SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 3700B /16134_____

Assigned Inspector: __Troy_____

☐ 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: MQ 2/13/24 ☑ Signature received: MQ 2/13/26

☐ 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:

Repair – Please send to applicant to obtain quotes – Repair Complete

3700B / 16134

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: 139-121-20
STREET ADDRESS: 14701 Cabarrus Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): .46
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: 4564
NUMBER OF BEDROOMS: 3
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: _____ 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:** 1 2 ___ 3 ___

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?** 04/1996 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 2/19/2026 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Van D. Moore II & Misty H. Moore
ADDRESS: 14701 Cabarrus Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 704-372-6655
FAX: _____
E-MAIL: moorebodyshop825@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Jennifer Ledford
ADDRESS: 10411 Lester Mullis Rd
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: _____
MOBILE PHONE: 704-607-6996
FAX: _____
E-MAIL: jennifer@theledfordgroup.net

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

SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

WELL PERMIT APPLICATION:

ıe 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 ify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct essary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and eling 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 iod of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

APPLICATION SIGNATURE SECTION:

LY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the lication carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Jennifer Ledford
perty Owner's or Owner's Legal Representative Signature

2/3/2026
Date

OFFICE USE ONLY

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

PTIC APPLICATION FEE RECEIVED: $ N/A DATE FEE RECEIVED: 2/4/26

L APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

PLICATION PROCESSED BY: MO

S FILE NUMBER ASSIGNED: 5700B

PLICATION ID NUMBER ASSIGNED: 1W13B

MMENTS:

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

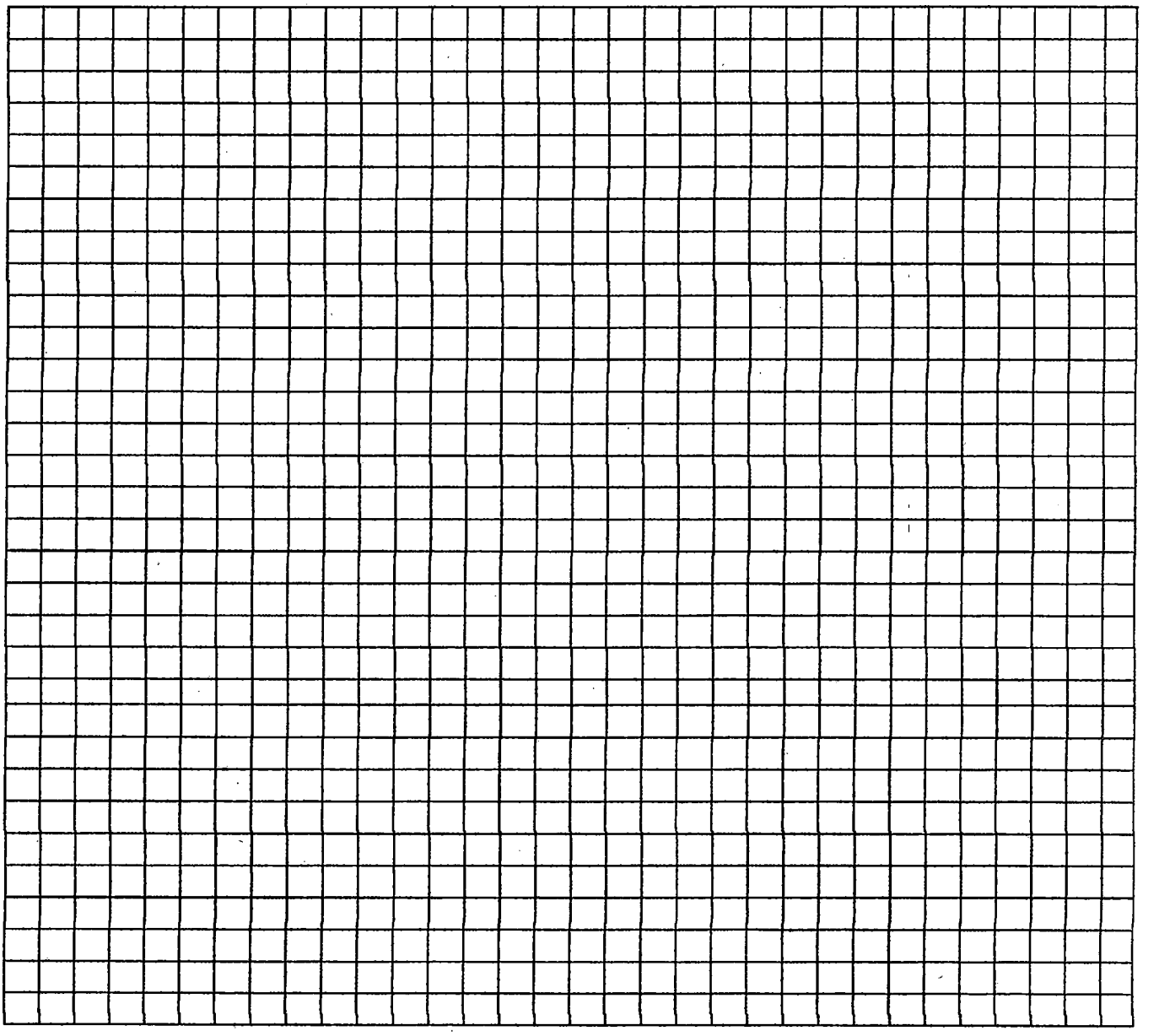
File #: 37003

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: 14701 Calvarius Rd Tax Parcel #: 139-121-20

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

DigiSign Verified - ee8b98a3-112f-4305-a45c-912fb6024221

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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 Jennifer Ledford is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   14701 Cabarrus Rd, Mint Hill, NC 28227.
   Number Street Town
   (Or Parcel Number)

Misty Moore
Property Owner (print name)

Van Dolan Moore
Property Owner (signature)

02/03/2026
Date

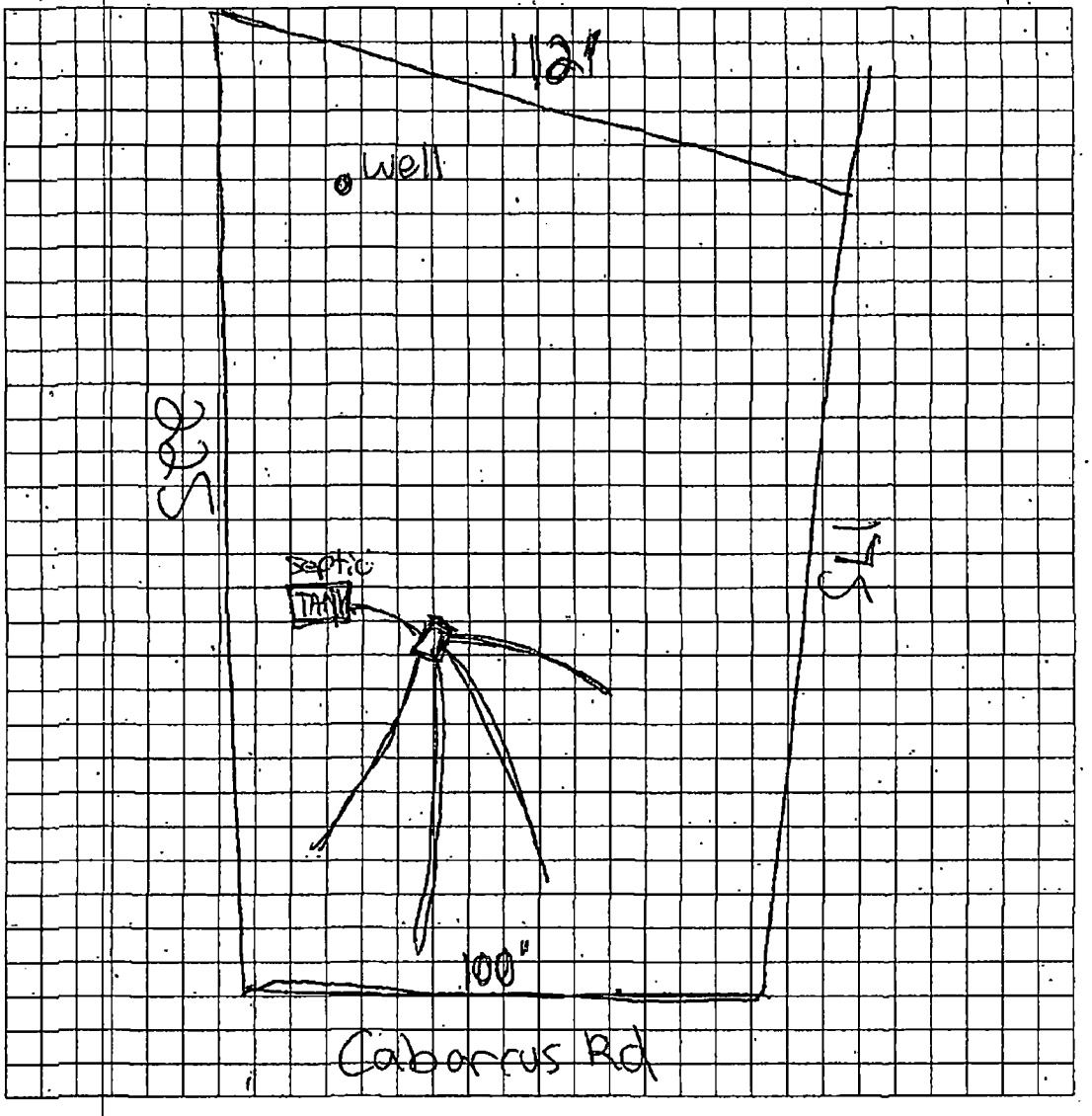
02/03/2026

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature [signature]
Date 4-20-09

LBC 12/15/04

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 37008

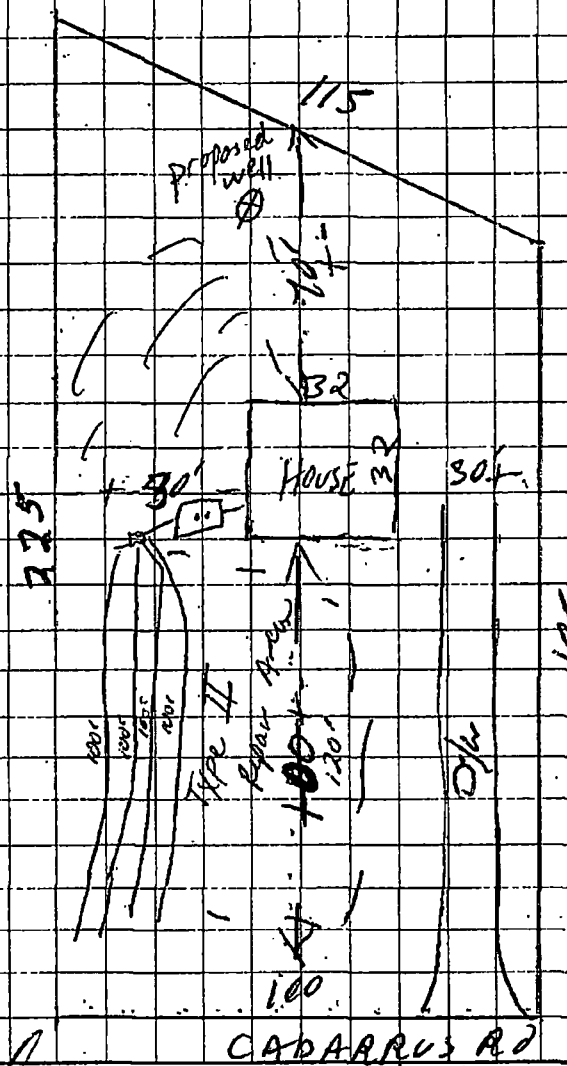
TC: 139-12/-02 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1500 ST

4 lines x 100' long x 3' wd.
x 12" stone
400 TLF
Type II Repair Area
Keep septic system > 100' (50' min)
from any well
Keep lines on contour of
land
120' from front house corner
to front property line
30' from left house corner
to left property line.

Na Dobson
9/27/95



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE PSW 9/27/95 app

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3700B DATE: 10-22-98

TC: 139-121-02 ☐ L ☒ CRT

SERIAL Nº 17793

Name of Owner VAN A. MOORE Juris.:

Address of Property 14701 CABARRUS ROAD

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12" SOIL

Water Supply Source WELL

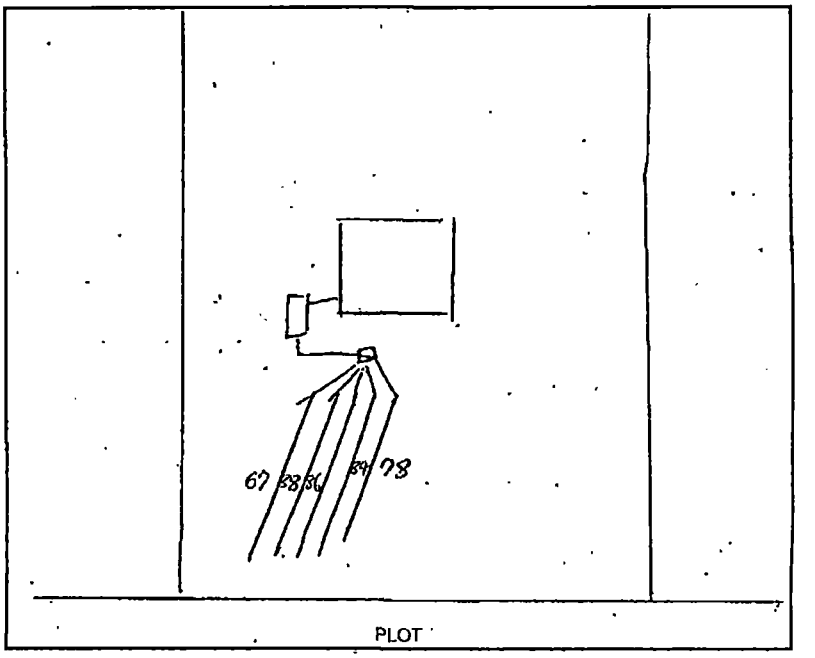
Distance to Water Source 3100'

Excavation Inspected 10-22-98

Tank(s) Inspected 10-22-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 ST 1200 SF CTR# MAX HIGH

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-C

Andrew Wall RS
Environmental Health Specialist

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

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

PROPERTY ID #: 139-121-20
COUNTY: Mecklenburg

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Van D. Moore + Misty H. Moore DATE EVALUATED: 2/11/26
ADDRESS: 14701 Cabarrus Road Mint Hill, NC 28227
PROPOSED FACILITY: SFD repair PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: 0.96 ac
LOCATION OF SITE: Same PROPERTY RECORDED: Mecklenburg
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 4%	0-32	SBK/C	SPFr/SB	✓	42"	✓	✓	S 0.3	2"
		32-42	BC/CL/C	SSSPFr/SB						
		42+	Sap							
2										
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		S
System Type(s)		GBD
Site LTAR		0.3
Maximum Trench Depth		30"

SITE CLASSIFICATION (.0509): S
EVALUATED BY: Troy Ichy
OTHER(S) PRESENT: _____

Comments: Repair

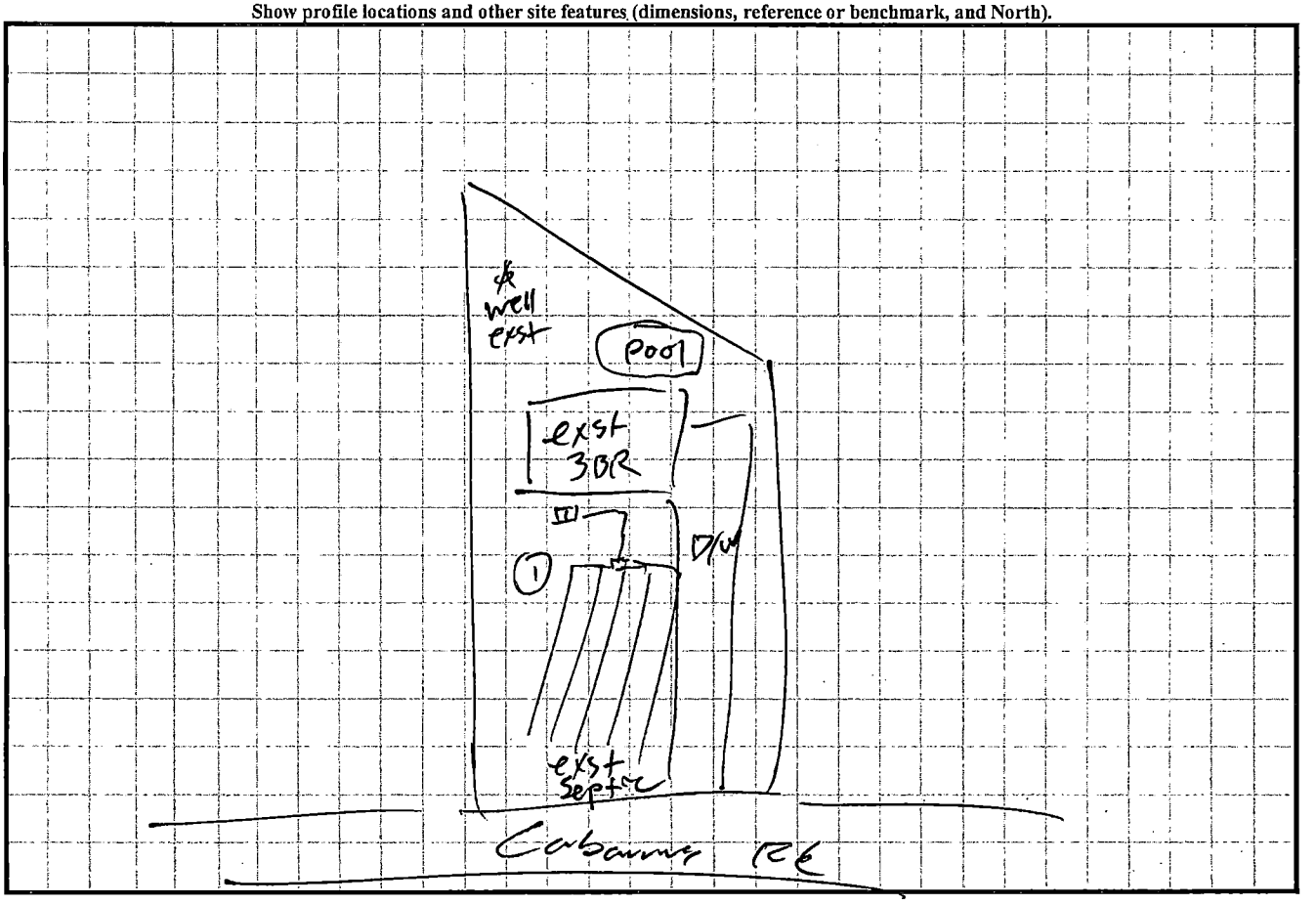
LEGEND

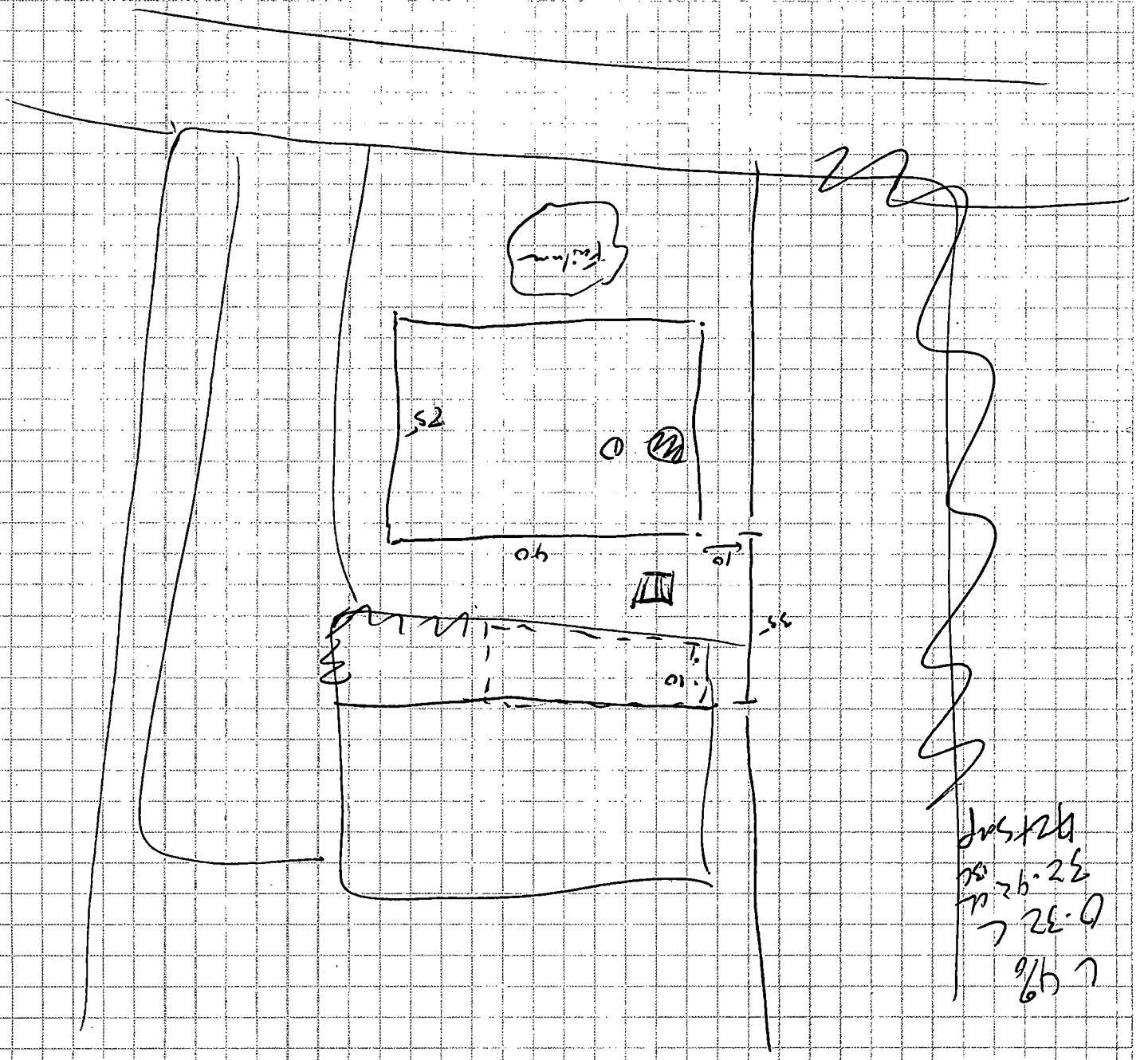
LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	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).





PrintFreeGraphPaper.com

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 37008 Permit #: 16134 Tax Parcel #: 139-121-20

Property Owner: Van D. Moore + Misty H. Moore

Job Location Address: 14701 Cabarrus Road

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: NA Construction Authorization Issuance Date: 2/12/26

Permission is hereby given to repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 2/12/27. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ 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) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 30 inches

Bed Width: 12 feet (2 beds)

Total line length: 240 feet

# of Lines: 6 @ 40 feet

Depth of Media: 24" inches (Type) 18" Stone / 6" Sand

Distribution Device: D-box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

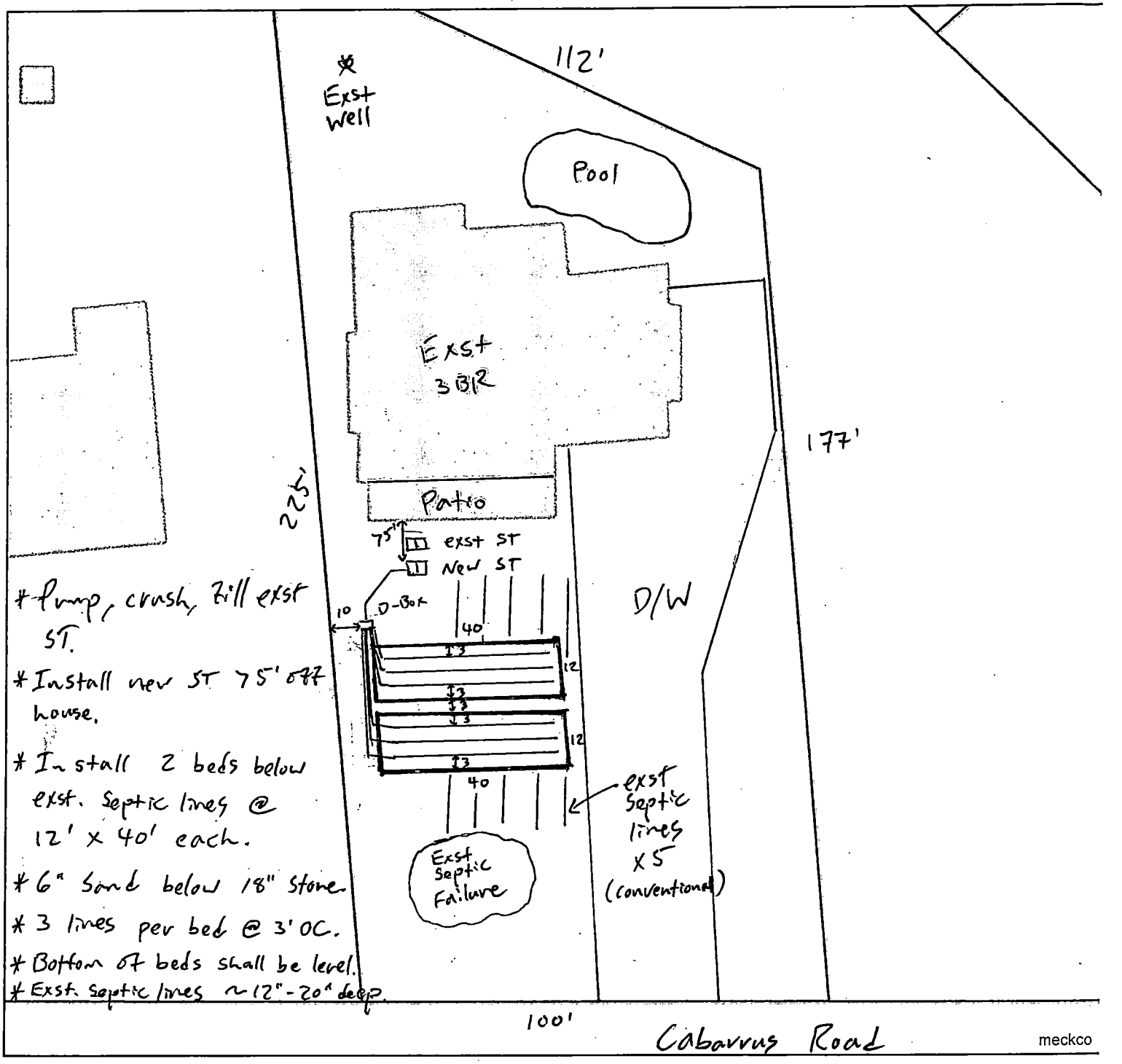
See attached for design & conditions

Comments: System Classification & Type: IIa - GBD

Authorized Agent: Troy Kling Signature: Troy Kling

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16134
PID #: 139-121-20
File #: 3700B

Authorized Agent: Troy Kluttz Date: 2/12/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

DigiSign Verified - 3391269c-f79b-40c6-8b10-cc5f512ce6bf

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 37008 Permit #: 16134 Tax Parcel #: 139-121-20

Property Owner: Van D. Moore + Misty M. Moore

Job Location Address: 14701 Cabarrus Road

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: NA Construction Authorization Issuance Date: 2/12/26

Permission is hereby given to repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 2/12/27. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ 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) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 30 inches

Bed Width: 12 feet (2 beds)

Total line length: 240 feet

# of Lines: 6 @ 40 feet

Depth of Media: 24" inches (Type) 18" Stone / 6" Sand

Distribution Device: D-box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached for design & conditions

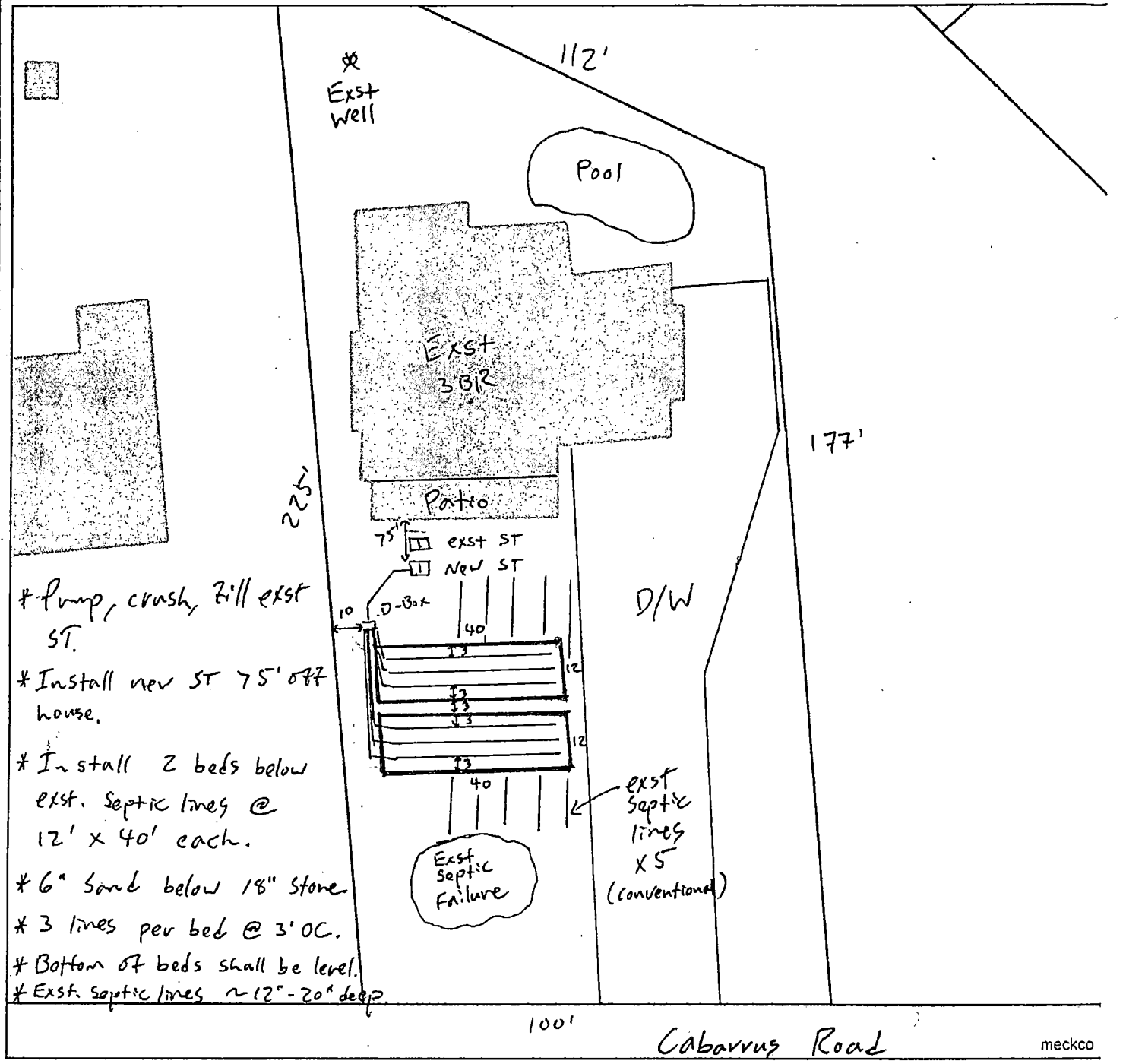
Comments: System Classification & Type: IIa - GBD

Authorized Agent: Troy Kling Signature: Troy Kling

Owner Signature: Van Dolan Moore Misty Moore Date: 02/13/2026 02/13/2026

DigiSign Verified - 3391269c-f79b-40c6-8b10-cc5f512ce6bf

On-site Wastewater Improvement Permit Diagram



* Pump, crush, fill exst ST.

* Install new ST 75' off house.

* Install 2 beds below exst. Septic lines @ 12' x 40' each.

* 6" Sand below 18" Stone

* 3 lines per bed @ 3' OC.

* Bottom of beds shall be level.

* Exst. Septic lines ~12"-20" deep

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16134
PID #: 139-121-20
File #: 3700B

Authorized Agent: Troy Kling Date: 2/12/26

Owner/ Legal Agent: Van Dolan Moore Misty Moore Date: 02/13/2026 02/13/2026

1 inch = 30 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 # 37003 App# 16134 Tax Parcel# 139-121-20

Property Owner: Van D. Moore & Misty M. Moore

Job Location Address: 14701 Cabarrus Road

City: Mint Hill State: NC Zip Code: 28227

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.**

Troy Kluttz
Authorized Agent

2/19/26
Date

Others Present

Phone: (980) 314-1880 Fax: (704) 336-8894

On-Site Wastewater Section

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

File #: 37003 Permit #: 16134 Tax Parcel #: 139-121-20

Property Owner: Von D. + Misty M. Moore

Job Location Address: 14701 Cabarrus Road

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 2/20/26 Contractor Name: MCB Plumbing

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: ✓ gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Norwesco NM1262200N 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: 30 inches

Bed Width: 12 feet (x 2 beds)

Total line length: 240 feet

# of Lines: 6 @ 40 feet 18" stone

Depth of Media: 24" inches (Type) 6" Sand

Depth of Cover: 6+ inches

Distribution Device: D-box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

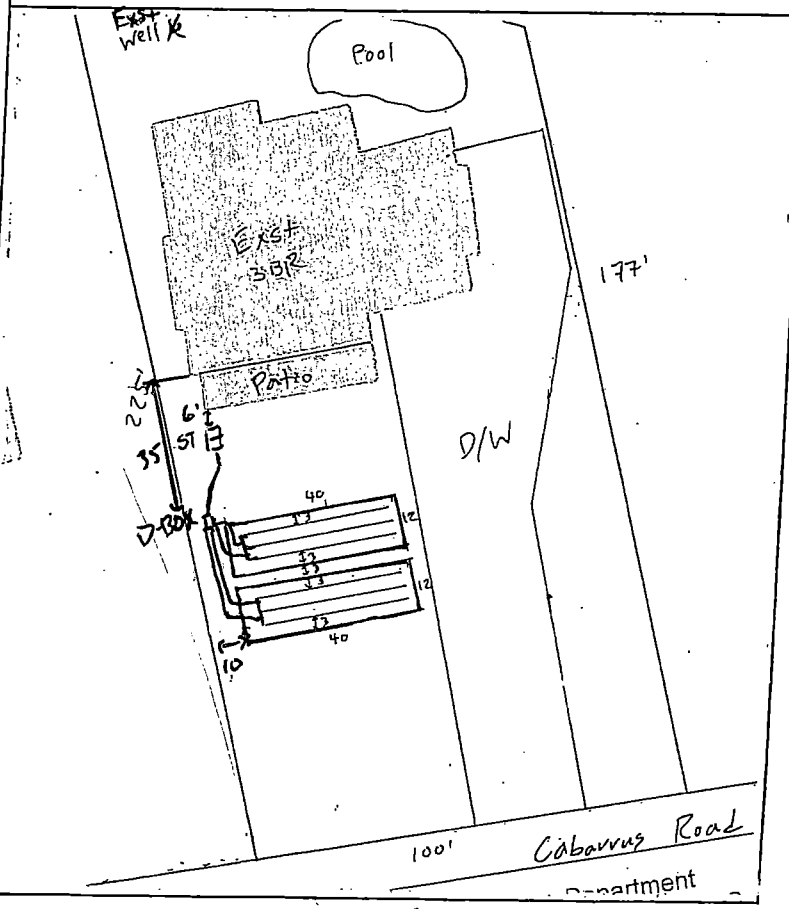
Distance from Water Supply Source: 750 feet

Inspection Dates

Tank(s) Inspected: 2/20/26

Excavation Inspected: 2/20/26

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: I La - GTR

DENR Authorized Agent: Troy Kuling Signature: Troy Kuling

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 #: 37003 Permit #: 16634 Tax Parcel #: 139-121-20

Property Owner: Von D. + Misty M. Moore

Job Location Address: 14701 Cabarrus Road

City: Mint Hill State: NC Zip Code: 28227

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-GTR

*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 Kelly Date: 2/20/26

Signature: