SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __701A / 15733_____

Assigned Inspector: __Braedon_____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☒ Alteration Fees $300: MON 9/5/25___Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: MN 9/19/25 ☑ Signature received: 9/30/25 jm

~~☐ 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: 11/25/25

☒ Release final hold in Winchester: if any exists - No hold as of 11/26/25 jm

Comments:

701A / 15733

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: 11318308
STREET ADDRESS: 3804 Marwick Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 2.90
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: 4,144
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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 4 ____

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?** 11/2/05 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: HAL R SUMPTER
ADDRESS: 3804 Marwick Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: (704) 399-5348
MOBILE PHONE: (704) 239-3381
FAX: _____
E-MAIL: haljr@sumptersjewelry.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.

HRS (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.

HRS (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.

Hal Russell Sumpter
Property Owner's or Owner's Legal Representative Signature

7/31/25
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 300- DATE FEE RECEIVED: 9/5/25

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

APPLICATION PROCESSED BY: MN

GWS FILE NUMBER ASSIGNED: 701A

APPLICATION ID NUMBER ASSIGNED: 15733

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 #: 701A

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: 3804 Marwick Rd Charlotte, NC 28278 Tax Parcel #: 11318308

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



Hal Russell Sumpter

Property Owner's or Owner's Legal Representative Signature

7/31/25

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: 09/05/25
Receipt #: 156913
Check / Auth #: CHECK 4485
Received By: ORTIZMP

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HAL R SUMPTER
Attn:
Address: 3804 MARWICK RD
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 3804 MARWICK RD	1	300.00	300.00

Permit#

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

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

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

PROPERTY ID #: 113-183-08
COUNTY: Mecklenburg

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

OWNER: Hal Sumpter DATE EVALUATED: 9/17/25
ADDRESS: 3804 Marrick Rd
PROPOSED FACILITY: 3 Bedroom (Alteration) PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: 2.90
LOCATION OF SITE: 3804 Marrick Rd PROPERTY RECORDED: N/A
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 7%	0-34	C, wblk	fi, s, p, sexp	N/A	≥40"	N/A	N/A	IV S 0.3	≈33"
		34"+	Cl, wblk	fr, ss, sp, sexp						
2	L 7%	0-42"	C, wblk	fi, s, p, sexp	N/A	≥48"	N/A	N/A	IV S 0.3	≈33"
		42"+	Cl, wblk	fr, ss, sp, sexp						
3	L 5%	0-6"	SCl, wblk	fr, ss, sp, sexp	N/A	≥48"	N/A	N/A	IV S 0.3	≈33"
		6-48"+	C, wblk	fi, s, p, sexp						
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	S	S
System Type(s)	IIIb	IIIe
Site LTAR	0.3	0.3
Maximum Trench Depth	33"	33"

SITE CLASSIFICATION (.0509): Suitable
EVALUATED BY: Brandon Shelton
OTHER(S) PRESENT: N/A

Comments: Alteration. Abandoning existing drain field behind house, to install a pool. Designed a 3-Bedroom in the front yard. Pump/pressure Manifold required.

Soil Evaluation



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:
File #:

Authorized Agent: Brad Shea Date: 9/17/25

1 inch = 50 fee

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 #: **30015733** GWS File #: **701A** Tax Parcel #: **113-183-08**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 9/17/2030

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 4144 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton Owner/Legal Agent: _____
Print Name

Signature: Brad Shelton Signature: _____

Date Issued: 9/17/2025

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015733** GWS File #: **701A**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Verify Existing Septic tank is in good working order.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

Signature: Brad Shelton

Date Issued: 9/17/2025

Owner/Legal Agent: _____
Print Name

Signature: _____

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 #: 30015733 GWS File #: 701A

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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton

Signature: Braedon Shelton

Date Issued: 9/17/2025

Owner/Legal Agent: Hal Sumpter
Print Name

Signature: Hal Sumpter

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 #: 30015733 GWS File #: 701A Tax Parcel #: 113-183-08

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

I. This Improvement Permit Shall: Expire In Five (5) Years **Expiration Date (If Applicable):** 9/17/2030
Type of Installation: Residential - Alteration Lot Number: 0
Structure Type: HOUSE Size (ft^2): 4144 # Bedrooms: 3 Max. Occup.: 6
Building Foundation: Concrete Slab Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Braedon Shelton Owner/Legal Agent: Hal Sumpter
Print Name
Signature: Braedon Shelton Signature:
Date Issued: 9/17/2025

On-site Wastewater Improvement Permit Diagram



Alteration, Abandoning existing drainfield
- Install 3-100' Lines, 33" trench Accepted System, pumptank + Pressure Manifold Required.
- Stay ≥50' off well
- May need to re-route well/water Line?
Go through supply Line Area
See 15A NCAC 18E .0601 Location of wastewater systems (m)(1)(2)(A)(D) for crossing a water Line with a supply Line, for options/method.

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15733
PID #: 113-183-08
File #: 701A

Authorized Agent: Braedan Shelton Date: 9/18/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 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 # 701 A App# 15733 Tax Parcel# 11318309

Property Owner: Hal Sumpter

Job Location Address: 3804 Marwich RD

City: Charlotte State: NC Zip Code: 28209

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

   ☒YES ☐ NO

   Comments:_____

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

   ☐ YES ☐ NO

   Comments:_____

   _____

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

   ☐ YES ☐ NO

   Comments:_____

   _____

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

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

Braedon Shelton
Authorized Agent

11/19/25
Date

Steve Autry
Others Present

Phone: (980) 314-1680 Fax: (704) 336-6894

On-Site Wastewater Section

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

File #: 701 A Permit #: 15733 Tax Parcel #: 11318308

Property Owner: Hal Sumpter

Job Location Address: 3804 Marbrich Rd

City: Charlotte State: NC Zip Code: 28208

Operation Permit Issuance Date: 11/25/25 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: existing gallons Tank Manufacture Shoaf Effluent Pump Model: Myers

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

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

Total line length: 300 feet

# of Lines: 3 @ 100 feet

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

Depth of Cover: ≥6 inches

Distribution Device: Pressure Manifold

Inspection Dates

Tank(s) Inspected: 11/19/25

Excavation Inspected: 11/19-11/20/25

Pump & Controls Inspected: 11/20/25

Bed Installation *(For Repair Installations ONLY.)* ☒ N/

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

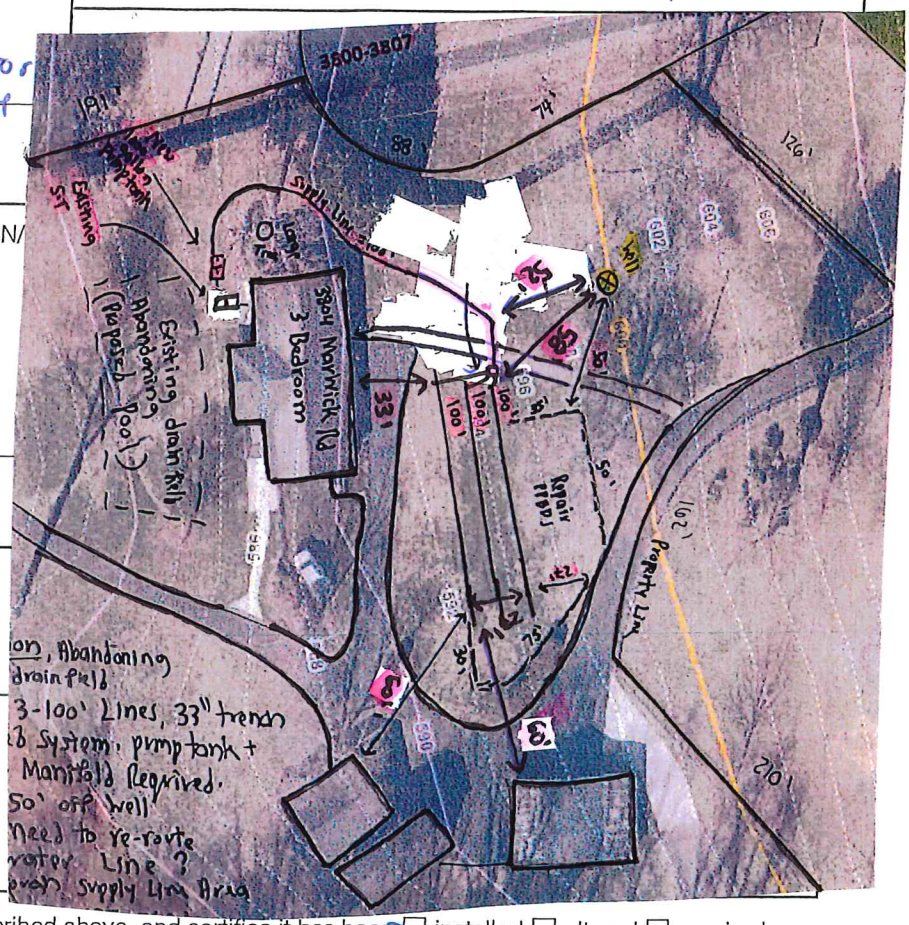
☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥50 feet



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

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

Comments: System Classification & Type: IIIb, Chm-36, 9', N/A, N/A, 3 Bedroom System Pump to 25% Reduction System (Accepted)

DENR Authorized Agent: Brian Shute Signature: Brian Shute

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 #: 701 A Permit #: 15733 Tax Parcel #: 1131830

Property Owner: Hal Sumpter

Job Location Address: 3804 Marwick Rd

City: Charlotte State: NC Zip Code: 28209

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: IIIb, Chm-36

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other: 3 Bedroom System

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

Signature: Braedon Shelton

WELLREG@MECKLENBURGCOUNTYNC.GOV

7 SEP '17 PM 3:15

701A #9145

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ⊗ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
⊗ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Hal Sumpter
ADDRESS: 3804 Marwick Rd
CITY: Charlotte, NC 28278
STATE: NC ZIP: 28278
PHONE: 704-239-3381
ALTERNATE PHONE: —
E-MAIL: halj@sumptersjewelry.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 11318308
STREET ADDRESS: 3804 MARWICK RD
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ⊗ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
⊗ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☒ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER NOTHING

The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature _____ Date 9/1/17

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

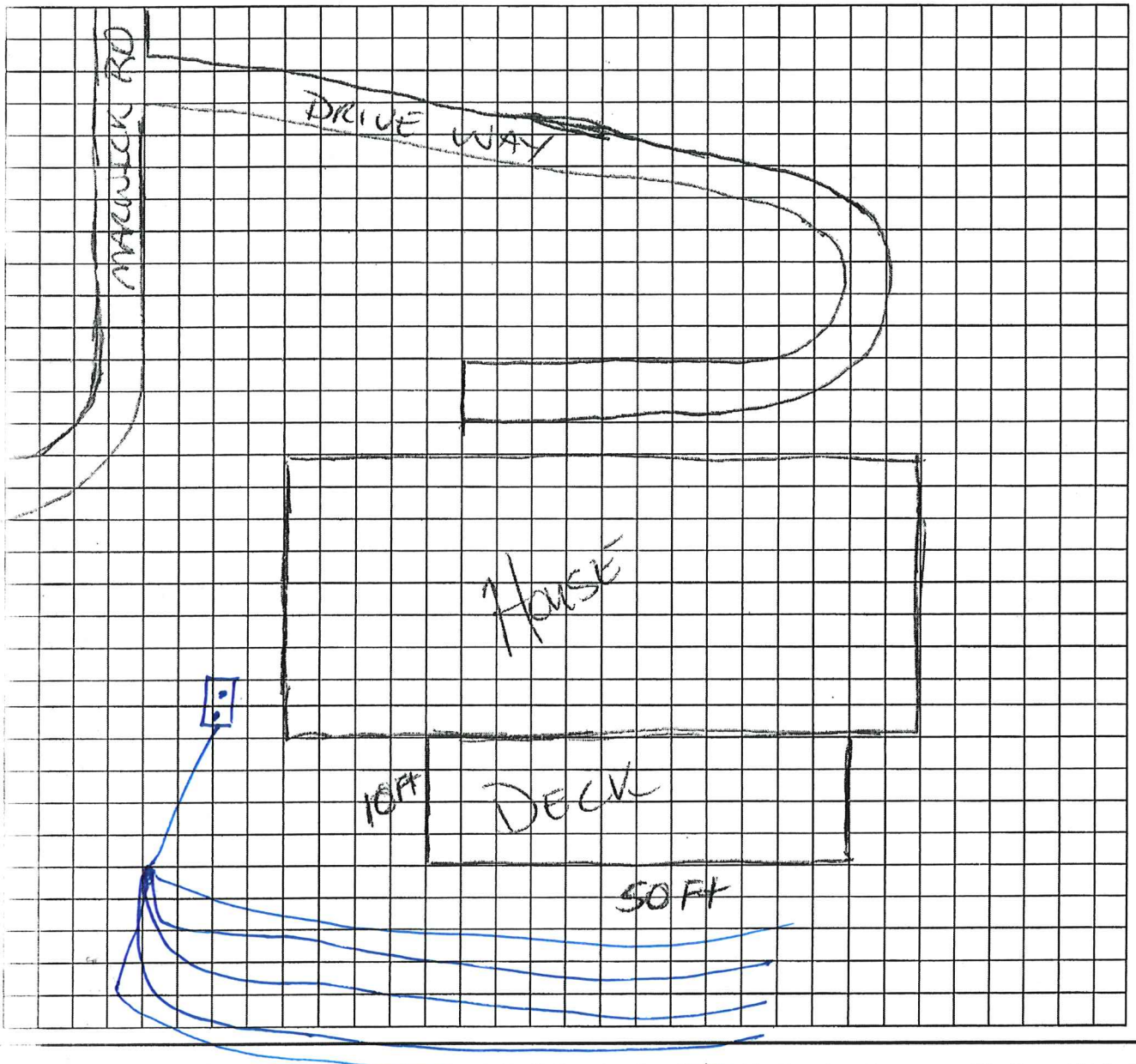
Revised on: 01/03/11

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: 3804 MARWICK RD Tax Parcel #: 11318308



The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approval granted for a living room addition / deck per field
use existing system
Phillip Walker REHS 9/11/17
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 CS 9/8/17 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: HAL SUMPTER

Bill To:

HAL SUMPTER
3501 WILKINSON BLVD

Charlotte, NC 28208

Single Payment

Transaction Date: 09/08/2017 6:27 AM Pacific Time
Pay Method: VISA **********2841
Approval #: 72714G
Trace Number: 4ac73f23-6a24-4f53-9378-e90e32006948
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/08/17
Receipt #: 107340
Check / Auth #: VISA 72714G
Received By: ABDUSAI

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SUMPTER, HAL
Attn:
Address: 3501 WILKINSON BLVD
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 3804 MARWICK RD		1	100.00	100.00

Outstanding Balances

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

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: C Daniel Watts

Address: 2514 Knollwood Rd, Cly, NC 28211

Description of public record requested: Septic Tank Info

Street Name (or County Road): Warwick Road #3805

Lot: _____ Block: _____

Parcel Number: Tax Code 113-143-05

Owner's Name: Wendell H. Rogers, Jr.

Reason for Request:

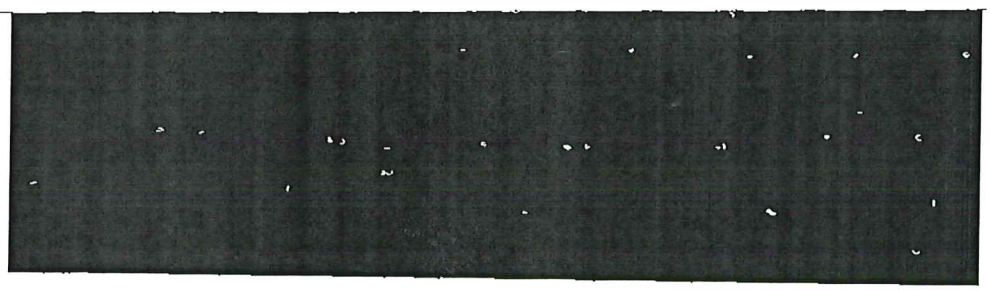
To locate existing S-T on the property

Signature of Person Making Request: C Daniel Watts

Supervisory Person: _____

Date: 2-10-03 Time: 11:05 AM

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 336-4803



Date Issued 9-30-85

Serial No. 8948

SIR No. 701A

T. C. No. 113-183-08

Map Date L CRT.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Rogers, (LAST) Wendell (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 6608 Glenmore Dr., Charlotte, NC ZIP 28214

LOCATION OF LOT 3808 Marwick Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 15 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 701A This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed,altered, and/or repaired and that the system be installed in accordance with same.

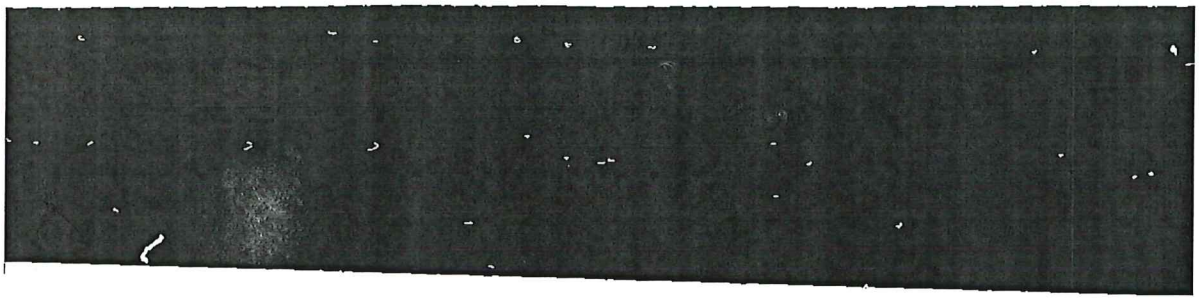
This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

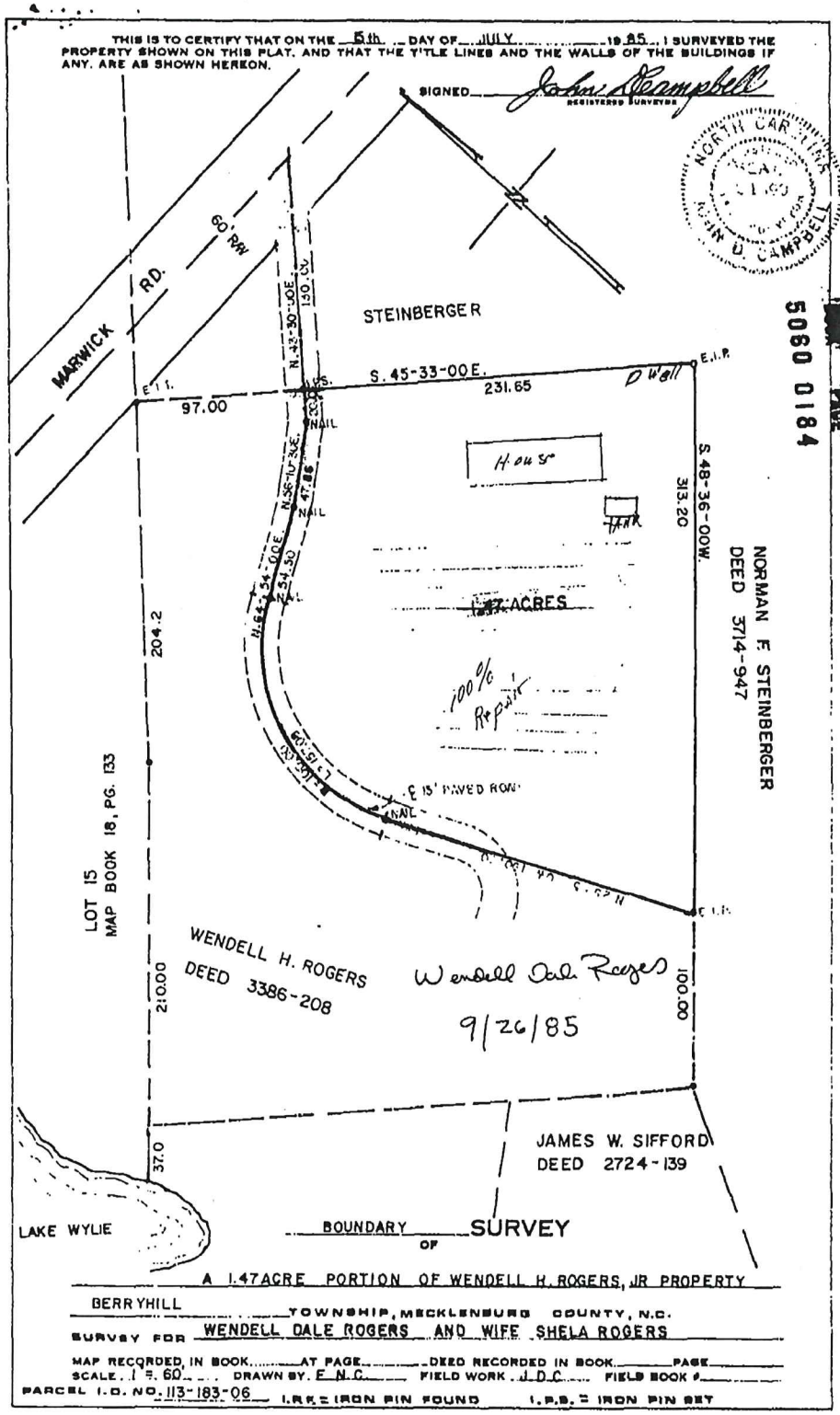
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy




THIS IS TO CERTIFY THAT ON THE 5th DAY OF JULY 19 85 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.
SIGNED John A. Campbell
REGISTERED SURVEYOR
NORTH CAROLINA
SEAL
L-1160
JOHN D. CAMPBELL
5060 0184
MARWICK RD.
60' R/W
STEINBERGER
N. 43-30-00E. 130.00
S. 45-33-00E. 231.65
E.I.P.
D'Well
E.I.P.
97.00
NAIL
House
N. 36-10-30E. 47.86
NAIL
S. 48-36-00W. 313.20
HAIR
N. 64-34-00E. 234.50
1.47 ACRES
100% Repair
204.2
NORMAN F. STEINBERGER
DEED 3714-947
℄ 15' PAVED ROW
NAIL
N. 69-19-00 E. 62.11
E.I.P.
LOT 15
MAP BOOK 18, PG. 133
WENDELL H. ROGERS
DEED 3386-208
Wendell Dale Rogers
9/26/85
210.00
100.00
JAMES W. SIFFORD
DEED 2724-139
37.0
LAKE WYLIE
BOUNDARY OF SURVEY
A 1.47ACRE PORTION OF WENDELL H. ROGERS, JR PROPERTY
BERRYHILL TOWNSHIP, MECKLENBURG COUNTY, N.C.
SURVEY FOR WENDELL DALE ROGERS AND WIFE SHELA ROGERS
MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED IN BOOK ____ PAGE ____
SCALE 1" = 60' DRAWN BY E.N.C. FIELD WORK J.D.C. FIELD BOOK #
PARCEL I.D. NO. 113-183-06 I.R.F. = IRON PIN FOUND I.P.S. = IRON PIN SET

MECKLENBURG COUNTY
Department of Environmental Health

September 23rd, 1985

Wendell H. Rogers, Jr.
Route 4, Box 421-M5
Charlotte, NC 28208

RE: Property located at Marwick Drive
FILE: 701A
PARCEL: 11318308

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

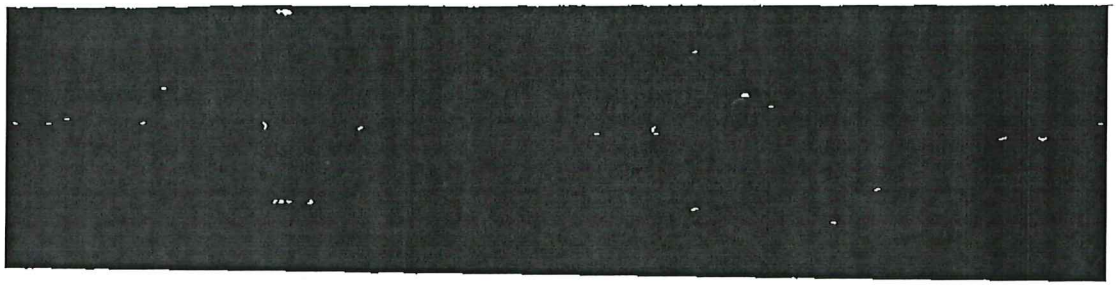
Sincerely,

Bill D. Hardister

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603



DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 101-A

T.C. NO. 113-103-66 L

(Ground Absorption Sewage Disposal)

OWNER: Wendell H. Rogers
ADDRESS: R.4, Box 431 M5 Charlotte, N.C. 28208
LOCATION OF SITE: Mariwich Dr.

PLAT NO:
LOT SIZE: .69

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 10-22% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36"+ U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 36"+ saprolite U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 36"+ ground U water	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil Lit			

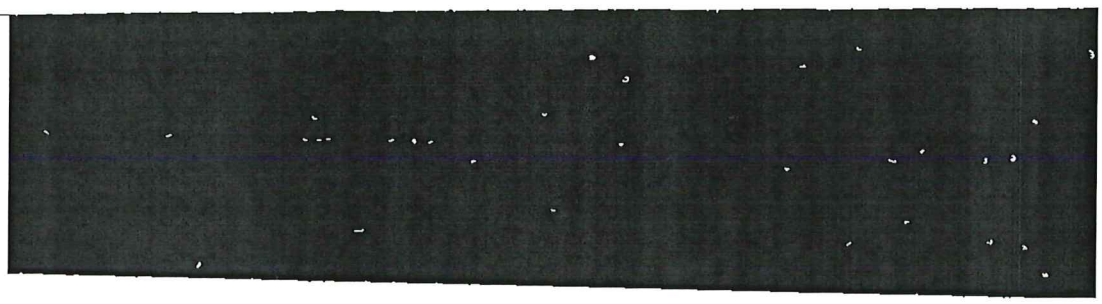
S - Suitable PS - Provisionally Suitable U - Unsuitable

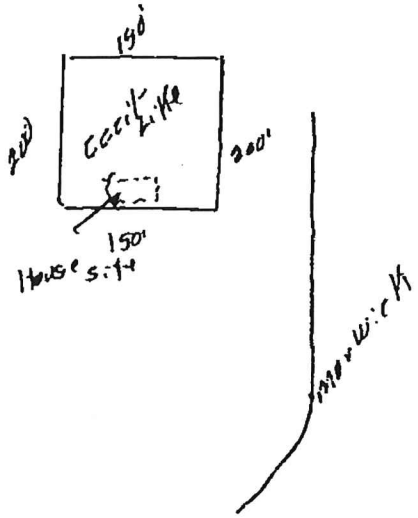
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

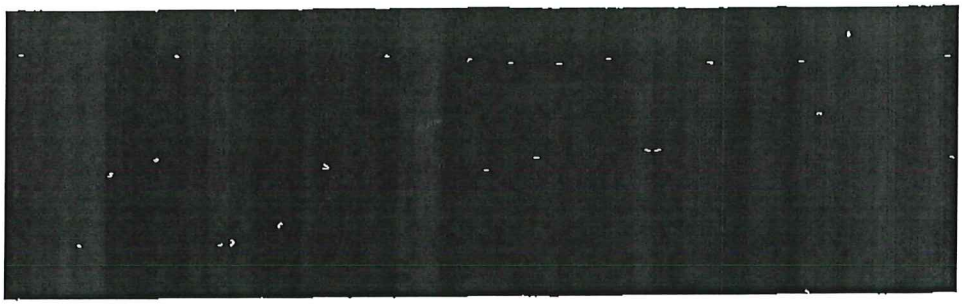
Recommendations/Comments: I H

Described by: William C. Blackwelder
Title: Soil Scientist

Date: 2-17-85




150'
200'
150'
House site
Cecil Lillie
Inner Circle Rd



APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)
701-A
FILE: ~~113-183-08~~
TC: 113-183-08 L

JOB LOCATION

① ADDRESS: 3808 (STREET NO.) Warwick (STREET) Rd. ② FILE: _____
③ CITY: Charlotte, N.C. ④ TAX PARCEL NO.: 113-183-08
⑤ SUBDIVISION: _____ ⑥ LOT: 15 ⑦ BLOCK: _____

OWNER

⑧ NAME: Wendell Dale (FIRST) & Sheila A. (MIDDLE) Rogers (LAST)
⑨ MAILING ADDRESS: 6608 Glenmore Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) 394-2191 ⑭ (HOME) 399-3512

REQUEST

This request is for a(n):

⑮ ☑ New installation permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type? _____
㉓ Maximum occupancy? 6
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉙ Water supply from (present or proposed):

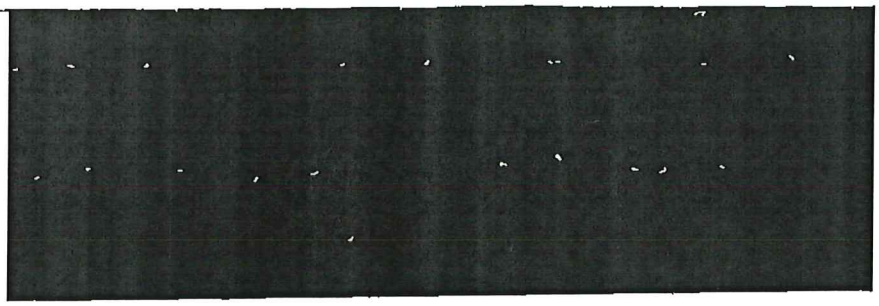
A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉚ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Mrs. W.D. Rogers
Date: 9-19-85

㉘ Accurately dimensioned plot

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY



APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 701 A

TC: 113-103-08 L

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 28 1985

JOB LOCATION

① ADDRESS: Maywick Dr

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3386 PAGE NO.: 208

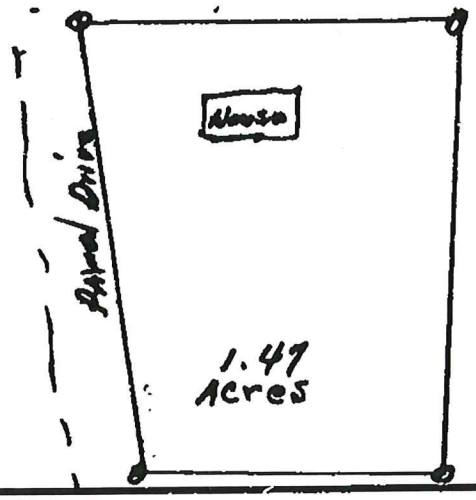
⑦ NAME: Wendell H. Rogers Jr (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Rt 4 Box 441 M5

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28208

⑫ PHONE: (WORK) 394-2191 (HOME) 399-1956

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Wendell H. Rogers Jr

Date: 8/21/85

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Date Issued 2/1-17-86

Serial No. 08879

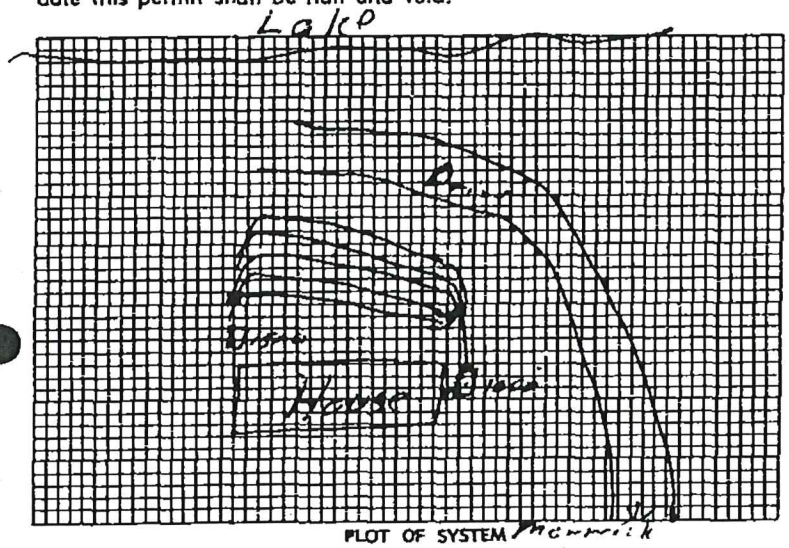
ICAR(S) Permit No. 201-A

T. C. No. 113-18306

Map Date C

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 201-A, dated 9-19-86 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-21-86, after which date this permit shall be null and void.



PLOT OF SYSTEM Mcmmick

Permeability Rate IV G

Liquid Capacity of Tank 1500 gal, 1000 gal

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 533'

Number of Lines Five

Distance from House 5'

Distance from Property Line 10'

Distance from Well 750'

NAME OF OWNER Rogers, Wendell

LOCATION OF PROPERTY 3808 Marwick Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Five Trenches 106 X 3' X 12" Stone

Comments: 1000 gal ST Au-washmachine, S.ak

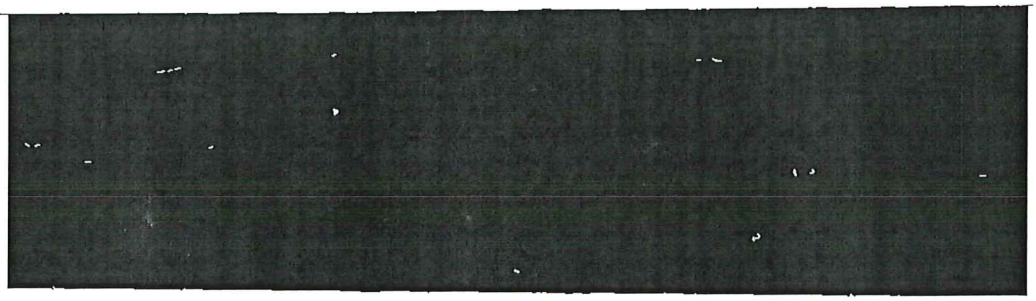
B. Hawfield
Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy



C of A (s) No. 701-A

Date Issued 1-23-86 Serial 8200 T. C. No. 113-183-08 C CL1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Rogers (LAST) Wendell (FIRST) (MIDDLE)

Location of Property 3808 Morwick Rd.

Application Number 701-A Permit Number 701-A

Inspection Data:

Liquid Capacity of Tank 1500ST, 1000 ST Tank Material PCC

Total Length of Drain Tile 533' Number of Lines Five

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Well Distance from Water Source 250

Excavation Inspected 1-23-86 (DATE) Tank Inspected 1-23-86 (DATE)

Nitrification Field Inspected 1-23-86 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: ~~1986, 1500 ST, 1000 ST, Con, 1599 SFT, 12G, Cecil~~

1986, 1500 ST, Mod, 1599 SFt, 12G, Cecil,

~~1986, 1500 ST, 1000 DT, PT, Con, 1599 SFT, 12G, Cecil~~

Jim Ervin
Environmentalist

EHD-5-76

Environmental Health Department's Copy