SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP Only

File Number: 11939B

Assigned Inspector: Patrick M. / Heather

☒ IP $250: JO 5/6/24 Initial/Date

☒ OP & CA $400: MO 5/14/24 Initial/Date

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

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

No Need to send the I.P. for signatures. Please collect the remaining $400 and Heather will complete the permitting process. The hold will then be removed after the permit is signed.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/14/24	**Amount:**	200.00
Receipt #:	148977	**Tendered:**	200.00
Check / Auth #:	VISA 020045	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: REGINALD MURRAY
Attn: PARCEL ID# 033-065-18
Address: 5200 MT HOLLY HUNTERSVILLE RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat PARCEL ID# 033-065-18	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
730.00	3,667.50	717.50		555.00	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/14/24	**Amount:**	200.00
Receipt #:	148978	**Tendered:**	200.00
Check / Auth #:	VISA 020045	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: REGINALD MURRAY
Attn: PARCEL ID# 033-065-18
Address: 5200 MT HOLLY HUNTERSVILLE RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit PARCEL ID# 033-065-18	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
955.00	3,667.50	717.50		555.00	

11939B / 14633

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: 03306518
STREET ADDRESS: 5200 Mount Holly Huntersville Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 2 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 townhome
HEATED SQUARE FOOTAGE: 2200
NUMBER OF BEDROOMS: 3 or 4
NUMBER OF OCCUPANTS: _____
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 City

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

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

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

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

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

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

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ~~☐~~ ✓ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Reginald Mumuny
ADDRESS: 11238 Joe Morrison Lane
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: (704) 615-0080
MOBILE PHONE: _____
FAX: _____
E-MAIL: MW developers llc @ gmail.com

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

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

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

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

RM (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.

Reginald Mung
Property Owner's or Owner's Legal Representative Signature

5/6/24
Date

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

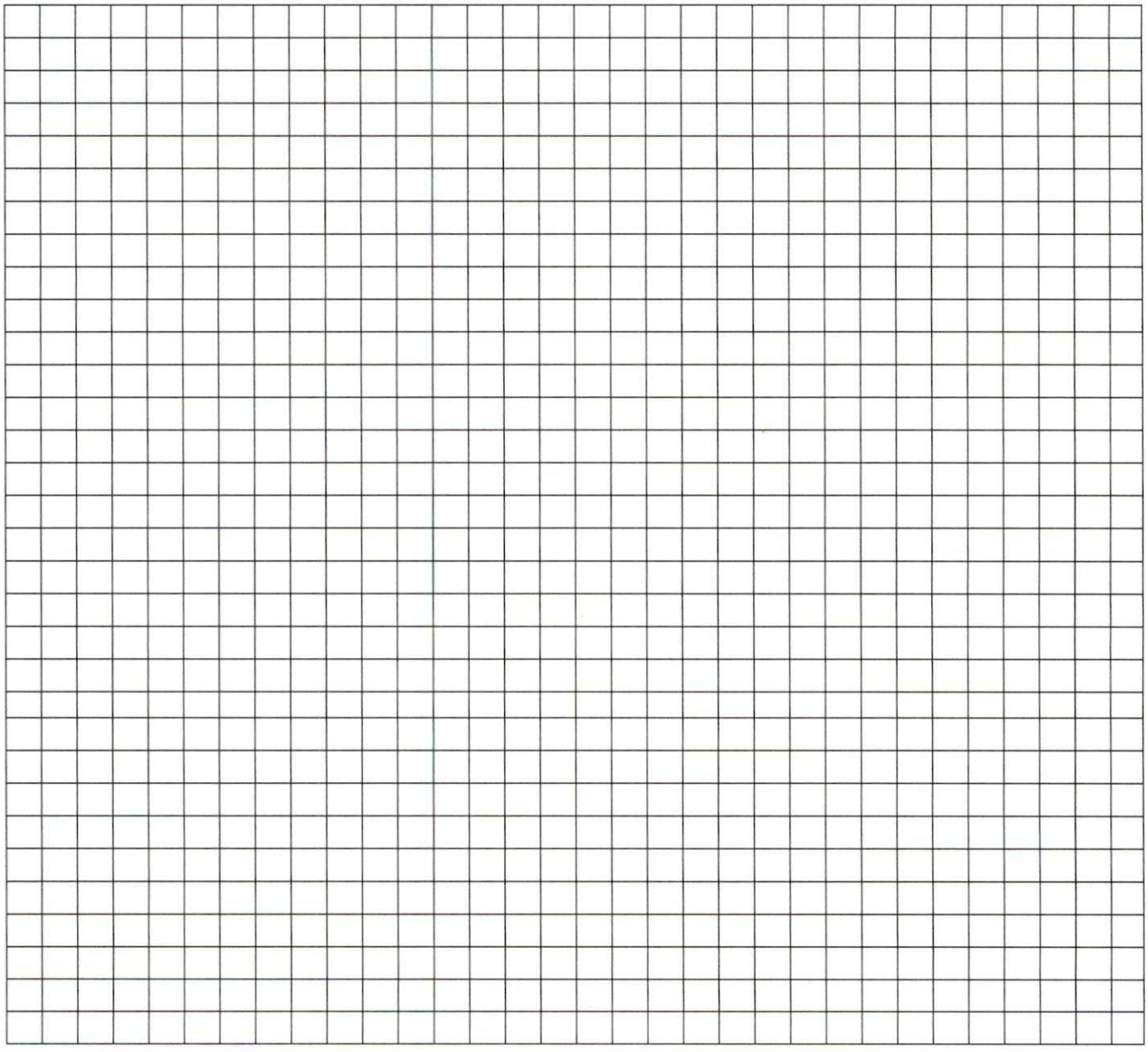
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/06/24	**Amount:**	250.00
Receipt #:	148829	**Tendered:**	250.00
Check / Auth #:	VISA 019795	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: CASH CUST (LAST NAME FIRST)
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen	1	250.00	250.00
Permit#	03306518			

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
550.00	3,667.50	897.50		555.00	

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

5/2/2024

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

Re: Improvement Permit Submittal for Mount Holly-Huntersville Road (Lot #5A)

Mr. Michelone,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom ACCEPTED system using GRAVITY 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)."

Owner/Applicant: Reginald Murray // M & W DEVELOPERS LLC

Signature: Reginald Murray

Date: 5/6/24

"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)"

Wendell Overby LSS, 980-439-5007

Signature:

Date: 5/2/2024 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 [ ] (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:	Reginald Murray // M & W DEVELOPERS LLC
Mailing Address:	PO BOX 681782
City:	Charlotte
State:	North Carolina Zip: 28216
Phone #:	7046150080
Email:	duckduckgoosekids@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: 5/2/2024

Owner's Signature: _____ Date: 5/6/24

Permit/File #: 119398

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 [ ] (a2) Construction Authorization [ ] Fee $ _____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg

PIN/Lot Identifier: 03306518

Issued To: Reginald Murray // M & W DEVELOPERS LLC

Property Location: Mount Holly-Huntersville Road

Subdivision (if applicable): N/A Lot#: 5A 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: 3 bedroom house

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.25 Proposed LTAR (Repair): 0.25

Proposed Wastewater System Type*: IIb (ACCEPTED) GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required

Proposed Wastewater System Type*: IIb (ACCEPTED) GRAVITY (Repair) Pump Required: [ ] Yes [X] 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)†: 34 Max. Trench Depth (Repair)†: 34 *† 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 installation)

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: 5/2/2024

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NCDHHS

Permit #: 119398

This Section for Local Health Department Use Only

Initial submittal received: 5/6/24 (Date) by JM (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: [signature] Date: 5/13/24

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 by the Health Department 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 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 5/13/29

See attached site sketch

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 #: **30014633** GWS File #: **11939B** Tax Parcel #: **033-065-18**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 6/7/2029

Type of Installation: Residential - New System Lot Number: 0

Structure Type: OTHER Size (ft^2): 2200 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Other Springs

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

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1080 Total Trench Length (ft): 360

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Drop Boxes

III. Repair System Type: Approved **System Classification:** IIb

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1440 Total Trench Length (ft): 480

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Drop Boxes

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: Heather Ray Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 6/7/2024

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 #: **30014633** GWS File #: **11939B**

IV. Permit Conditions/Comments:

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: Heather Ray

Signature:_____

Date Issued: 6/7/2024

Owner/Legal Agent:_____
Print Name

Signature:_____

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

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

Project# 24-1034

Septic System Design for a 3 Bedroom House
ACCEPTED using GRAVITY distribution
Site location: Mount Holly-Huntersville Road, Lot # 5A

Contents	**Page**
Information for the Installer	1
Design Specifications	2
Layout Specifications	3
Site Plan	4
Calculations	5
Soil Descriptions	6
Health Dept Use Only Blank Forms	7-8

Apr 2024
Design By: Wendell Overby

ACCEPTED using GRAVITY distribution
Site location: Mount Holly-Huntersville Road, Lot # 5A

* **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.

* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 34"**
* **System trenches installed on 9' minimum; 36" wide trenches**
* **Installation does not require a soil cap**

Page 3	LAYOUT SPECIFICATIONS	Project #24-1034

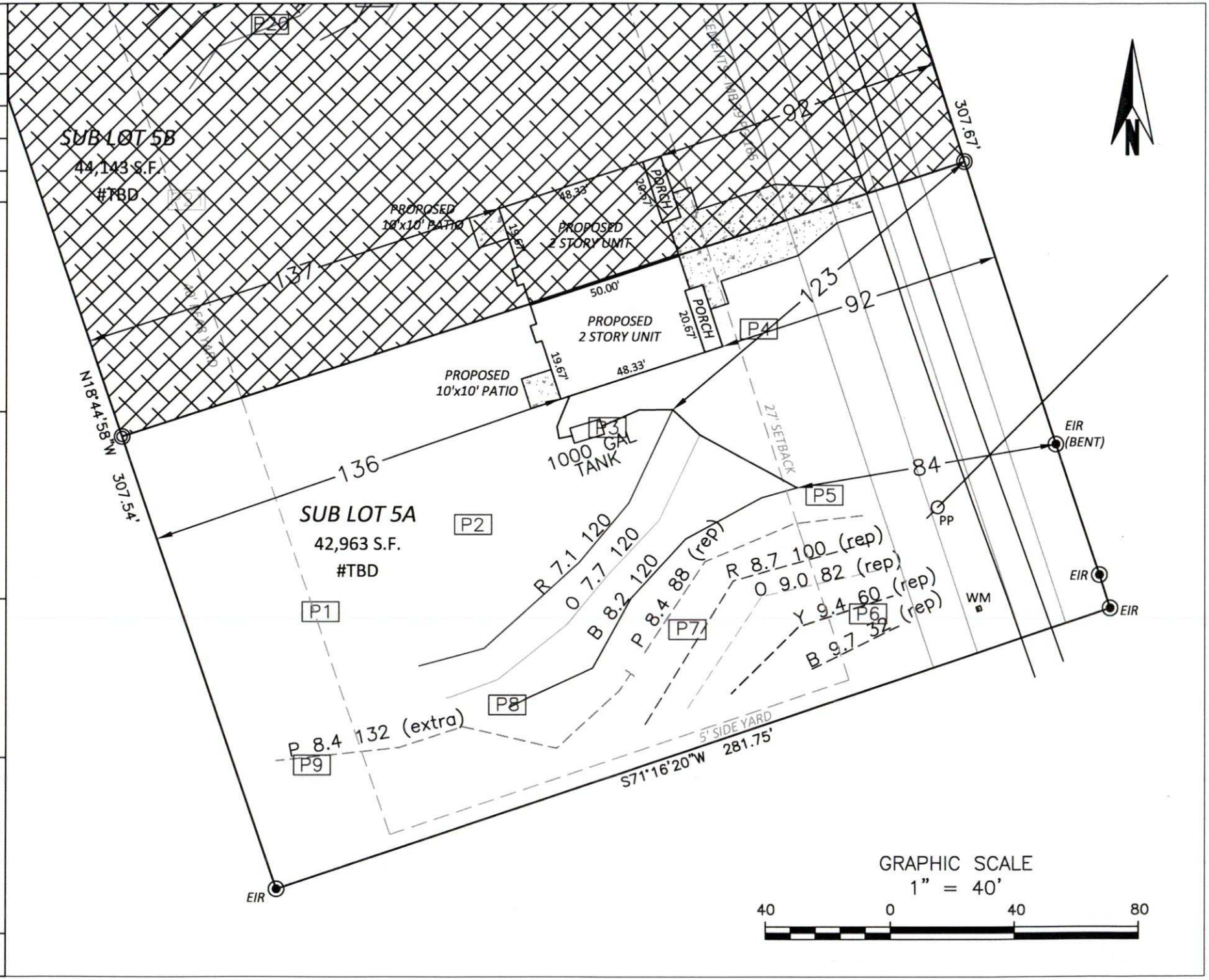
ACCEPTED using GRAVITY distribution
Site location: Mount Holly-Huntersville Road, Lot # 5A

Daily Flow (gpd) **360** **Apr 2024**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		0.0			100.0		
INSTR. 1			100.0				
			SYSTEM				
3	Red			7.1	92.9	226	120
4	Orange			7.7	92.3	203	120
5	Blue			8.2	91.8	138	120
			REPAIR				
6	Pink			8.4	91.6	222	88
7	Red			8.7	91.3	100	100
8	Orange			9.0	91.0	82	80
9	Yellow			9.4	90.6	62	60
10	Blue			9.7	90.3	32	32

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	360	0.250	ACCEPTED	25%	GRAVITY	34	0
REPAIR	360	0.250	ACCEPTED	25%	GRAVITY	34	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



PROJECT NO.
24-1034

PROJECT MGR.
WO

DRAWN BY
WO

FIELD WORK
WO

SCALE
1" = 40'

Soil & Forestry Services
of the Carolinas, PA
813 Davidson Dr NW
Concord NC 28025

usablesoil@gmail.com
980-439-5007
soilandforestryservices.com

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

PROJECT NAME:
MURRAY
MT HOLLY HUNTERSVILLE
LOT 5A
MECKLENBURG COUNTY
MAY 2024

SHEET TITLE:
SEPTIC SYSTEM LAYOUT
SKETCH MAP

SHEET
1 OF 1

CALCULATIONS	Project #24-1034

ACCEPTED using GRAVITY distribution
Site location: Mount Holly-Huntersville Road, Lot # 5A

PROJECT INFO	Designer	Wendell Overby
	Project #	24-1034
	Project MM YYYY	Apr 2024
	County	Mecklenburg
	Project Location	Mount Holly-Huntersville Road
	Lot # (if applicable)	5A
	Subdivision (if applicable)	N/A
	Parcel #	03306518
	Lot size (acres)	1
	Easement(s) on parcel?	No
	Business (if applicable)	M & W DEVELOPERS LLC
	Name (Owner)	Reginald Murray
	Mailing Address (Owner)	PO BOX 681782
	City (Owner)	Charlotte
	State (Owner)	North Carolina
	Zip (Owner)	28216
	Phone (Owner)	7046150080
	Email (Owner)	duckduckgoosekids@gmail.com
	Bedrooms	3
	Water Source	Municipal Supply
	Foundation Type	Slab
	Daily Flow (gallons)	360
SYSTEM	System LTAR	0.25
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	9
	System Trench Width (inches)	36
	System Trench Depth (inches)	34
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Media Height (inches)	12
	Tank Size (gallons)	1000
	Required Feet of Line (system)	360
	Designed Feet of Line (system)	360
	Saprolite system?	No
REPAIR	Repair LTAR	0.25
	Repair Type	ACCEPTED
	Repair Distribution	GRAVITY
	Repair Trench Center Distance (feet)	9
	Repair Trench Width (inches)	36
	Repair Trench Depth (inches)	34
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	48
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	360
	Designed Feet of Line (repair)	360
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 03306518

COUNTY: Mecklenburg

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

OWNER: Reginald Murray // M & W DEVELOPERS LLC

ADDRESS: PO BOX 681782

PROPOSED FACILITY: 3 bedroom house

LOCATION OF SITE: Mount Holly-Huntersville Road

APPLICATION DATE:

DATE EVALUATED:

PROPERTY SIZE: 1 acres

PROPERTY RECORDED:

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 / 5%	0 - 12	DB L WFG	FR SS SP	N/A	50	N/A	N/A	0.25-0.275
		12 - 50	R C WFS	FR S SP					
2	L / 5%	0 - 10	B SCL WFG	FR SS SP	N/A	48	N/A	N/A	0.25-0.275
		10 - 36	R C WMS	FR SS SP					
		36 - 48	R SCL WMS	FR SS SP F SAP C YB MOT					
3	L / 5%	0 - 10	DB L WFG	FR SS SP	N/A	50	N/A	N/A	0.25
		10 - 19	BR SC WMS	FR SS SP					
		19 - 30	YR C WMS	FR S P					
		30 - 36	YR C WMA	FR SS SP F SAP C WBY MOT					
		36 - 50	YB CL WMA	FR SS SP RK					
4	L / 5%	0 - 12	DB CL WFG	FR SS SP	N/A	48	N/A	N/A	0.275
		12 - 43	BR C WMS	FR S P					
		43 - 48	YB CL WMS	FR SS SP C SAP					
5	L / 2%	0 - 13	B SCL WFG	FR SS SP	N/A	54	N/A	N/A	0.25-0.275
		13 - 35	BR C WMS	FR S P					
		35 - 54	YR C WMS	FR SS P F SAP F YB MOT					
6	L / 3%	0 - 12	B SCL WFG	FR SS SP	N/A	52	N/A	N/A	0.25-0.275
		12 - 40	BR C WMS	FR S P					
		40 - 52	RB CL WFG	FR SS P YB MOT					
7	L / 3%	0 - 8	B SCL WFG	FR SS SP	2CH38	38	N/A	N/A	0.25-0.275
		8 - 33	BR SC WMS	FR SS SP					
		33 - 50	BR SC SCL WMS	FI SS SP FC SAP					
			PIT HAS WEEPING						
8	L / 6%	0 - 7	B SCL WFG	FR SS SP	N/A	48	N/A	N/A	0.25-0.275
		7 - 30	BR SCL WMS	FR SS SP					
		30 - 48	BR SCL WFS	FR SS SP FC SAP					
9	L / 7%	0 - 13	DB L WFG	FR SS SP	N/A	50	N/A	N/A	0.25-0.275
		13 - 20	B SC WFS	FR SS SP					
		20 - 42	RB C WMS	FR S P					
		42 - 50	BR SCL WMS	FR S P DB BK MOT C SAP					
			PIT HAS HEAVY WEEPING						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Types(s)	ACCEPTED	ACCEPTED
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): S

EVALUATED BY: Wendell Overby

PERMIT OFFICER(S) PRESENT:

LICENSED SOIL SCIENTIST WENDELL OVERBY 1215 N.C.

COMMENTS: