SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 2737B

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: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 3/18/25

☐ Release final hold in Winchester: _____

Comments:

looks good. Go ahead and send to owner. Thanks Repair Complete

2737B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

15202

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: 13915420
STREET ADDRESS: 11526 Lemmond Acres Drive
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Lemmond Acres
LOT #: _____ LOT SIZE (acres): 0.86
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: 2,100
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

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 ____ ____ ____ ____

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?** 3/5/99 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Jonathan & Robin Hampton
ADDRESS: 11526 Lemmond Acres Drive
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: (704) 654-5785
FAX: _____
E-MAIL: JONHAMPTON51974@GMAIL.COM

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

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

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

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)**

JH (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.

JH (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.

Jonthan Hampton _____ 1/15/25

Property Owner's or Owner's Legal Representative Signature — 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:

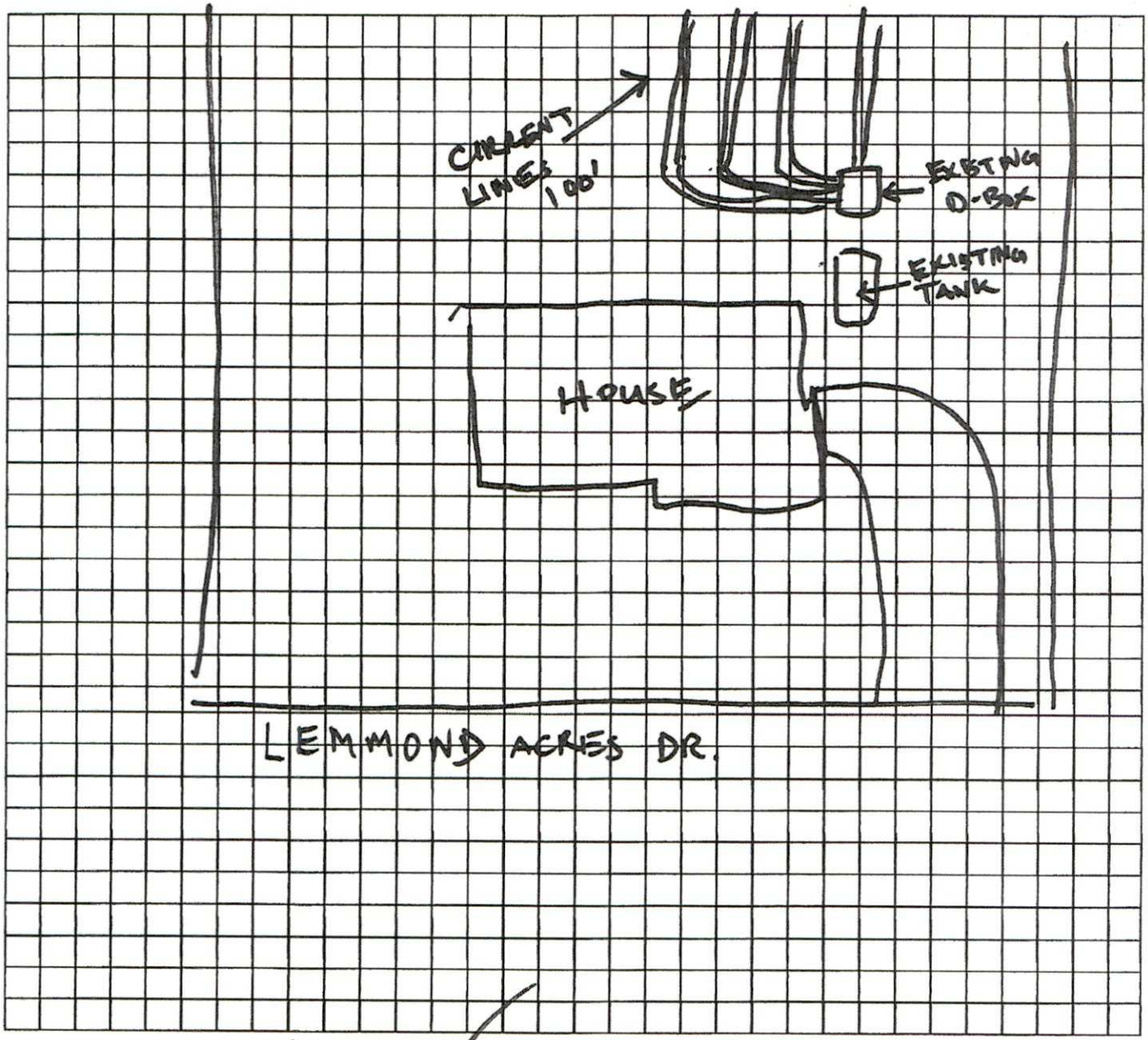
File #: _____

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: 11526 LEMMOND ACRES DR. Tax Parcel #: 139 15420

Subdivision Name: LEMMOND ACRES Lot #: _____



Jonathan Hampton

Property Owner's or Owner's Legal Representative Signature

1/15/25

Date

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

PROPERTY ID #: 139-154-20
COUNTY: Mecklenburg

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

(Complete all fields in full)

OWNER: Jonathan + Robin Hampton DATE EVALUATED: 1/29/25
ADDRESS: 11526 Lenmond Acres Dr
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: 0.86 ac
LOCATION OF SITE: Same PROPERTY RECORDED:
WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK: 10
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%	0-6	BLc/SiCL	SSSPFr/SE	/	40"	/	/	S 0.275	2" ↓ 36"
		6-24	BK C	SPFi/SE						
		24-40	BC/CL	SSSPFr/SE						
		40+	Sap							
2	L 3%	0-4	BLc/C	SSSPFr/SE	/ Litho colors in BC Horizon	42"	/	/	S 0.275	1" ↓ 4"
		4-20	BLc/SiCL	SPFi/SE						
		20-32	BLc/C	SPFi/SE						
		32-42	BLc/CL/BC	SSSPFr/SE						
		42+	Sap							
3	L 4%	0-8	BLc/SiCL	SSSPFr/SE	/	34"	/	/	S 0.275	2" ↓ 32"
		8-24	BLc/C	SPFi/SE						
		24-34	CL/BC	SSSPFr/SE						
		34+	Sap							
4	L 3%	0-4	BLc/SiCL	SSSPFr/SE	/	30"	/	/	S 0.275	1" ↓ 29"
		4-12	BLc/C	SPFi/SE						
		12-30	CL/BC	SSSPFr/SE						
		30+	Sap							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		S
System Type(s)		Accepted-Z5%
Site LTAR		0.275 reduced
Maximum Trench Depth		20"

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

Comments: Middle of drainfield very soft with normal rain. Some areas near front/middle of system have some saturation. Homeowner states area has standing water and does not fully dry in summer and issues have been ongoing since installation ~20 years ago.

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

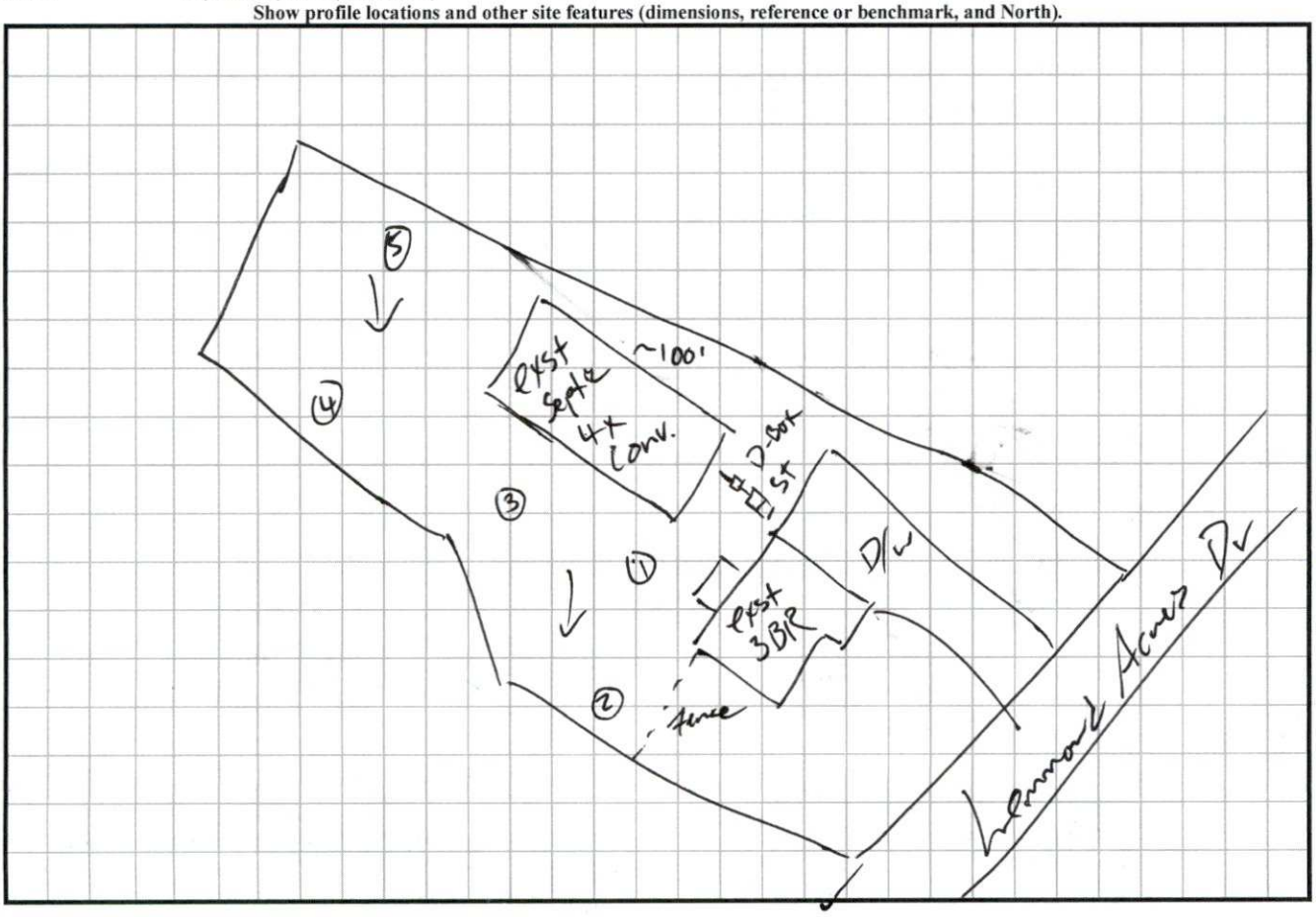
RESTRICTIVE HORIZON Thickness and depth from land surface

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 139-154-20
DATE OF EVALUATION: 1/29/25
COUNTY: Iredell

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*	.0502(d) SLOPE CORRECTION
5	R 2%	0-8	BK/SiCL	SS/SP/SE/Fr	✓	16+	✓	✓	Unsuitable —	✓
		8-12	BK/C	S/P/SE/Fi						
		12-16+	BK/C	VS/VP/VFi/exP						

system malfunction notes

1 4%

0-6 SiCl
6-24 C
24-40 CL/BC
40+ Sap

2 3%

0-4 C
4-20 SiCl
20-32 C
32-42 CL/BC litho colors
42+ Sap

3 4%

0-6 SiCl
6-24 C
24-34 CL/BC
34+ Sap

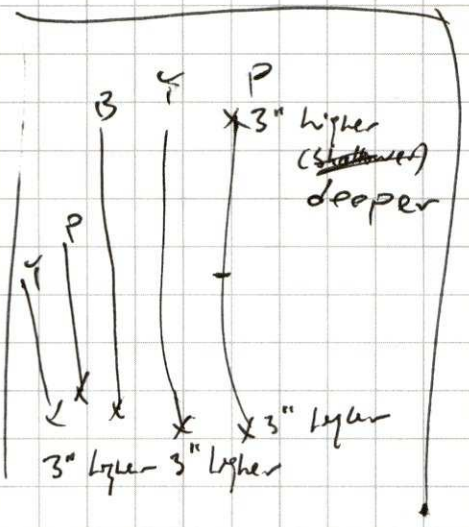
4 3%

0-4 SiCl
4-12 C
12-30 CL/BC
30+ Sap

5 2%

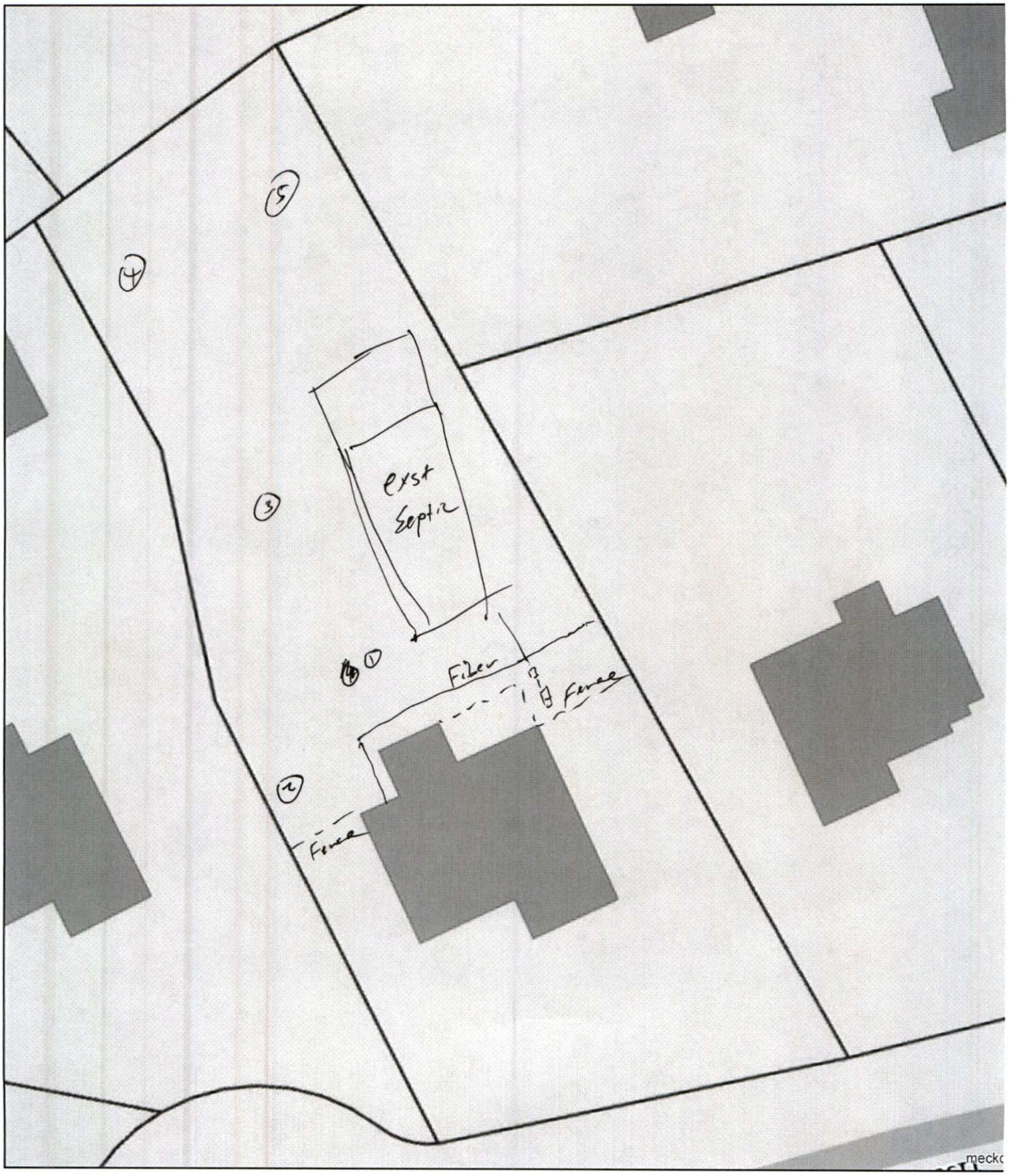
0-8 SiCl
~~[illegible]~~
8-12 C
12+ exp C with Sap

4x65



print-graph-paper.com

ARGU File



1" = 40'

Map Created By:
Date:

0 25 50 100 Feet

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 #: 2737B Permit #: 15202 Tax Parcel #: 139-154-20

Property Owner: Jonathan + Robin Hampton

Job Location Address: 11526 Leonard Acres Dr

City: Mount Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: 2/5/25 **Construction Authorization Issuance Date:** 2/5/25

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 2/5/26. 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: 0.275 GPD/ft²

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

Drainfield Design ☐ N/A

Trench Depth: 20" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 340 feet

# of Lines: 5 @ Varies feet

Depth of Media: 12 inches (Type) 25% reduction (accepted)

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See drawing attached

Conditions

- Check condition of ST and pump or replace as needed.
- Old ST must be pumped/crushed/filled if replacement is necessary.
- Disconnect ST from exst. drainfield and connect to repair.
- Gate valve may be installed between exst. and repair systems to allow exst. system to be reused in the future if repair system has issues.

* See notes on drawing regarding line depths *

Comments: System Classification & Type: IIb - 25% reduction (accepted)

Authorized Agent: Troy Kling Signature: Tq

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

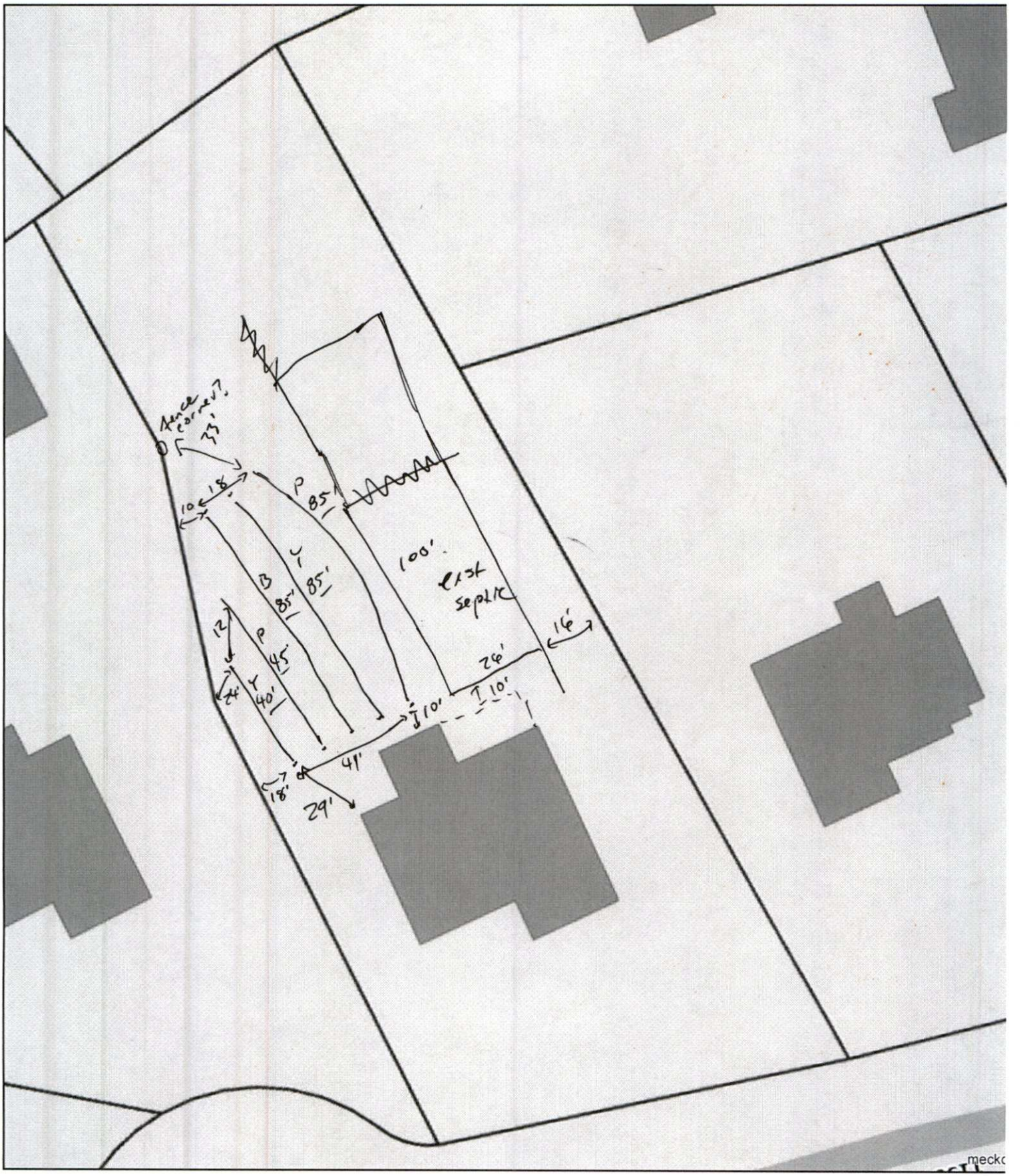
Permit #: 15202
PID #: 139-154-20
File #: 2737B

Authorized Agent: Troy Kling Date: 2/5/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

ARGU File



Map Created By:
Date:

0 25 50 100 Feet

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 # 2737B App# 15202 Tax Parcel# 139-154-20

Property Owner: Jonathan + Robin Hampton

Job Location Address: 11526 Lennard Acres Dr

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 Kilroy
Authorized Agent

2/18/25
Date

Others Present

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 #: 27373 Permit #: 15202 Tax Parcel #: 139-154-20

Property Owner: Jonathan + Robin Hampton

Job Location Address: 11526 Leonard Acres Dr

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 3/18/25 Contractor Name: Steve Autry

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

Liquid Capacity of Septic Tank: Exst. gallons Tank Manufacture Exst. Effluent Pump Model: /

Drainfield Installation ☐ N/A

Trench Depth: 20 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 340 feet

# of Lines: 5 @ Varies feet

Depth of Media: 12 inches (Type) 25% reduction (accepted)

Depth of Cover: 6+ inches

Distribution Device: Serial

Inspection Dates

Tank(s) Inspected: 3/12/25

Excavation Inspected: 3/12/25

Pump & Controls Inspected: /

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

* See permit drawing

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: >5 feet

Distance from Property Line: 710 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: II-b - 25% reduction

DENR Authorized Agent: Troy Kling Signature: TK

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 #: 2737B Permit #: 15202 Tax Parcel #: 139-154-20

Property Owner: Jonathan + Robin Hampton

Job Location Address: 11526 Leonard Acres Dr

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: 2/5/25 **Construction Authorization Issuance Date:** 2/5/25

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 2/5/26. 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: 0.275 GPD/ft²

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

Drainfield Design ☐ N/A

Trench Depth: 20" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 340 feet

# of Lines: 5 @ Varies feet

Depth of Media: 12 inches (Type) 25% reduction (accepted)

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

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: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See drawing attached

Conditions

- Check condition of ST and pump or replace as needed.
- Old ST must be pumped/crushed/filled if replacement is necessary.
- Disconnect ST from exst. drainfield and connect to repair.
- Gate valve may be installed between exst. and repair systems to allow exst. system to be reused in the future if repair system has issues.

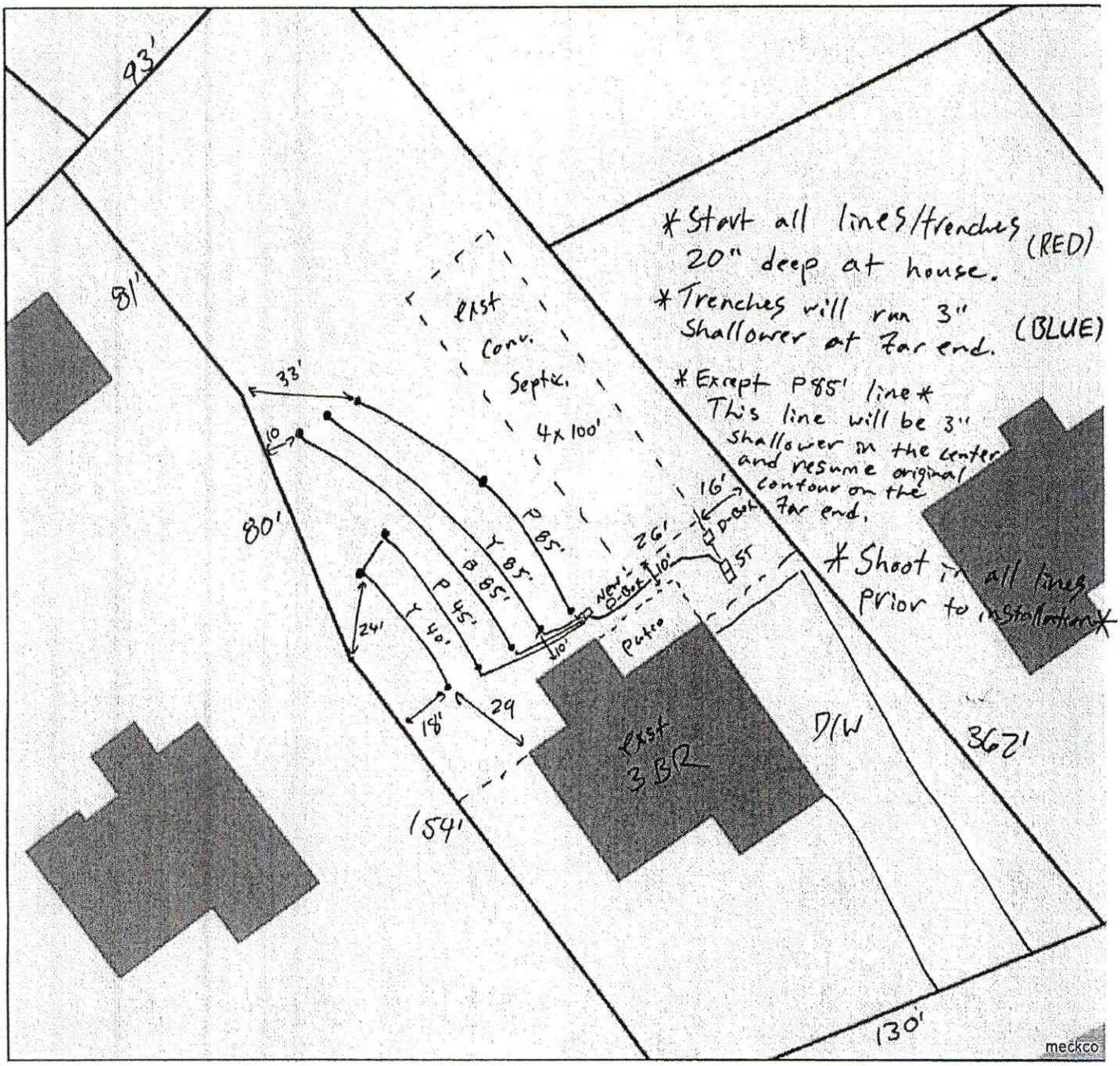
See notes on drawing regarding line depths

Comments: System Classification & Type: II b - 25% reduction (accepted)

Authorized Agent: Troy Kling Signature: T K

Owner Signature: Jonathan R Hampton Date: 3/24/25

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15202
PID #: 139-154-20
File #: 27373

Authorized Agent: Troy Kling Date: 2/5/25

Owner/ Legal Agent: [signature] Date: 3/24/25

1 inch = 40 fee