SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 1476B

Assigned Inspector: Braedon

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: MR 8/27/25 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: AB 9/5/25 ☐ Signature received: _____

sent 9/5/25 MR

☐ 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: 10/16/25

☐ Release final hold in Winchester: _____

Comments: 8/27/25 Per Braedon, use repair application to enter Alteration application in to WASPS. Braedon has the file. Repair application will need to be deleted in WASPS.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/27/25
Receipt #: 156796
Check / Auth #: VISA 014556
Received By: RAMSEMA

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KELLY ERIC
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 1316 MCCORKLE RD	1	300.00	300.00

Permit#

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

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

App. #: 15706

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES

Well Fee: Date:

Septic Fee: 0.00

Date: 8/22/2025

FILE # 1476B

SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 05309344 ☐ PO

STREET ADDRESS: 1316 MCCORKLE RD

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: MECKLENBURG

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)
○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)
◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 3600

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☑ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

◉ N/A ○ IRRIGATION ○ POTABLE (Drinking Water) ○ OTHER

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

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☑ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

Repair application

RANK: 1 2 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	(●) Yes ( ) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (●) No
EXISTING WASTEWATER SYSTEMS	(●) Yes ( ) No	JURISDICTIONAL WETLANDS	( ) Yes (●) No
WELLS, SPRINGS, OR WATER LINES	(●) Yes ( ) No	APPROVAL REQ'RD BY OTHER AGENCY	( ) Yes (●) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (●) No	WASTEWATER OTHER THAN DOM. SEWAGE	( ) Yes (●) No
CHEMICAL/PETROLEUM STORAGE TANKS	( ) Yes (●) No	KNOWN UNDERGROUND CONTAMINATION	( ) Yes (●) No
WASTE STORAGE	( ) Yes (●) No	GROUNDWATER USE RESTRICTIONS/VARIANCES	( ) Yes (●) No

PROPERTY OWNER:

NAME: ERIC & SANDRA KELLY
ADDRESS: 1316 MCCORKLE RD
CITY: CHARLOTTE
STATE: NORTH CAROLINA ZIP: 28214
HOME PHONE: WORK: 704-391-4242
MOBILE: 704-579-2913 FAX:
EMAIL: EKELLYPAWCREEK@AOL.COM

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK:
MOBILE: FAX:
EMAIL:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? [ ] [ ] [ ] [x] UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? [ ] [ ] [ ] [x] N/A

PRINT Update Go to Front Counter Duplicate

Select a Task

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Re-Assignment

Permit Applications

Residential

Commercial/Industrial

Existing Septic/Well

Well Permit Process

EHS Review

HydroGeo Review

Inspections

Register a Well

Septic Permit Process

Soil Evaluation

EHS Review

Register Septic

Scanning Index

Logout

(Get Address Help)

Well And Septic Permitting System 3.1

Mecklenburg County Groundwater & Wastewater Services

Retreive Existing Application | Application #:

Front Counter Permit Applicaiton #: 15715 File #: 1476B Type: Residentia

Well Permit Application Review: Permit For:

Navision Doc. No.

Septic Permit Application Review: Permit For: SYSTEM ALTERATION (Residential)

☑ Application Review Completed ☑ Plot Plan Submitted ☑ Fee Paid ☑ Reciept Provided to

Amount Paid: $300 Time

☐ C

Navision Doc. No. 156796

The application has been assigned to Braedon Shelton for review.

PD 100.00 8/13/97 CK# 6,55 QC

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1476B DATE: 5-1-97

TC: 053-093-44 ☒ L ☒ CRT

SERIAL Nº 17105

Name of Owner ~~Eric Heaney~~ Kelly Juris.:

Address of Property 1316 McCorkle Rd

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 18-20"

Water Supply Source WELL

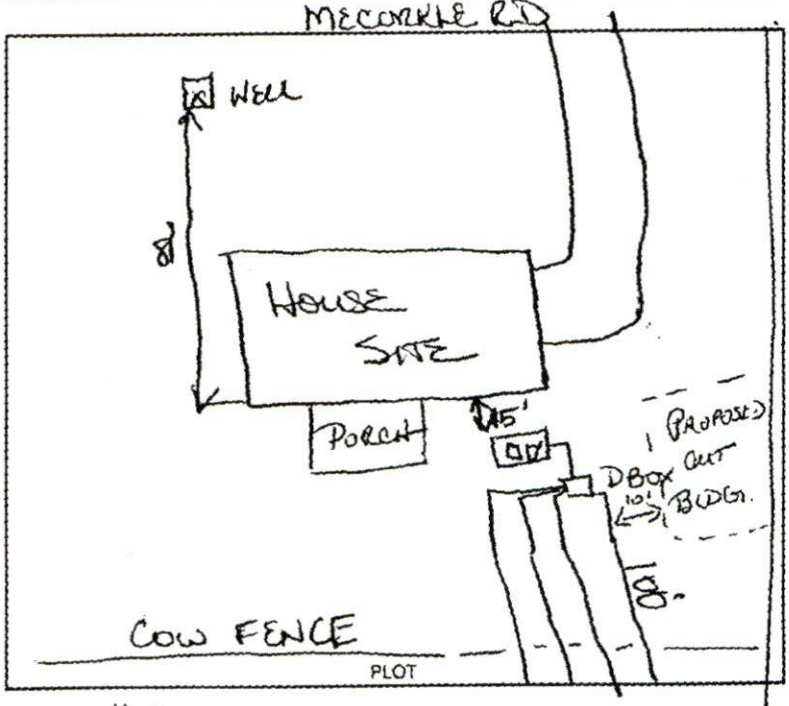
Distance to Water Source < 100'

Excavation Inspected 5-1-97

Tank(s) Inspected 5-1-97

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, 1200 SQFT, 12"G, T, ORIC-LIKE CTR# WILLE CHRISTENBURY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☑ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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. 1990 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/revocation of this permit.

COMMENTS: Type II.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

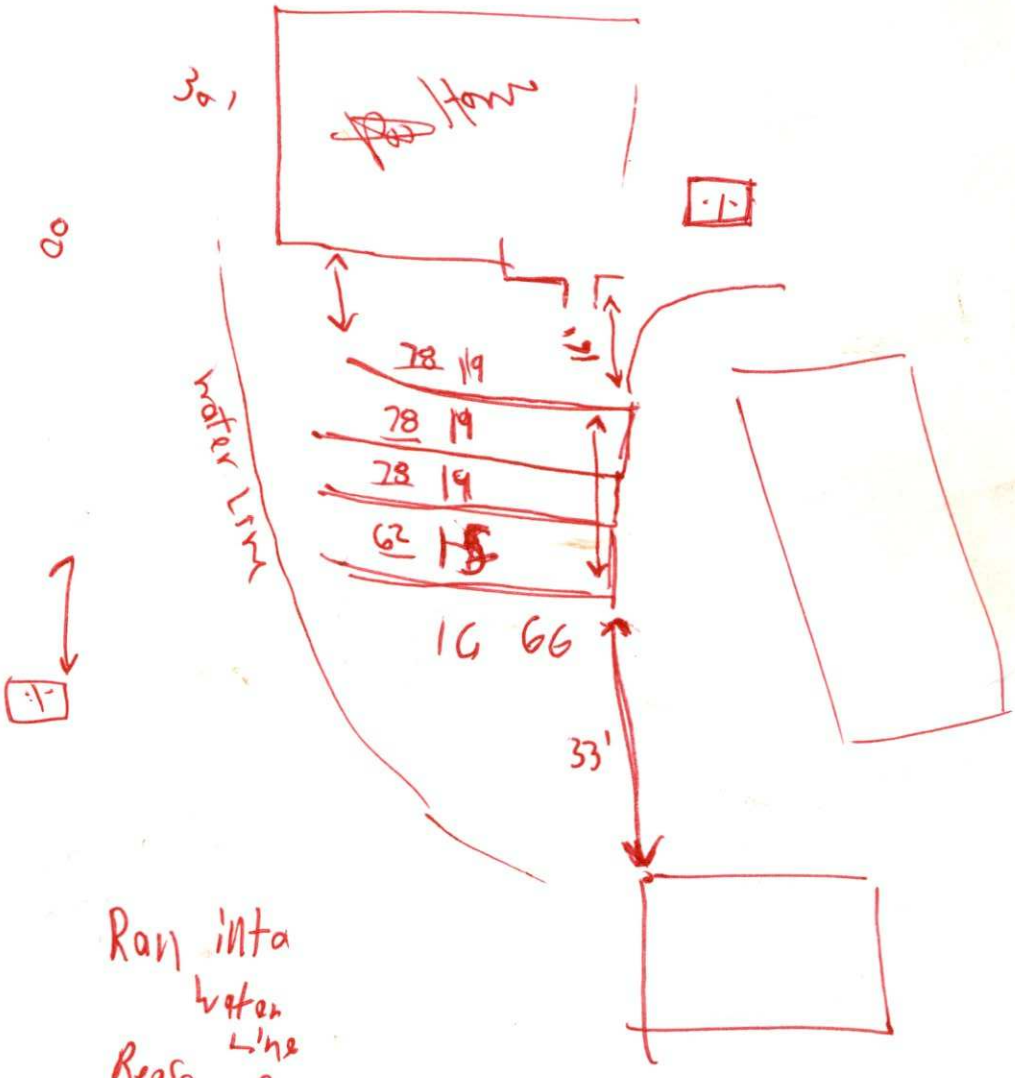
382.1

11/4/25

36"

330'

296'



Need to Add 30' more

Ran into water line Reason Pd 4 Line instead of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 053-093-44
COUNTY: Mecklenburg

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

OWNER: Eric + Sandra Kelly DATE EVALUATED: 9/2/25
ADDRESS: 1316 McCorkle Rd
PROPOSED FACILITY: 3→5 Bedroom PROPOSED DESIGN FLOW (.0400): 360→600 PROPERTY SIZE: 1.00 ac
LOCATION OF SITE: 1316 McCorkle Rd PROPERTY RECORDED: —
WATER SUPPLY: ☒ Public ☒ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: ≥50'
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 3%	0-48"	wbl k, C	fi, S, P, Sexp	N/A	≥48"	N/A	N/A	IV .3	36"
2	L 3%	0-49"	wbl k, C	fi, S, P, Sexp	N/A	≥48"	N/A	N/A	IV .3	36"
3	L 3%	0-48"	wbl k, C	fi, S, P, Sexp	N/A	≥48"	N/A	N/A	IV .3	36"
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	IIIg	IIIE
Site LTAR	.3	.3
Maximum Trench Depth	36"	36"

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: B. Shelton
OTHER(S) PRESENT: —

Comments: Alteration. 3 Bedroom → 5 Bedroom. Adding 200' of Line for 2 Bedroom Addition Adding 120' to make up for whats underneath the barn. Barn built on top of Roughly 120' of existing drain Line.

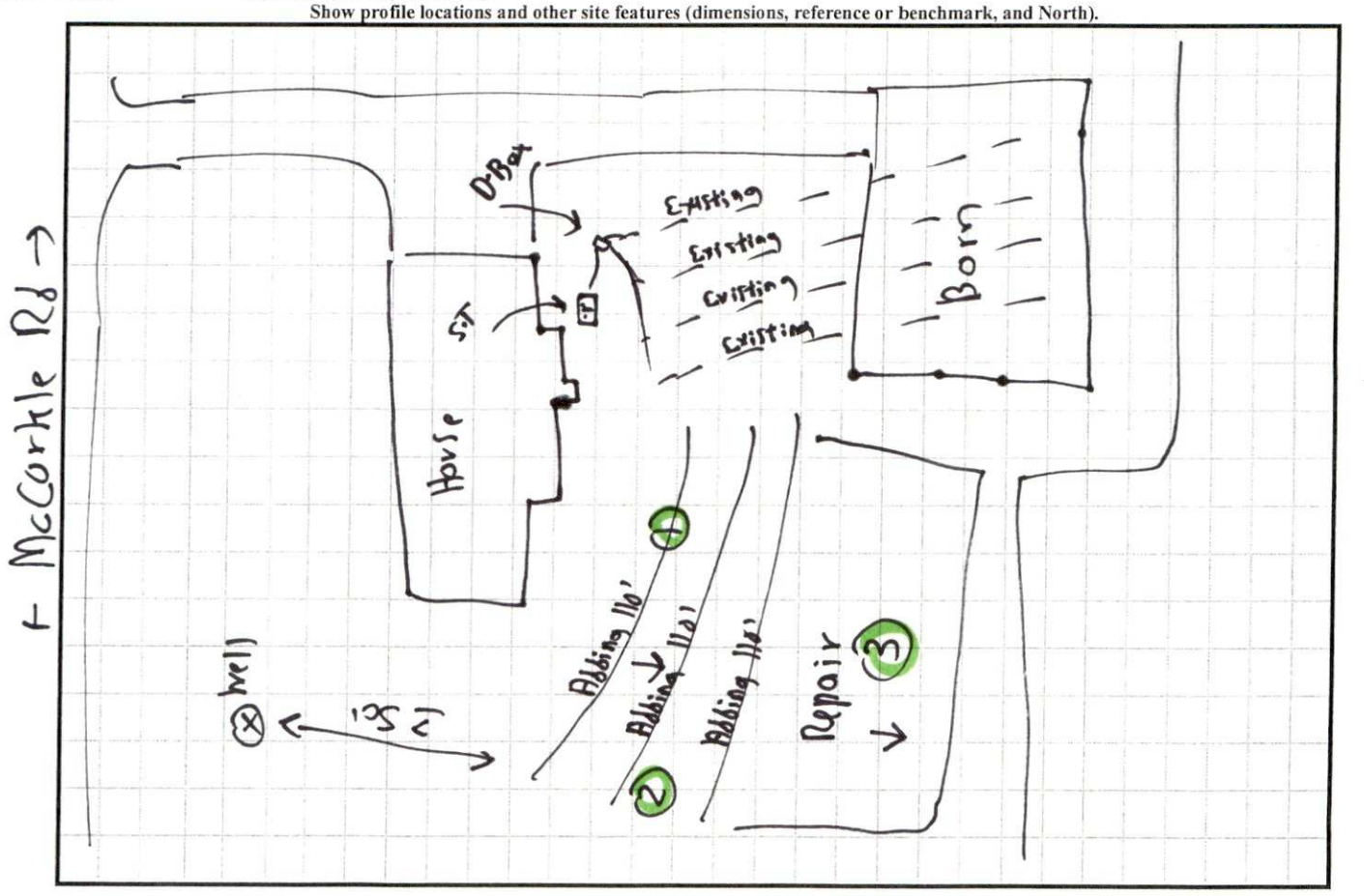
LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 #: **30015715** GWS File #: **1476B** Tax Parcel #: **053-093-44**

- 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):** 9/3/2030

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3600 # Bedrooms: 3→5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	330
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Distribution Box		

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: 9/3/2025

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 #: **30015715** GWS File #: **1476B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

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:

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Authorized Agent: Braedon Shelton

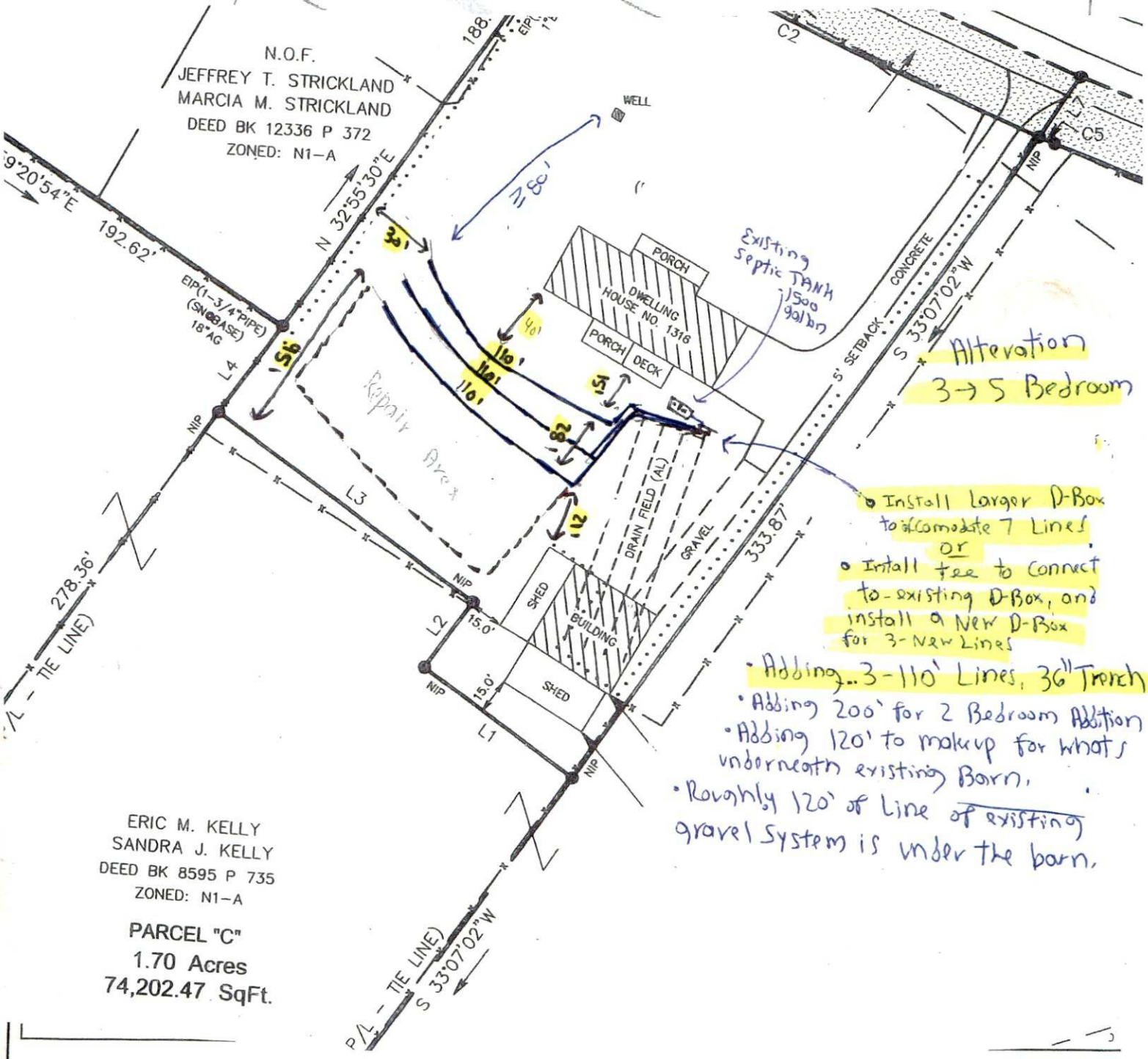
Signature: Braedon Shelton

Date Issued: 9/3/2025

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15715
PID #: 053 093 44
File #: 1476 B

Authorized Agent: Brad Shultz Date: 9/3/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

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

Septic System Pre-Construction Meeting Checklist

File # 1476B App# 15715 Tax Parcel# 05309344

Property Owner: Eric + Sandra Kelly

Job Location Address: 1316 McCorkle Rd

City: Charlotte State: NC Zip Code: _____

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

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: _____

   _____

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

   ☒ YES ☐ NO

   Comments: _____

   _____

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

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

Braedon Shelton
Authorized Agent

11/4/25
Date

Jim (Lanier Grading)
Others Present

Phone: (980) 314-1660 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 1476 B Permit #: 15715 Tax Parcel #: 053-093-44

Property Owner: Erict Sandra Kelly

Job Location Address: 1316 McCorkle Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 11 / 5 / 25 Contractor Name: Jim with Lanier Grading

Permitted Design Flow: 360 → 600 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: Existing 1500 gallons Tank Manufacture N/A Effluent Pump Model: N/A

Drainfield Installation ☐ N/A * Existing System Still Connected in Use (4-Lines)

Trench Depth: 18-36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) (78' 78' 78' 78' 18')

Total line length: 330 feet

# of Lines: 5 @ Varied feet Infiltrator

Depth of Media: 12 inches (Type) Quick-4

Depth of Cover: ≥6 inches

Distribution Device: New D-Box to Serial

Inspection Dates

Tank(s) Inspected: N/A

Excavation Inspected: 11/4/25 + 11/5/25

Pump & Controls Inspected: N/A

Bed Installation *(For Repair Installations ONLY.)*

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

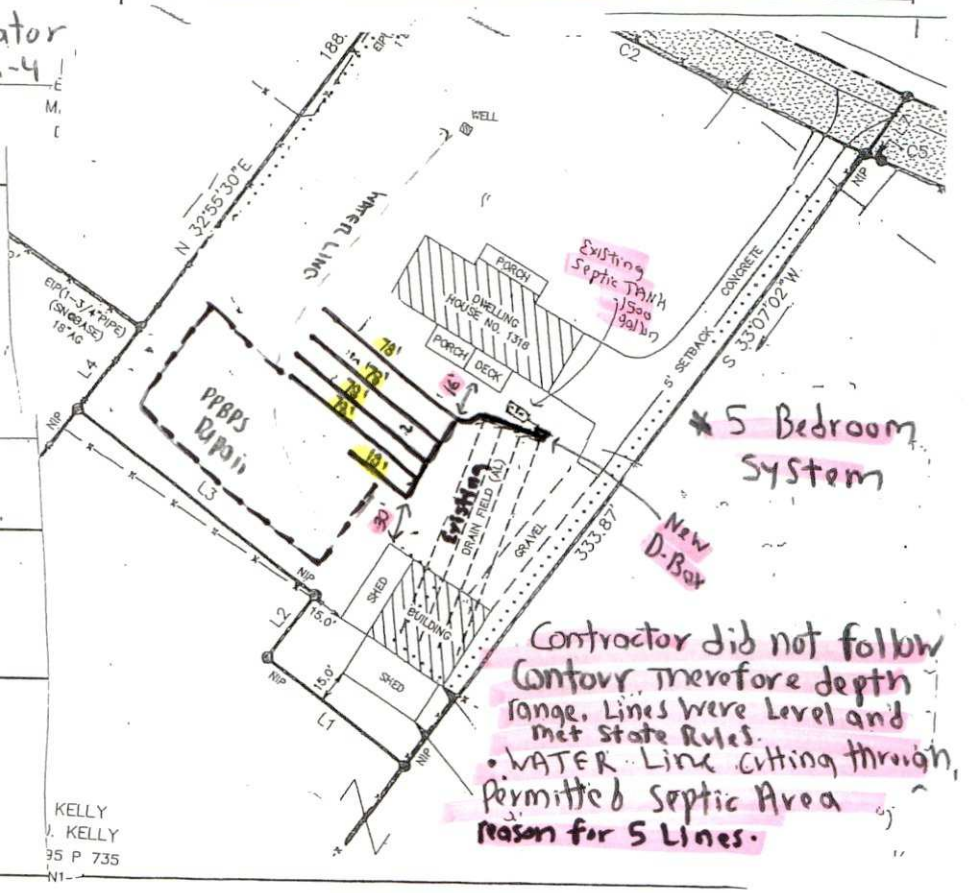
☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg, CHM-36, N/A / N/A Added 330' of Line, 5 Bedroom System. Existing 4 Lines Still in Use.

ENR 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 #: 1476 B Permit #: 15715 Tax Parcel #: 053 093 44

Property Owner: Eric + Sandra Kelly

Job Location Address: 1316 McCorkle Rd

City: Charlotte State: NC Zip Code: 28214

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: IIIg / CHM-36

*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: Alteration, 3 → (5) Bedroom System Added 330' of Line, Accepted 25% Reduction System

DENR Authorized Agent: Braedon Shelton Date: 11/5/25

Signature: Braedon Shelton

147eB / 15706

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: 05309344
STREET ADDRESS: 1316 McCorkle Rd
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 1.00

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: 3,800
NUMBER OF BEDROOMS: 5
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: 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:** 1 2 ____ ____ ____

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: Eric & Sandra Kelly
ADDRESS: 1316 McCorkle Rd
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: (704) 391-4242
MOBILE PHONE: (704) 579-2913
FAX: _____
E-MAIL: ekellypawcreek@aol.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.

EMK (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.

Eric M Kelly
Property Owner's or Owner's Legal Representative Signature

8/20/25
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: 8/22/25

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

APPLICATION PROCESSED BY: MW

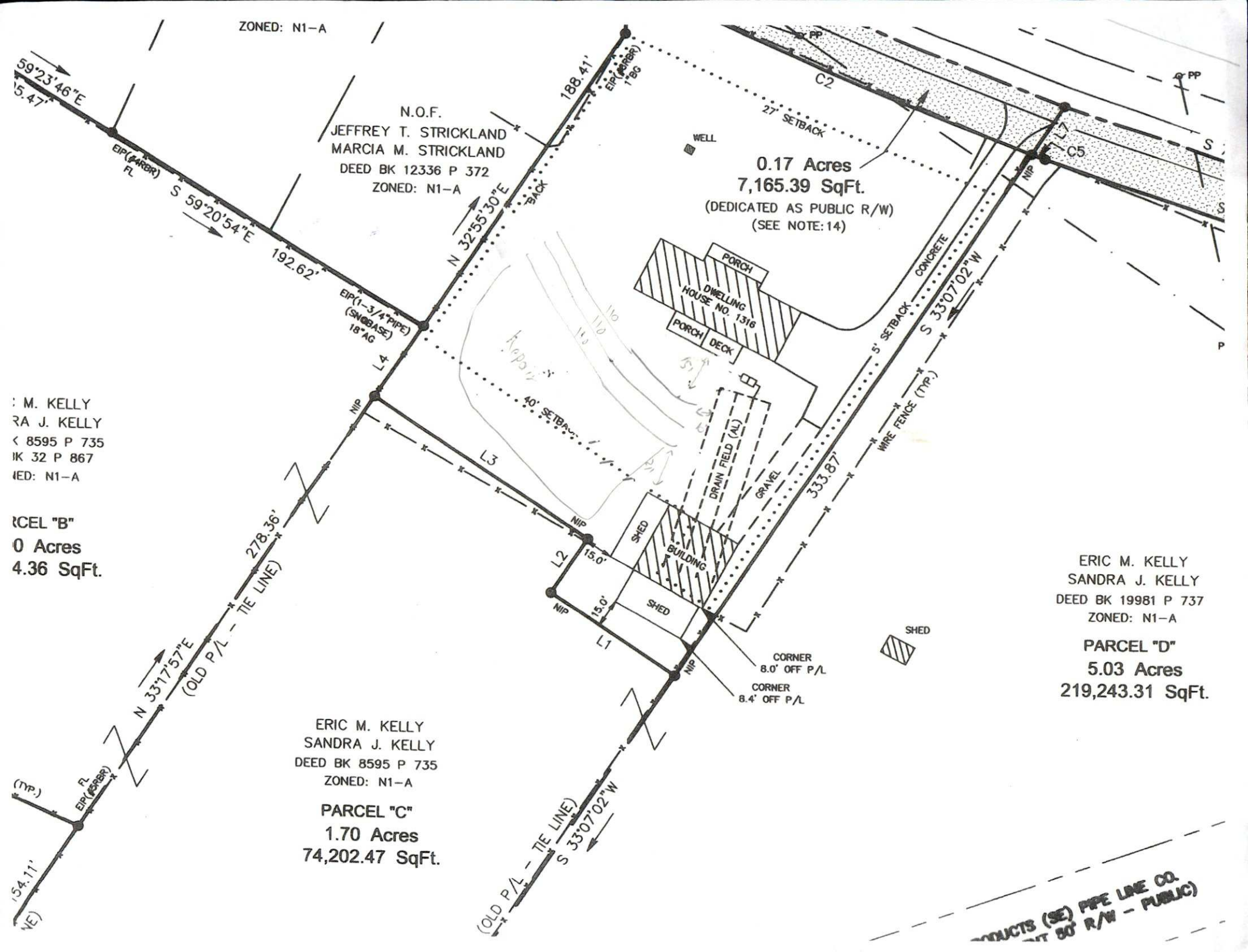
GWS FILE NUMBER ASSIGNED: 14796B

APPLICATION ID NUMBER ASSIGNED: 157026

COMMENTS:

#9 POWER & TV CABLES ARE BURIED
EXISTING DRAIN LINES AS SHOWN
WELL IN FRONT YARD - NOT USED

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ZONED: N1-A
59°23'46"E
5.47'
EIP(#4REBR)
FL
S 59°20'54"E
192.62'
EIP(1-3/4"PIPE)
(SNOBASE)
18"AG
N.O.F.
JEFFREY T. STRICKLAND
MARCIA M. STRICKLAND
DEED BK 12336 P 372
ZONED: N1-A
N 32°55'30"E
188.41'
EIP(#4REBR)
1"BG
BACK
C2
27' SETBACK
WELL
0.17 Acres
7,165.39 SqFt.
(DEDICATED AS PUBLIC R/W)
(SEE NOTE:14)
PP
C5
L7
NIP
PORCH
DWELLING
HOUSE NO. 1316
PORCH
DECK
CONCRETE
5' SETBACK
S 33°07'02"W
333.87'
WIRE FENCE (TYP.)
L4
40' SETBACK
L3
NIP
DRAIN FIELD (AL)
GRAVEL
SHED
BUILDING
SHED
L2
15.0'
NIP
15.0'
L1
NIP
SHED
CORNER
8.0' OFF P/L
CORNER
8.4' OFF P/L
M. KELLY
RA J. KELLY
8595 P 735
IK 32 P 867
IED: N1-A
RCEL "B"
0 Acres
4.36 SqFt.
278.36'
N 33°17'57"E
(OLD P/L - TIE LINE)
ERIC M. KELLY
SANDRA J. KELLY
DEED BK 8595 P 735
ZONED: N1-A
PARCEL "C"
1.70 Acres
74,202.47 SqFt.
(TYP.)
FL
EIP(#5REBR)
54.11'
(OLD P/L - TIE LINE)
S 33°07'02"W
ERIC M. KELLY
SANDRA J. KELLY
DEED BK 19981 P 737
ZONED: N1-A
PARCEL "D"
5.03 Acres
219,243.31 SqFt.
PRODUCTS (SE) PIPE LINE CO.
80' R/W - PUBLIC)

- Larger D-Bar
or
Tee
to two D-Rods

File #: 14766

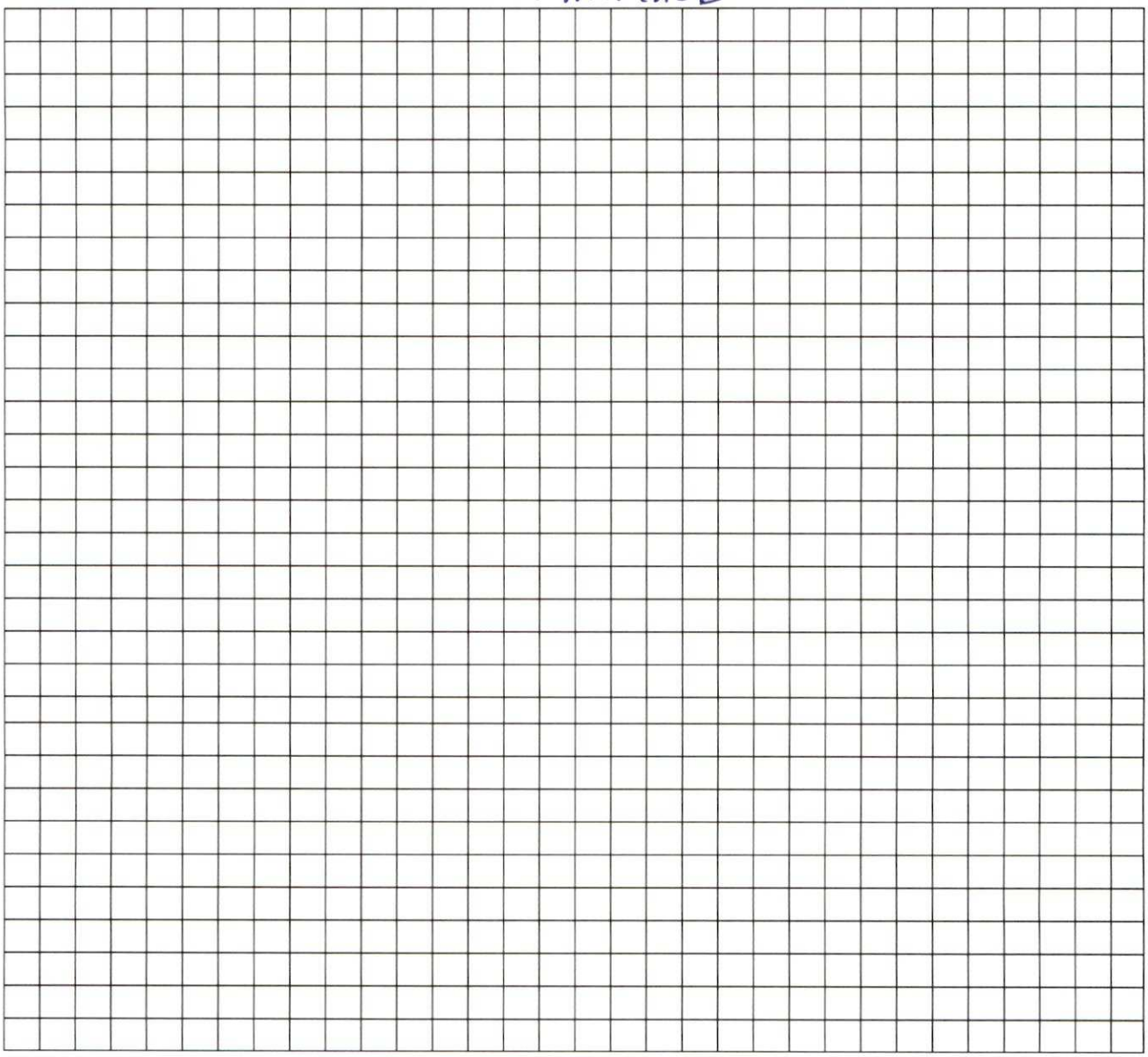
PROPOSED PLOT PLAN

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: 1316 McCorkle Rd Tax Parcel #: 05309344

Subdivision Name: N/A Lot #: N/A

PLEASE SEE ATTACHED



Eric M Kelly
Property Owner's or Owner's Legal Representative Signature

8/20/25
Date

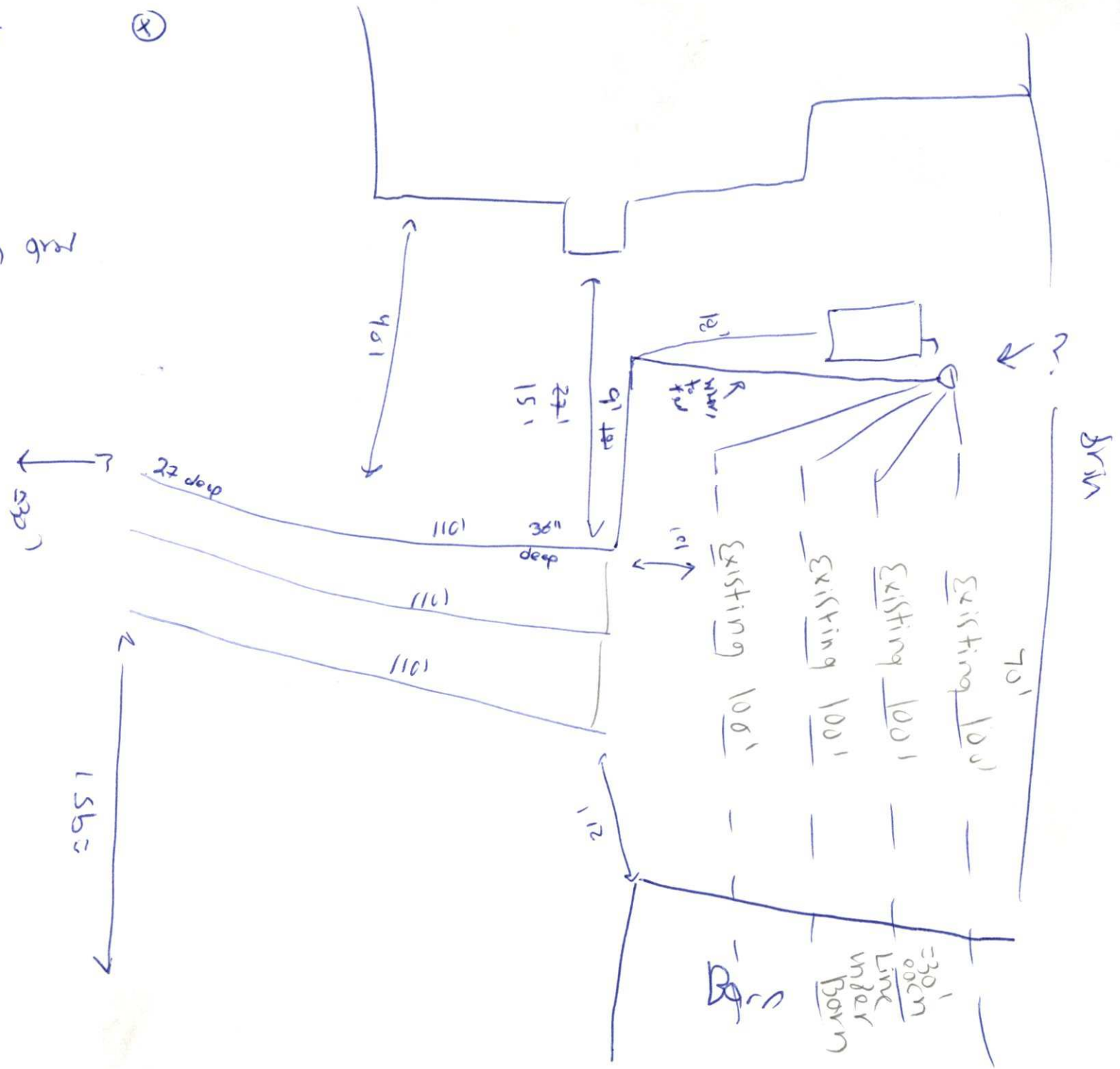
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9/2/25

* Look for old permit
1990s Built?
* how to feed
Line
+
old
Line

Backing grav



3 → 5 Beds
200' (3)
+
120' what's roughly under Barn
=320'

3 Lines 110' each

1 2 3
0.45" 0.44" 0.45
3 . 3 . 3

3 → 5 Bob

gbbinn

