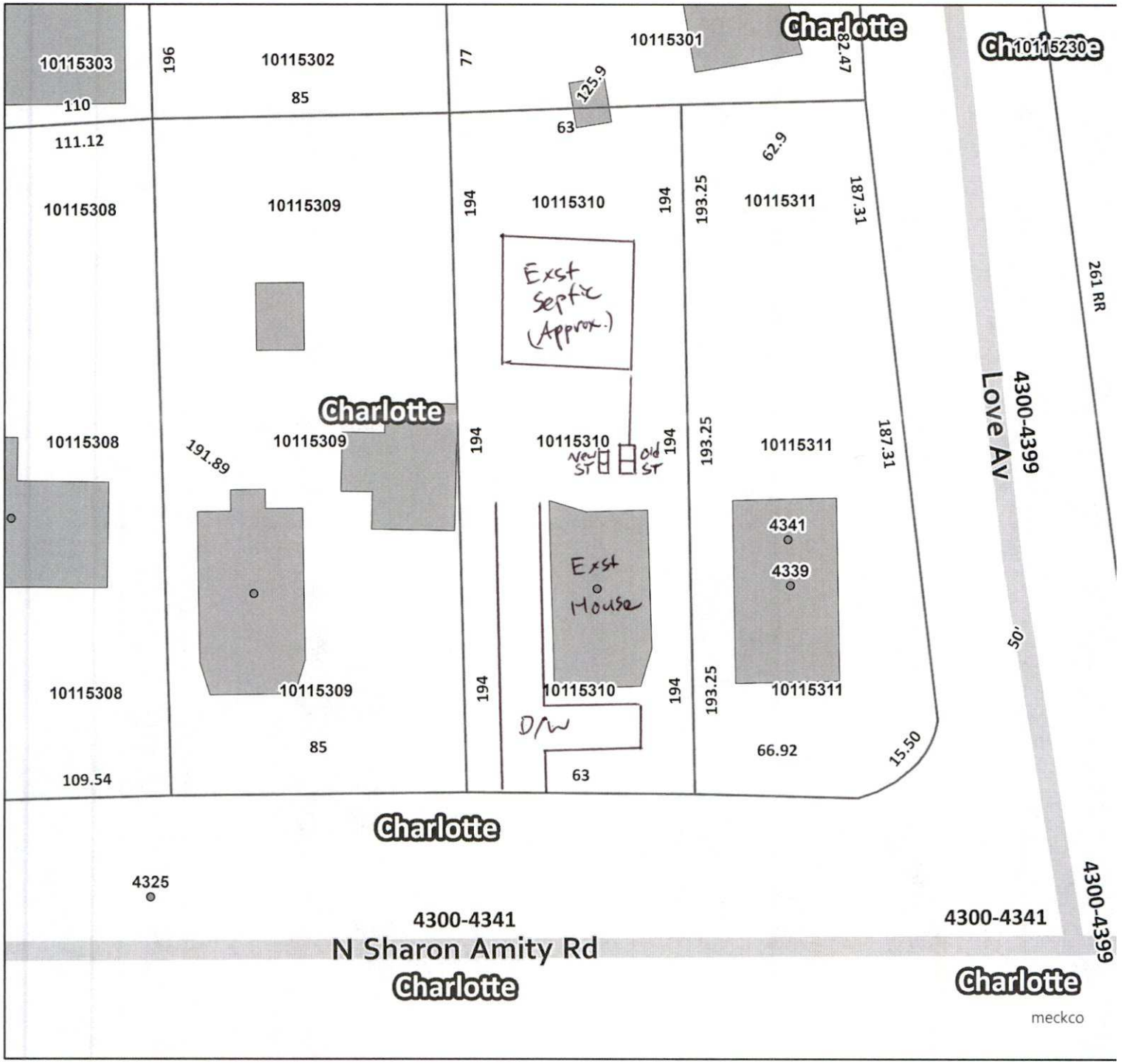
Conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Troy Kling Expiration Date: 09/30/2031

Authorized Agent's Signature: Troy Kling Date: 09/30/2026

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: SP26-093
PID #: 101-153-10
File #: 12668B

Authorized Agent: Troy Kling Date: 9/30/26

Owner/ Legal Agent: _____ Date: _____

1:480

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 #: 126683 Permit #: SP26-093 Tax Parcel #: 101-153-10

Property Owner: Stephanie Lopez

Job Location Address: 4333 N. Sharon Amity Rd

City: Charlotte State: NC Zip Code: 28205

Operation Permit Issuance Date: 10/29/26 Contractor Name: Roto-Rooter

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: / gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Infiltrator Effluent Pump Model: /

Drainfield Installation ☑ 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) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 710 feet

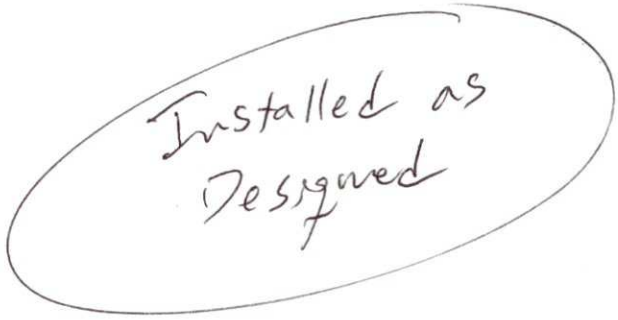
Inspection Dates

Tank(s) Inspected: 10/28/26

Excavation Inspected: /

Pump & Controls Inspected: /

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: IIa (exst)
Septic Tank Replacement

DENR Authorized Agent: Troy Kling Signature: Ty

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 #: 12668B Permit #: SP26-093 Tax Parcel #: 101-153-10

Property Owner: Stephanie Lopez

Job Location Address: 4333 N. Sharon Amity Rd.

City: Charlotte State: NC Zip Code: 28205

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: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other:

DENR Authorized Agent: Troy Kling Date: 10/29/26

Signature: Troy Kling