SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 4917A

Assigned Inspector: Heather

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ 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: 4/29/26

☐ Release final hold in Winchester: _____

Comments:

Tank replacement Only - Completed

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 4917A/

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 03711501

Owner: Teresa Estrada/Jorge Luis Applicant: Todd Freeburg

Property Location: 5832 Thompson Rd

Facility Type: Single Family Residence

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

☐ New ☐ Expansion ■ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ■ No Basement Fixtures? ☐ Yes ☐ No

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

Type of Wastewater System* _____ (Initial) TANK ONLY (Repair)

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

Design Daily Flow: 360 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 Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: na feet Trench/Bed Spacing: na feet on center

Trench/Bed Width: na inches LTAR: na gpd/ft² Usable Depth to LC (Initial)ˣ: na ˣ***Limiting condition***

Soil Cover: na inches Slope Corrected Maximum Trench/Bed Depth‡: na inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): na gallons Requires more than one pump? ☐ Yes ■ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): na gallons

Distribution Method: ☐ Serial ■ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

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: pump and crush existing tank. Hook to existing drainfields. EXISITNG SYSTEM CONNECITON MUST BE SHOWN
This permit does not guarantee the existing system will function properly. PERMIT FOR TANK REPLACEMENT ONLY
ABOVE GROUND POOL DOES NOT MEET SETBACK AND COULD CAUSING DAMAGE TO EXISTING SYSTEM.

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: Heather Ring Expiration Date: 4-22-31

Authorized Agent's Signature: _____ Date: 4-22-24

3205 Freedom Drive • Charlotte, NC 28208 • 980-314-1680 • Health@MeckNC.gov • Health.MeckNC.gov
Respect | Professionalism | Accountability | Communication | Teamwork | Trust

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 #: 4917A Permit #: — Tax Parcel #: 03711501

Property Owner: Luis Galvan

Job Location Address: 5832 Thompson Rd

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 4/28/26 Contractor Name: MKB Plumbing

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

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

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: ≥10 feet

Distance from Property Line: ≥24 feet

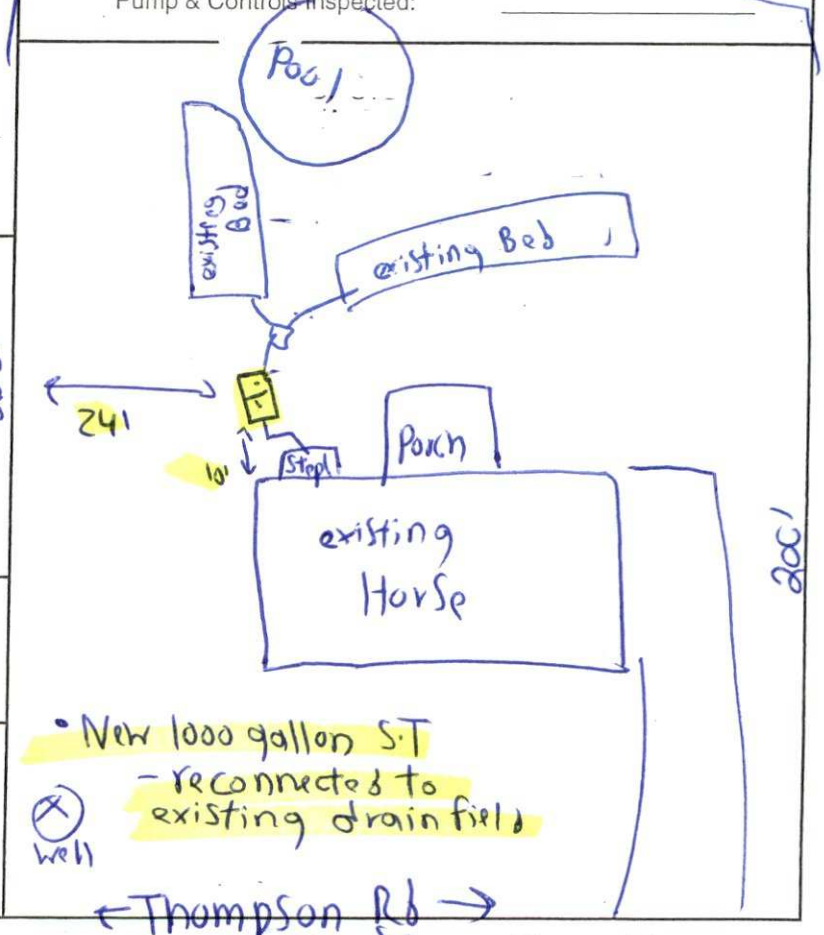
Distance from Water Supply Source: ≥50 feet

Inspection Dates

Tank(s) Inspected: 891 4/28/26

Excavation Inspected: — —

Pump & Controls Inspected: —



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: TANK ONLY, 9, N/A N/A, reconnected into existing drain field.

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 #: 4917A Permit #: — Tax Parcel #: 03711501

Property Owner: Luis Galvan

Job Location Address: 5832 Thompson Rd

City: Charlotte State: NC Zip Code: 28216

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: TANK

*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: Repair, TANK installed.

DENR Authorized Agent: Braedon Shelton Date: 4/28/26

Signature: Brad Shelton

4917A

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: 03711501
STREET ADDRESS: 5832 Thompson Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: Springlake
LOT #: _____ LOT SIZE (acres): .52
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: 1491
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
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 _____

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: 260980458 VISIT BY DATE: 4/20/16

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: Teresa Galvin
ADDRESS: 5832 Thompson Road
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: 704-502-8383
FAX: _____
E-MAIL: galvan04390@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
*Owner's Authorization form is required if legal representative is submitting application
NAME: Todd Freeberg / Future Abode
ADDRESS: 8611 Concord Mills Blvd #142
CITY: Concord
STATE: NC ZIP: 28027
WORK PHONE: _____
MOBILE PHONE: 980-439-3474
FAX: _____
E-MAIL: futureabodenc@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:

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)**

JP (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.

Todd Fredrick — Property Owner's or Owner's Legal Representative Signature

4/20/16 — 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
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

File #: _____

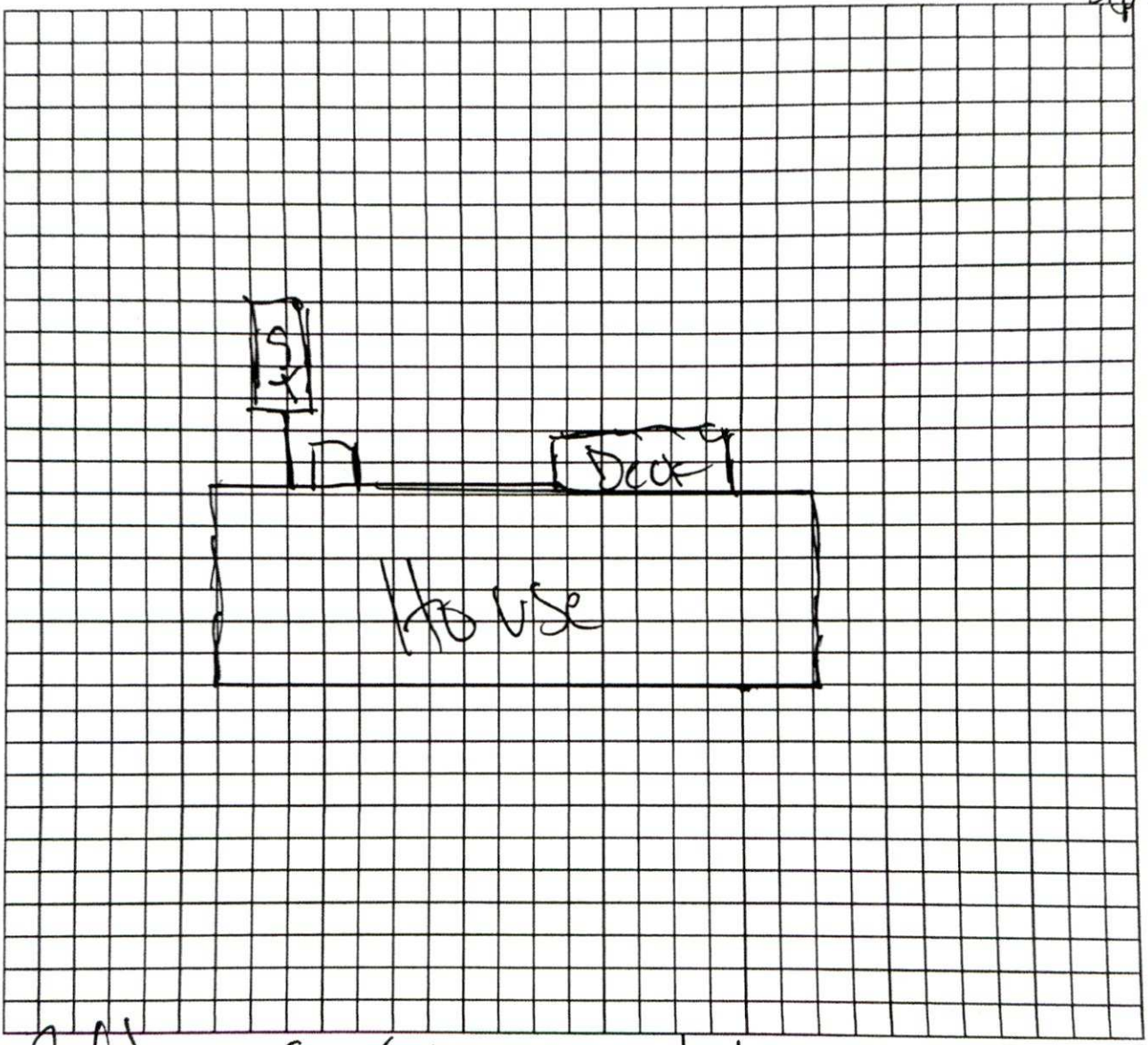
PROPOSED PLOT PLAN

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: 5832 Thompson Road Tax Parcel #: 03711501

Subdivision Name: Springlake Lot #: _____

ST = Existing Septic



Todd Freeburg 4/20/26

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

DigiSign Verified - ac5786fb-ff18-4353-9c4c-05150a7b8648

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

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 Todd Freeberg Future Abode/Charlotte Septic is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

Parcel 037-115-01

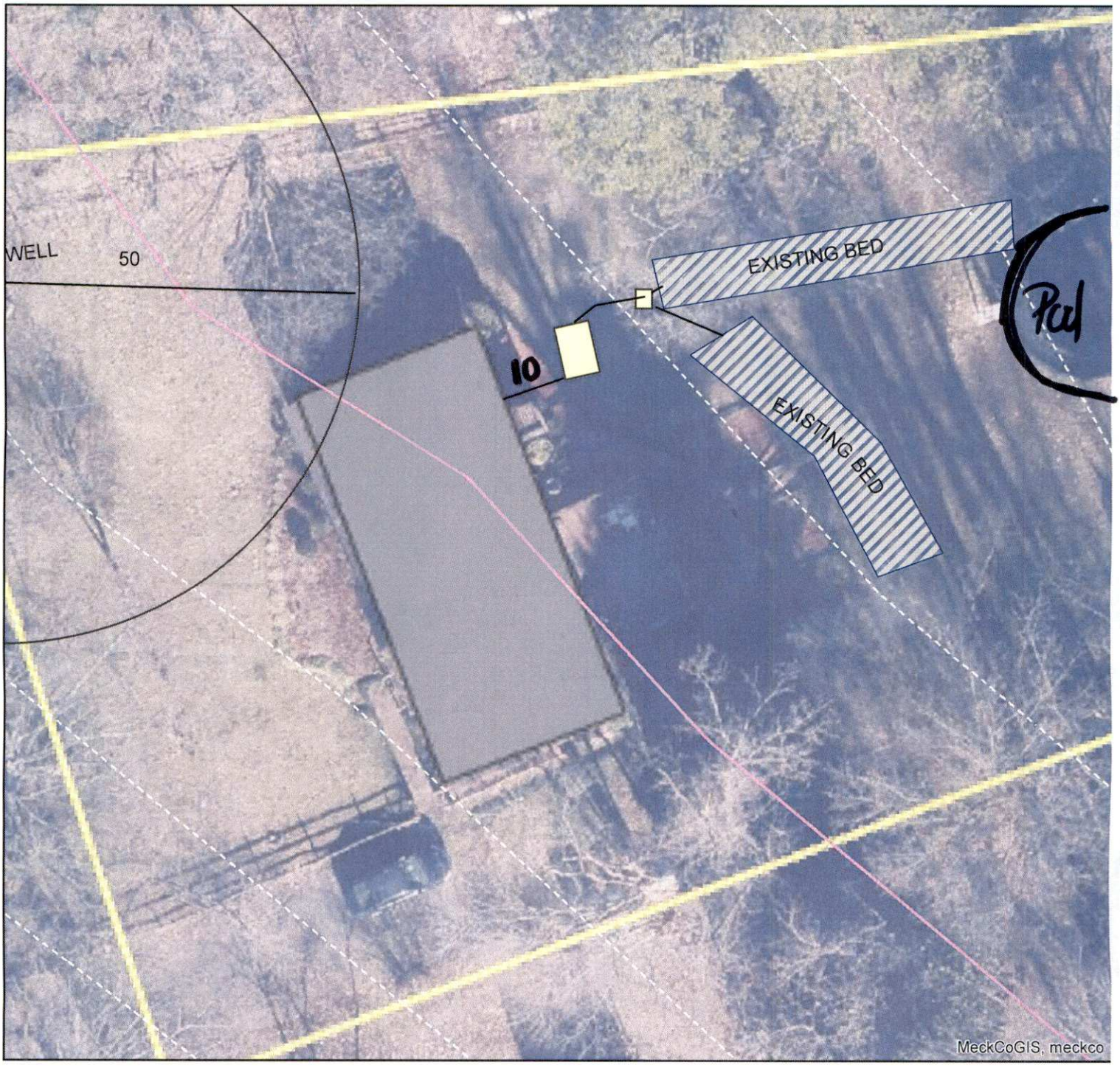
Number | Street (Or Parcel Number) | Town

Teresa Reyes Estrada
Property Owner (Print Name)

Teresa Reyes Estrada
Property Owner (Signature)

04/06/2026
Date

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:16275
PID #:01309114
File #:5260a

Authorized Agent: _____ Date: 4-22-24

Owner/ Legal Agent: _____ Date: _____

1 inch = 20 fee

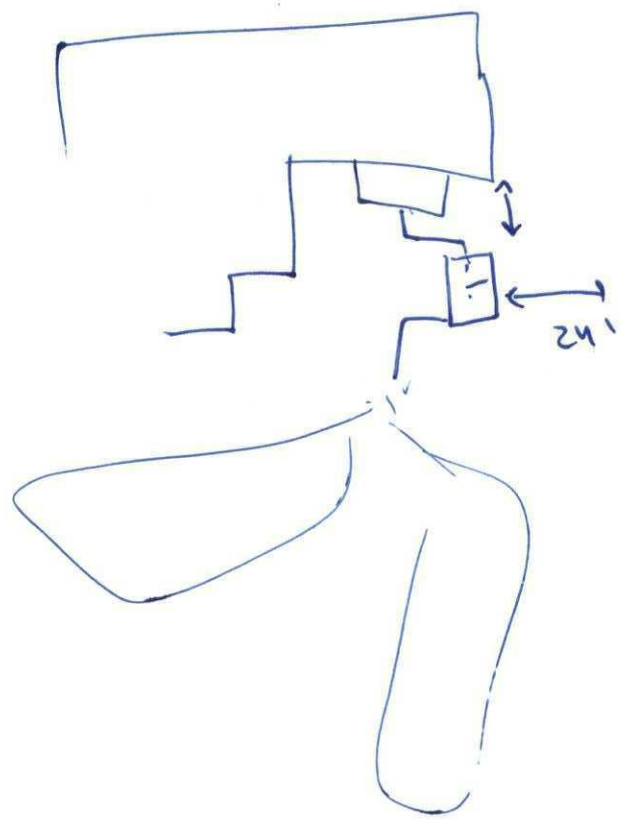
4/29

MKB Plumbing

1000 gallon

S.T

Infiltrator



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 # 4917A App# — Tax Parcel# 03711501

Property Owner: Luis Galvan

Job Location Address: 5832 Thompson Rd

City: Charlotte State: NC Zip Code: 28216

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: TANK ONLY

*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

4/28/26 — Date

MKB PLumbing (mike) — Others Present