SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12564B

Assigned Inspector: Patrick M / Heather R

☑ IP $250.00: MR/4-30-26 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: MR/4-30-26 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: _____ (ALREADY SENT) ☑ Signature received: 5/19/26

~~☑ 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: 6/25/26

☒ Release final hold in Winchester: I think may already be released.

Comments: 4/30/26 Kim Kurzejewski verified missing items on application via phone. Per Kim 811 contacted. No documents provided.

12564B/16307

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: 01313120
STREET ADDRESS: 15930 Hubbard Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 2 LOT SIZE (acres): 1.16
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: 2,000
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: _____ VISIT BY DATE: _____

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 10/1/25 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Michael Howell
ADDRESS: 14228 NC Hwy 73
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: (704) 469-7597
FAX:
E-MAIL: skiingexpat@gmail.com

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

**Owner's Authorization form is required if legal representative is submitting application*

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

4/30/26 "X" items verified via phone by Kim Kurzejewski 704-746-3076

email mikeHowell@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)**

MH (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.

Michael Adam Howell
Property Owner's or Owner's Legal Representative Signature

4/28/2026
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

Revised on: 4/20/17

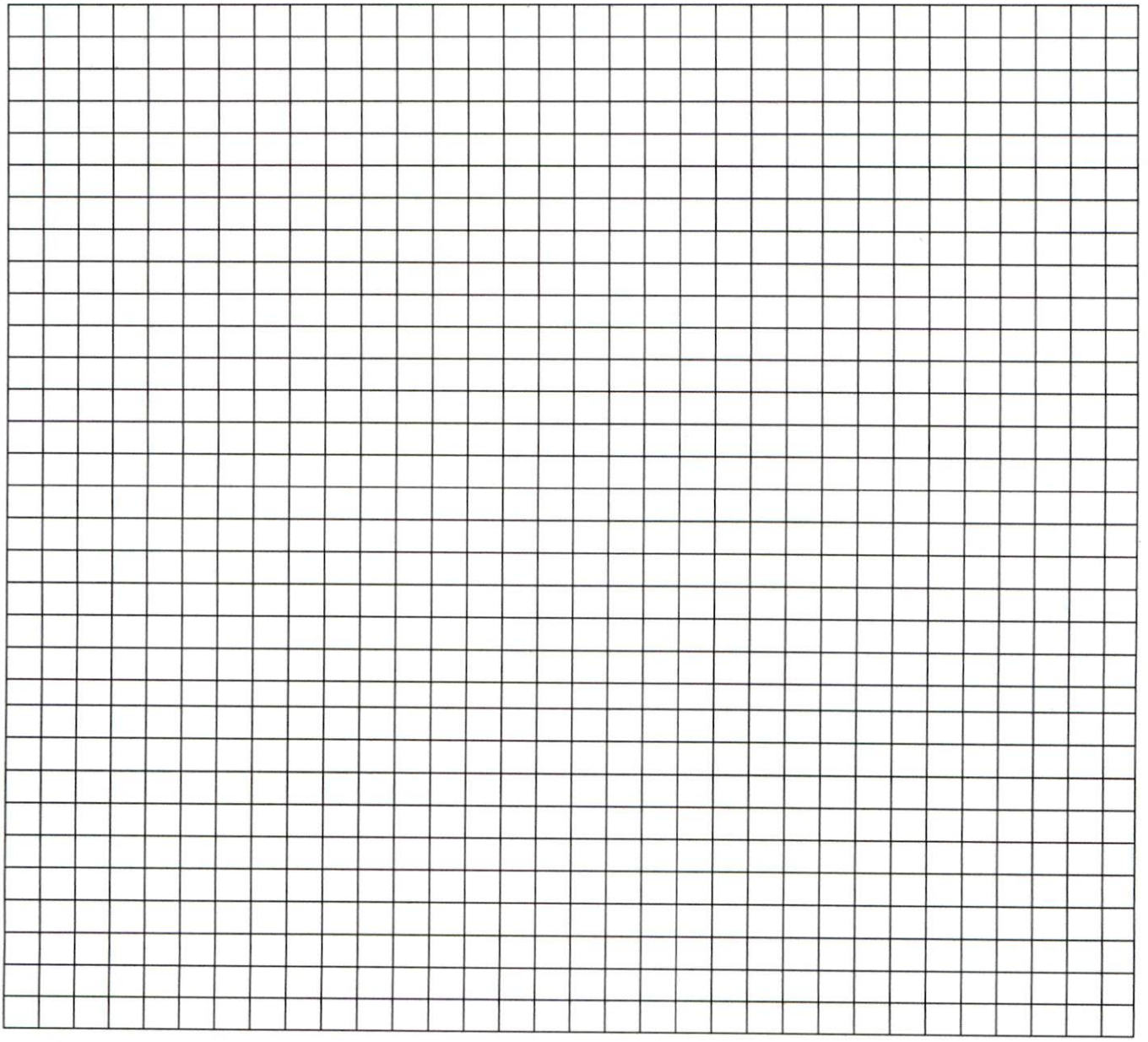
File #: _____

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: 15930 Hubbard Road Tax Parcel #: 01313120

Subdivision Name: _____ Lot #: 2



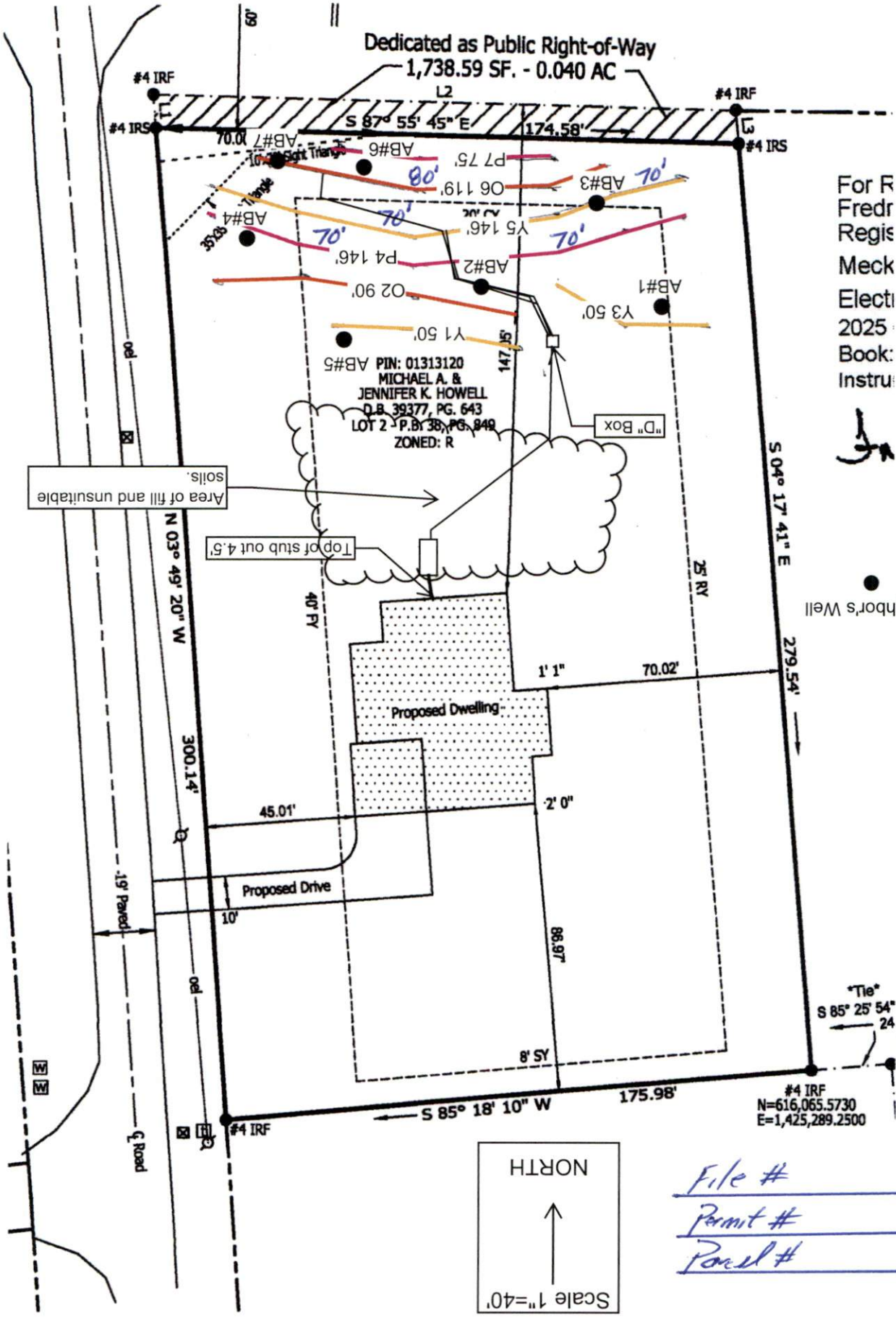
© Michael Adam Howell
Property Owner's or Owner's Legal Representative Signature

4/28/2026
Date

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

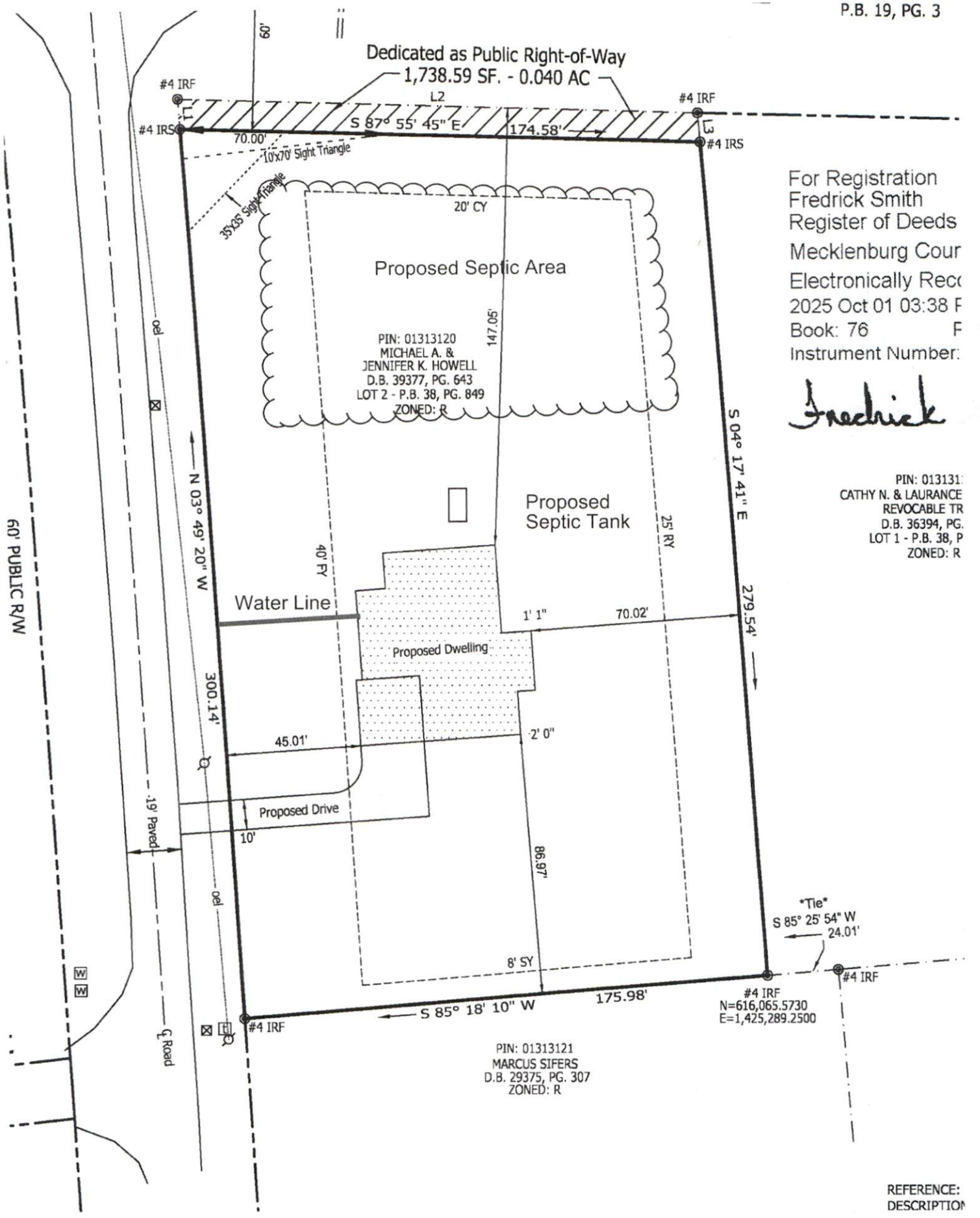
15930 HUBBARDS ROAD



File #

Permit #

Parcel #



For Registration
Fredrick Smith
Register of Deeds
Mecklenburg Cour
Electronically Rec
2025 Oct 01 03:38 F
Book: 76 F
Instrument Number:

Fredrick

PIN: 013131
CATHY N. & LAURANCE
REVOCABLE TR
D.B. 36394, PG.
LOT 1 - P.B. 38, P
ZONED: R

REFERENCE:
DESCRIPTIO

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

   15930 Hubbard Road Huntersville .
   Number Street Town
   (Or Parcel Number)

Michael Howell
Property Owner (print name)

Michael Adam Howell
Property Owner (signature)

04/28/2026
Date

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

PROPERTY ID #: 01313120; 15930 Hubbard Road; Lot 2
COUNTY: Mecklenburg

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

(Complete all fields in full)

OWNER: Michael Howell
DATE EVALUATED: 4/2026
ADDRESS: 14228 NC Hwy 73 Huntersville, NC 28078
PROPOSED FACILITY: 3-Bedroom Residence PROPOSED DESIGN FLOW (.0400): 360 gpd
PROPERTY SIZE: 1.16 Acres
LOCATION OF SITE: 15930 Hubbard Road Huntersville, NC 28078
PROPERTY RECORDED: 02/03/2026
WATER SUPPLY: X Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: n/a
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
AB 1	L 5-6%	0"-8"	YBr CL WSBK	SS SP FR SEXP	Few YBrs 24"+	48"			0.25	1"-2"
		8"-48"	R C SBK	SS SP FR SEXP						
AB 2	L 5-6%	0"-4"	Br CL WSBK	SS SP FR SEXP	Few YBrs 34"+	48"			0.25	1"-2"
		4"-48"	R C SBK	SS SP FR SEXP						
AB 3	L 5-6%	0"-14"	Br CL WSBK	SS SP FR SEXP		48"			0.3	1"-2"
		14"-48"	R C SBK	SS SP FR SEXP						
AB 4	L 5-6%	0"-34"	R C SBK	SS SP FR SEXP	Lithochromic colors included.	48"	Few to common saprolite inclusions 34"-48"		0.3	1"-2"
		34"-48"	R CL WSBK	SS SP FR SEXP						
AB 5	L 5-6%	0"-5"	YBr CL WSBK	SS SP FR SEXP	Few YBrs 24"+	48"			0.25	1"-2"
		5"-48"	R C SBK	SS SP FR SEXP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	1080 ft²	897 ft²
System Type(s)	25% Reduction	PPBPS Horizontal Configuration w/ 9' Centers
Site LTAR	0.25	0.25
Maximum Trench Depth	36"	36"

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

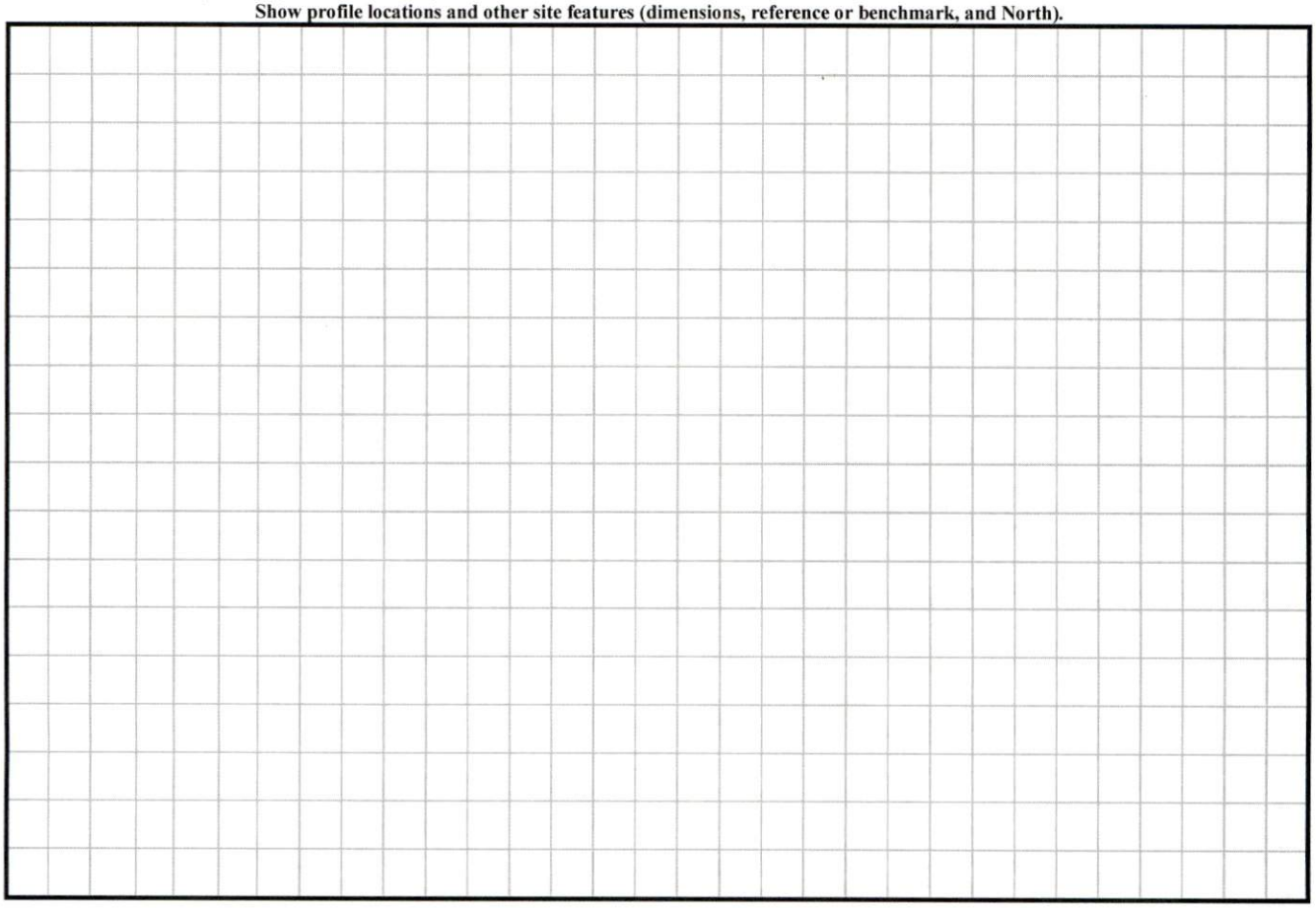
Comments:

* 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.

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					

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).



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

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
AB 6	L 5-6%	0"-8"	Br CL WSBK	SS SP FR SEXP		48"			0.3	1"-2"
		8"-48"	R C SBK	SS SP FR SEXP						
AB 7	L 5-6%	0"-13"	R CL WSBK	SS SP FR SEXP		48"			0.3	1"-2"
		13"-48"	RBr CL WSBK	SS SP FR SEXP						

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 01313120
Lot #: 2
File #: 12564b
AppID: 16307

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Michael Howell
Applicant: Same
Address: 15930 Hubbard Rd.
Date Evaluated: 5/6/2026
Proposed Facility: 3 BR SFR
Design Flow (.0400): 360 GPD
Property Size: 1.16 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength
FoundationType: [X] Crawl Space [ ] Slab [ ] Basement

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction (Low Side of trench)
1	L / S ~4%	0 - 3	Wk, Sbk, CL	Fr, SS, SP	RB	F-C: YB & Bl mottles @ 34-44"	48"+	N/A	N/A	C-M: Sap. inclus. @ 31"+	S 0.25	- 2"
		3 - 31	Mo, Sbk-Abk, C	Fr, SS-S, SP-P, SE	R							
		31 - 48	Wk, Abk, CL	Fr, SS, SP	R							
2	L / S ~4%	0 - 4	Wk, Sbk, CL	Fr, SS, SP	RB	C: YB & Bl mottles @ 32-41"	48"+	N/A	N/A	C: Sap. inclus. @ 32"+	S 0.25	- 2"
		4 - 32	Mo, Sbk-Abk, C	Fr, SS-S, SP-P, SE	R							
		32 - 48	Wk, Abk, CL	Fr, SS, SP	R							
3	L / S ~4%	0 - 3	Wk, Sbk, CL	Fr, SS, SP	RB	F: YB & Bl mottles @ 24-36"	48"+	N/A	N/A	F: floater rocks @ 0-8" F-C: Sap. inclus. @ 36"+	S 0.275	- 2"
		3 - 36	Mo, Sbk-Abk, C	Fr, SS-S, SP-P, SE	R							
		36 - 48	Wk, Abk, CL	Fr, SS, SP	R							

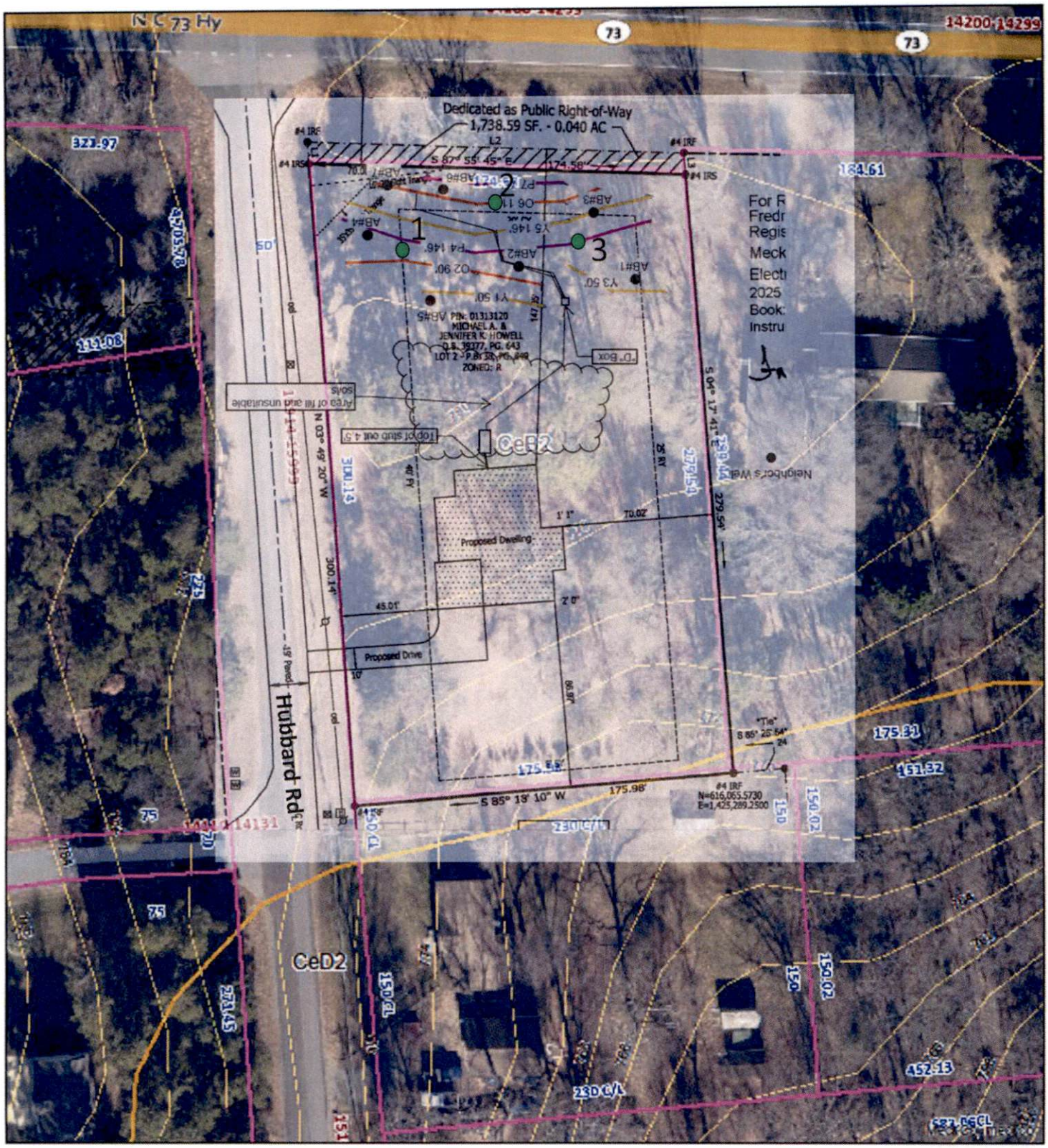
Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	Htb	Htc
Site LTAR	0.25	0.25
Maximum Trench Depth (low side of trench)	34"	34"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509):

COMMENTS: See soils report from Michael Athanas & Associates for additional info on the soil evaluation.

Soil & Site Evaluation Map

Overlaid System Design Layout & Soils
by Michael Athanas and Associates



Map Created by: P. Mitchell
Date: 5/06/2026

PROPERTY INFO
Address: 15930 Hubbard Rd.
PID No.: 01313120

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services

Mecklenburg County Public Health

MECKLENBURG COUNTY
North Carolina
Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit Number: 12564B / 16307

IMPROVEMENT PERMIT

County: Mecklenburg County

PIN/Lot Identifier: 01313120

Owner: Michael Howell Applicant: Michael Howell

Property Location: 15930 Hubbard Road

Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: 3 Bedroom Residence

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

Design Wastewater Strength: ■ 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 (Initial) Pump Required: ☐ Yes ■ No ☐ May be required

Proposed Wastewater System Type*: IIIe VPPBPS (Repair) Pump Required: ☐ Yes ■ No ☐ May be required

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

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

Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No

Fill System (Initial): ☐ Yes ■ 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 ■ 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)[x]: 48" Usable Depth to LC (Repair)[x]: 48" ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 34" Max. Trench Depth (Repair)[‡]: 34" ***[‡] Measured on the downhill side of the trench***

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☐ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☐ No ☐

Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
System to be installed exactly as designed by MA&A

Authorized Agent's Printed Name: Jeremy Michelone, REHS Expiration Date: ~~03/19/26~~ 3/19/31

Authorized Agent's Signature: Jeremy Michelone Date: 3/19/26

See attached site sketch

The issuance of this permit 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 15A NCAC 18E and to the conditions of this permit.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12564B / 16307

CONSTRUCTION AUTHORIZATION

County: Mecklenburg County PIN/Lot Identifier: 01313120

Owner: Michael Howell Applicant: Michael howell

Property Location: 15930 Hubbard Road

Facility Type: 3 Bedroom 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* IIb 25% Reduction (Initial) VPPBPS (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: 360 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 3 inches LTAR: 0.25 gpd/ft² Usable Depth to LC (Initial)[x]: 48 [x]***Limiting condition***

Soil Cover: 22 inches Slope Corrected Maximum Trench/Bed Depth[‡]: 34 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: NA ft. TDH vs. NA GPM Grease Trap Size (if applicable): _____ 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: System to be installed exactly as designed by MA&A.

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: Gregory Nicholas Expiration Date: 5/19/31

Authorized Agent's Signature: _____ Date: 5/19/26

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form CA-24.1

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 15930 Hubbard Road
Lot 2
PID#01313120
Mecklenburg County, NC

Building Footprint: 64' x 58'
Building Setback: Front: 40'; Rear: 25'; Side: 8'
Water Source: Public Water
Proposed # of Bedrooms/Gallons Per Day: 3/360 gpd
Proposed LTAR: 0.25 gpd/ft2
Suggested Initial System Type: 25% Reduction
Repair System LTAR: 0.25 gpd/ft2
Repair System Type: PPBPS; Vertical Configuration with 9' Centers
Distribution: Gravity with "D" Box
Proposed Trench Bottom: 36"
Septic Tank/Pump Tank Size: 1000-gallon Septic Tank

Line	Design Length	Repair Length	Actual Length	Elevation
Yellow 1		50'	50'	n/a
Orange 2		90'	90'	n/a
Yellow 3		50'	50'	n/a
Pink 4	**2x70'**		**146'**	**4.8'**
Yellow 5	**2x70'**		**146'**	**5.3'**
Orange 6	**80'**	34'	**119'**	**8.3'**
Pink 7		75'	75'	9.6'

Initial System: 360' 25% Reduction **Repair System:** 299' PPBPS Vertical configuration w/ 9' centers
Stub out: 4.5' * See note below concerning the elevations from the stub out to the septic area.

Comments: The purpose of the evaluation is to permit this site for a 3-bedroom residence using 25% Reduction.

- **The top of the existing stub out has an elevation of 4.5'. The top of the ground at the first proposed initial line is 4.8'. If a 36" Trench bottom cannot be maintained, then an effluent pump will be required to access the septic area.**
- The first two initial septic lines should be center fed from the distribution box.
- The area around the house has had some fill placed on it and there are some unsuitable soils as well. The septic area should not encroach any closer to the house than shown on the site plan. This area has also been indicated on the site plan.

Additional Notes for All Installations:

- **Grading and/or filling around the building site should be done to not affect the layout of the septic system. This includes, but not limited to drainage swales, backfill, or cuts. Failure to do so may result in the permit being voided.**
- **The septic area should be fenced off and all vehicular traffic should be kept off of the septic area. Failure to do so will result in the permit being revoked.**
- **No cuts within 15' of the septic area.**
- **All gutters and other surface water should be directed away from the septic area including the septic tank/pump tank location.**
- **Utilities should be buried outside of the septic area.**
- **All setbacks required by the 18E rules should be followed.**
- **MA&A has designed this system for a total of 360 GPD. When the system has reached 80% of this design flow, the system is being maximized. Any additional flow over this design flow may result in the failure of the system.**
- **Any alterations to the proposed site plan should be approved by MA&A and Mecklenburg County. Please note, a new permit may be required for most alterations.**

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit Number: 12564B / 16307

IMPROVEMENT PERMIT

County: Mecklenburg County

PIN/Lot Identifier: 01313120

Owner: Michael Howell Applicant: Michael Howell

Property Location: 15930 Hubbard Road

Subdivision (If applicable)_____ Lot #: _____ Block: _____ Section: _____

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: 3 Bedroom Residence

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

Design Wastewater Strength: ■ 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 (Initial) Pump Required: ☐ Yes ■ No ☐ May be required

Proposed Wastewater System Type*: IIIe VPPBPS (Repair) Pump Required: ☐ Yes ■ No ☐ May be required

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

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

Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No

Fill System (Initial): ☐ Yes ■ 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 ■ 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)[x]: 48" Usable Depth to LC (Repair)[x]: 48" *[x] Limiting Condition*

Max. Trench Depth (Initial)[‡]: 34" Max. Trench Depth (Repair)[‡]: 34" *[‡] Measured on the downhill side of the trench*

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

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☐ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☐ No ☐

Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
System to be installed exactly as designed by MA&A

Authorized Agent's Printed Name: Jeremy Michelone, REHS Expiration Date: ~~05/19/26~~ 5/19/31

Authorized Agent's Signature: Jeremy Michelone Date: 5/19/26

See attached site sketch

The issuance of this permit 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 15A NCAC 18E and to the conditions of this permit.

Michael C Howell 5/19/26

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12564B / 16307

CONSTRUCTION AUTHORIZATION

County: Mecklenburg County PIN/Lot Identifier: 01313120

Owner: Michael Howell Applicant: Michael howell

Property Location: 15930 Hubbard Road

Facility Type: 3 Bedroom 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* IIb 25% Reduction (Initial) VPPBPS (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: 360 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 3 inches LTAR: 0.25 gpd/ft² Usable Depth to LC (Initial)ˣ: 48 *ˣLimiting condition*

Soil Cover: 22 inches Slope Corrected Maximum Trench/Bed Depthᵗ: 34 inches *ᵗ Measured on the downhill side of the trench*

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

Pump Requirements: NA ft. TDH vs. NA GPM Grease Trap Size (if applicable): _____ 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: System to be installed exactly as designed by MA&A.

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: Gregory Nicholas Expiration Date: 5/19/31

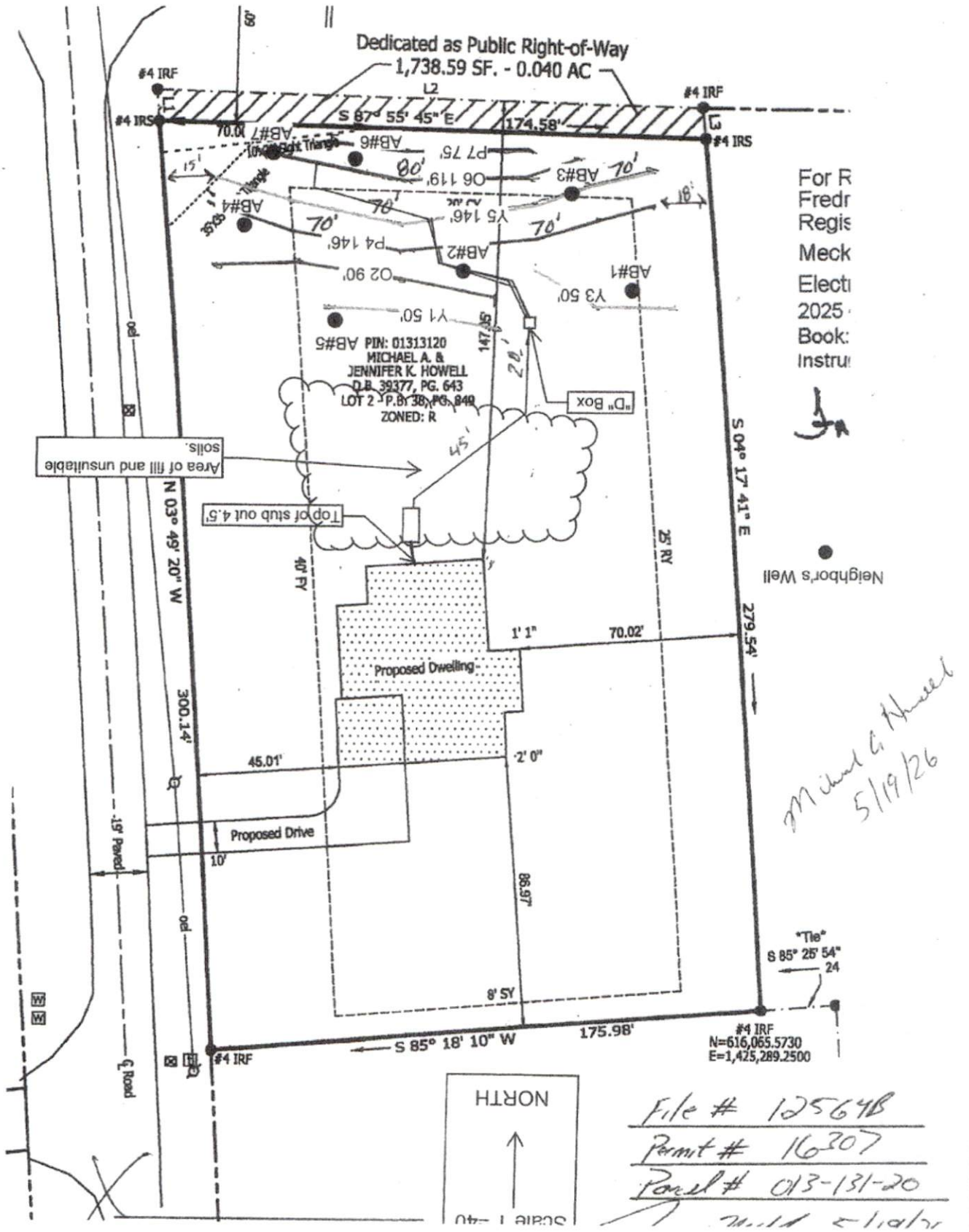
Authorized Agent's Signature: _____ Date: 5/19/26

NCDHHS/DPH/EHS/OSWP

Michael A. Howell 5/19/26

Revised January 2024
Form CA-24.1

15930 HUBBARDS ROAD



For R
Fredr
Regis
Meck
Electi
2025
Book:
Instru

Michael G. Howell
5/19/26

File # 125648
Permit # 16307
Parcel # 013-131-20

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 # 125648 App# 16307 Tax Parcel# 013-131-20

Property Owner: Michael Howell

Job Location Address: 15930 Hubbard Road

City: Huntersville State: NC Zip Code: 28078

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.**

Authorized Agent — Date: 5/20/26

Others Present: Shane Lee

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 #: 12564B Permit #: 16307 Tax Parcel #: 013-131-20

Property Owner: Michael Howell

Job Location Address: 15930 Hubbard Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 6/1/26 Contractor Name: Shane Lee

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: 34 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 360 feet

# of Lines: 6 @ Various feet

Depth of Media: 12 inches (Type) CHM36

Depth of Cover: 22 inches

Distribution Device: D-Box

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: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 6/1/26

Excavation Inspected: 6/1/26

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

"Installed per A2 permit.

See attached.

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: II D | G | CHM36 | N/A | N/A

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

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 #: 12564B Permit #: 16307 Tax Parcel #: 013-131-20

Property Owner: Michael Howell

Job Location Address: 15930 Hubbard Rd

City: Huntersville State: NC Zip Code: 28078

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: IIb

*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.

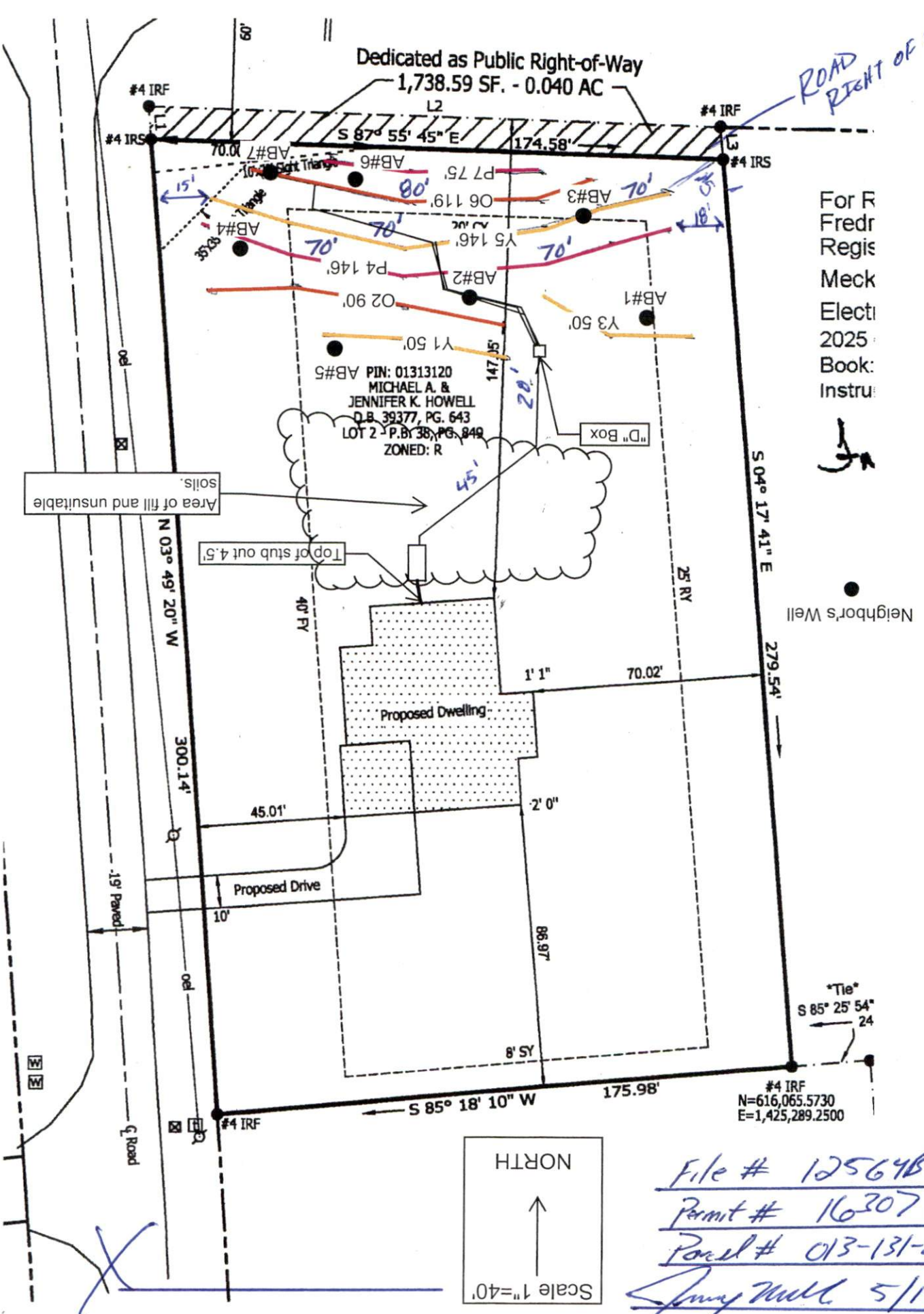
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 6/1/26

Signature: April Bumgarner

15930 HUBBARDS ROAD



File # 12564B
Permit # 16207
Parcel # 013-131-20

5/19/26

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/30/26	**Amount:**	250.00
Receipt #:	161273	**Tendered:**	250.00
Check / Auth #:	MC JJ6AYP	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SCHUMACHER HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15930 HUBBARD RD	1	250.00	250.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/30/26	**Amount:**	200.00
Receipt #:	161276	**Tendered:**	200.00
Check / Auth #:	MC JJ6AYP	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SCHUMACHER HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15930 HUBBARD RD	1	200.00	200.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/30/26	**Amount:**	200.00
Receipt #:	161278	**Tendered:**	200.00
Check / Auth #:	MC JJ6AYP	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SCHUMACHER HOMES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 15930 HUBBARD RD	1	200.00	200.00

Permit#

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

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