SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC A2

IP & CA

File Number: 12137B

Assigned Inspector: Patrick - Heather

☑ IP - ONLY $250 — SN 1/2/25

☐ IP & CA $180.00: _____ Initial/Date

☐ OP $200.00: _____ Initial/Date

☑ CA - $200 — SN 1/2/25

☐ 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: _____

☐ Release final hold in Winchester: _____

Comments:

12137 B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#15180

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: 01710105
STREET ADDRESS: Holbrook Street
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME: _____
LOT #: _____ **LOT SIZE (acres):** _____
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: 1,800
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 Horiz. PPBPS IIIe

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: Randolph + Kimberly Jordan
ADDRESS: 9427 Culcairn Road
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: (704) 579-9876
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: EAGLE ENGINEERING
ADDRESS: 2013 VAN BUREN AV. STE A
CITY: INDIAN TRAIL
STATE: NC ZIP: 28079
WORK PHONE: 704.882.9222
MOBILE PHONE: _____
FAX: _____
E-MAIL: BRIANNA.LOWDER@EAGLEONLINE.NET

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

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.

BL (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.

Brianna Lowder — 12/20/24

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:

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

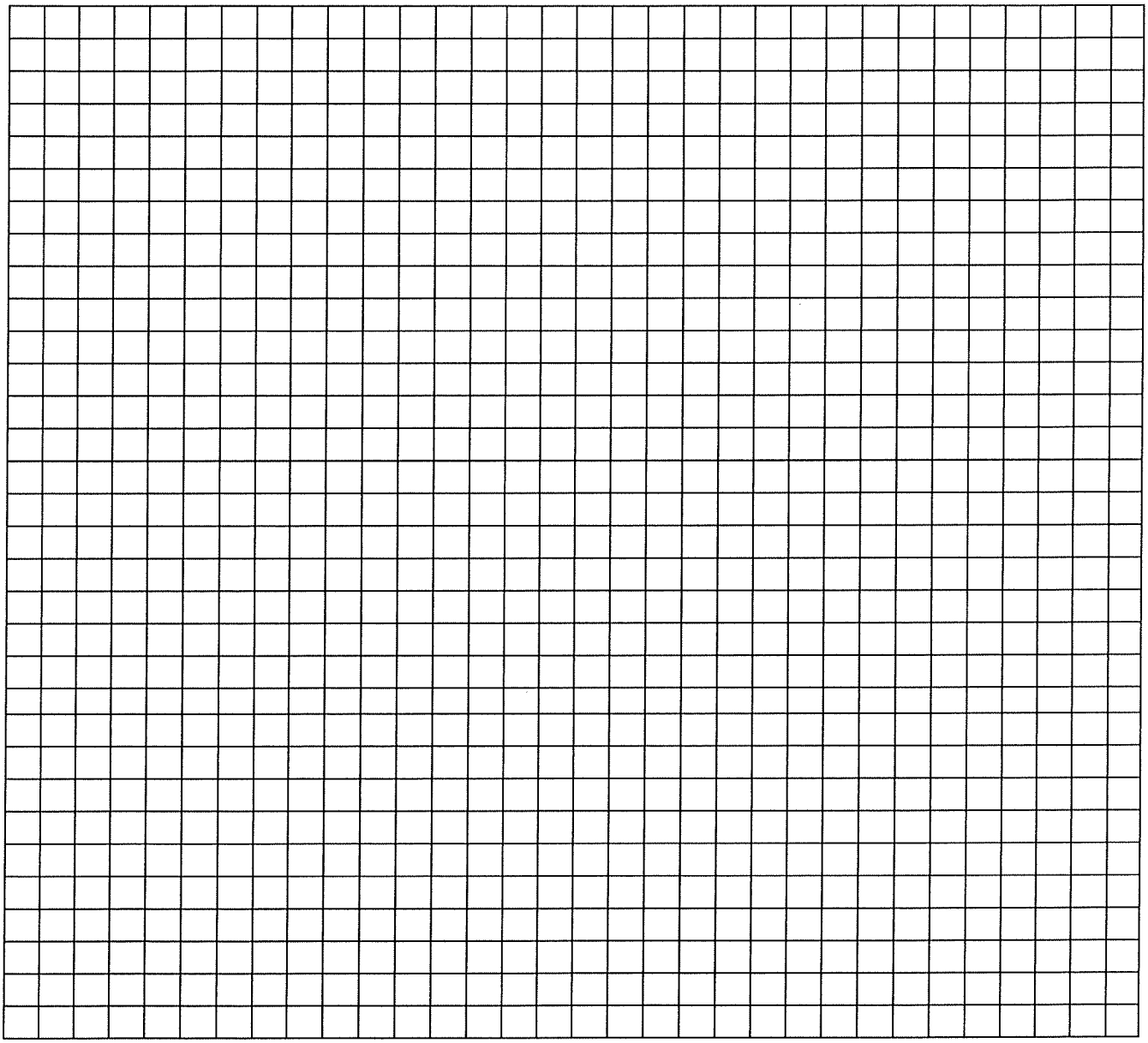
File #: _____

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: _____ Tax Parcel #: 01710105

Subdivision Name: _____ Lot #: _____



_____ _____

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Raynard Washington, PhD, MPH
Health Director

MECKLENBURG COUNTY
Health Department

(704) 336-4700

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 Eagle Engineering, Inc. is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

Parcel #0710105 .
Number Street Town
(Or Parcel Number)

Randy Jordan
Property Owner (print name)

Property Owner (signature)

12/20/24
Date

EAGLE ENGINEERING

Creating Communities. Together.

10700 HOLBROOK STREET

A2 Permit Form

10700 HOLBROOK STREET

HUNTERSVILLE, NORTH CAROLINA

EEI PROJECT NUMBER 8580

DECEMBER 20, 2024

SUBMITTED BY:
Travis H. Brown, LSS
EAGLE ENGINEERING, INC
2013A VAN BUREN AVENUE
INDIAN TRAIL, NORTH CAROLINA 28079

LICENSED SOIL SCIENTIST
TRAVIS BROWN
1353
STATE OF NORTH CAROLINA

Travis Brown

12/20/2024

TABLE OF CONTENTS

1.0 Parameters and Conditions..... 1

APPENDICES

Appendix A – GS130a-335a2-CommonForm
Appendix B – Site Plan
Appendix C – Soil Notes
Appendix D – Repair Exempt

1.0 Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom.
- No garbage disposal should be added to the wastewater system.
- Water softener should not be added to the wastewater system.
- Fats, oils and grease should not be flushed down any pipes leading to the wastewater system.
- There should be no traffic over the wastewater system.
- Eagle Engineering requires a preconstruction meeting prior to any installation.
- No clearing of the septic area during wet conditions
- All installation work shall be performed by a licensed Wastewater system installer.
- Do not install during wet conditions.

Appendix A - GS130a-335a2-CommonForm

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☐ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Randolph + Kimberly Jordan
Property Owner Mailing Address: 9427 Culcairn Road, Huntersville, NC 28078
Property Owner Phone Number: N/A
Property Owner Email Address: N/A

Applicant Name: Brianna Lowder
Applicant Mailing Address: 2013 Van Buren Avenue, Indian Trail, NC 28079
Applicant Phone Number: 704-882-4222
Applicant Email Address: brianna.lowder@eagleonline.net

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

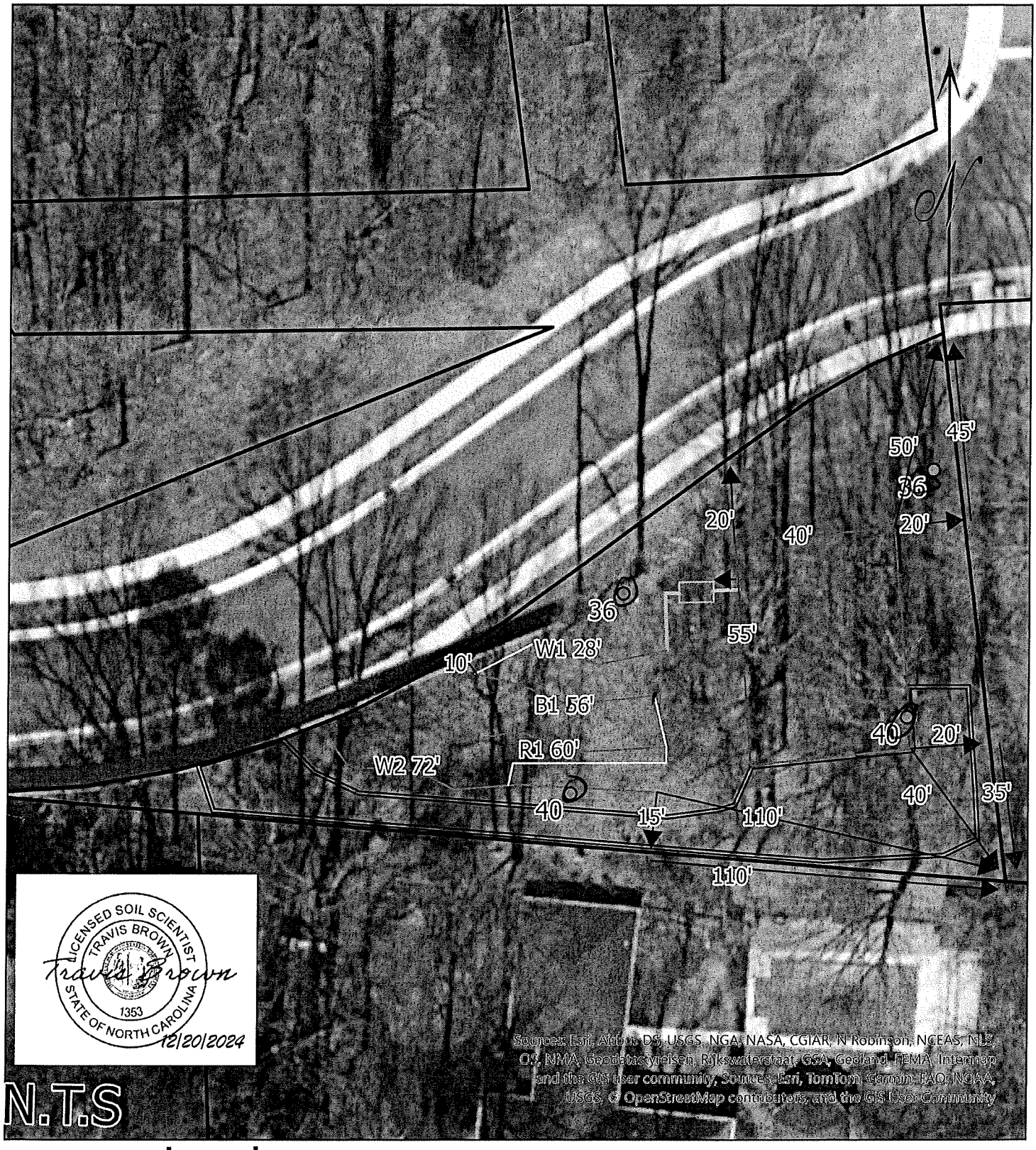
Requesting DHHS review: ☑ Yes ☐ No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: Brianna Lowder Date: 12/20/2024

Owner's Signature: Brianna Lowder Date: 12/20/2024

Appendix B - Site Plan



N.T.S

Legend

- SB
- Step down
- Driveway
- Drain Line - Initial
- Drain Line - Repair
- HouseSite
- Tank
- Supply_Line

Latest Orthoimagery

RGB

- Red: Band_1
- Green: Band_2
- Blue: Band_3
- nc_mecklenburg_parcel

0 15 30 60 US Feet

1:480

Project Name: 8580 - 10700 Holbrook Street
Owner / Developer: Lyfe Homes, Inc.
City / County: Huntersville/Mecklenburg County
Tax Parcel(s): 017105

EAGLE ENGINEERING

Creating Communities. Together.

Appendix C - Soil Notes

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

PROPERTY ID #: 0171 0105
COUNTY: Mecklenburg

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

(Complete all fields in full)

OWNER: Randolph + Kimberly Jordan DATE EVALUATED: 11/22/24
ADDRESS: Holbrook Street.
PROPOSED FACILITY: 2-3 PROPOSED DESIGN FLOW (.0400): SFD PROPERTY SIZE: 0.31
LOCATION OF SITE: Holbrook Street PROPERTY RECORDED: 1-4-1979
WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: N/A
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 12%	0-36	SBK/e	S/P/Fi/SeP		36"			S .3	0"
2	L 5%	0-40	SBK/e	S/P/Fi/SeP		40"			S .3	2"
3	L 12%	0-36	SBK/e	S/P/Fi/SeP		36"			S .3	0"
4	L 12%	0-40	SBK/e	S/P/Fi/SeP		40"			S .3	0"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	✓	X
System Type(s)	HPBBPS	X
Site LTAR	0.3	X
Maximum Trench Depth		X

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

Comments: Exempt

Permit/File #: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☒ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Mecklenburg
PIN/Lot Identifier: 01710105
Issued To: Lyfe Homes, Inc.
Property Location: TBD Holbrook Street, Huntersville, NC 28078
Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____
LSS Report Provided: Yes ☒ No ☐
If yes, name and license number of LSS: Travis Brown #1353
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: Single Family Dwelling
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): 0.3 Proposed LTAR (Repair): N/A
Proposed Wastewater System Type*: Horiz. PPBPS IIIe (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: Repair Exempt (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]: 36" Usable Depth to LC (Repair)[x]: N/A *[x] Limiting Condition*
Max. Trench Depth (Initial)[‡]: 24" Max. Trench Depth (Repair)[‡]: N/A *[‡] 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:
Do not cut or fill drainfield area. Erect a fence for the initial septic area to prevent any disturbance. If there is any disturbance of the septic area, the permit is subject to being revoked.

Licensed Soil Scientist Print Name: Travis Brown
Licensed Soil Scientist Signature: Travis Brown Date: 12/20/2024

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 121373

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: 12/20/2024

☑ Complete approved after 5 days

State Authorized Agent: _____ Date: 1-15-25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. 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.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 1-15-30

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: _____

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Licensed Soil Scientist *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 1213713

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 017/0105

Owner: Randolph & Kimberly Jordan Applicant: Eagle Engineering

Property Location: Holbrook st

Facility Type: Mobile home

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* Ille (Initial) Exempt (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: 200 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 3 inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)[x]: 36 [x]***Limiting condition***

Soil Cover: 8 inches Slope Corrected Maximum Trench/Bed Depth[‡]: 23 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): Na gallons

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

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

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☒ No

Declaration of Restrictive Covenants: ☐ Yes ☒ No Pre-Construction Conference Required: Yes ☒ No ☐

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements:

Conditions: Do not cut, fill, or alter in any way the drainfield area. Disturbance of drainfield area will result in permit being revoked

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

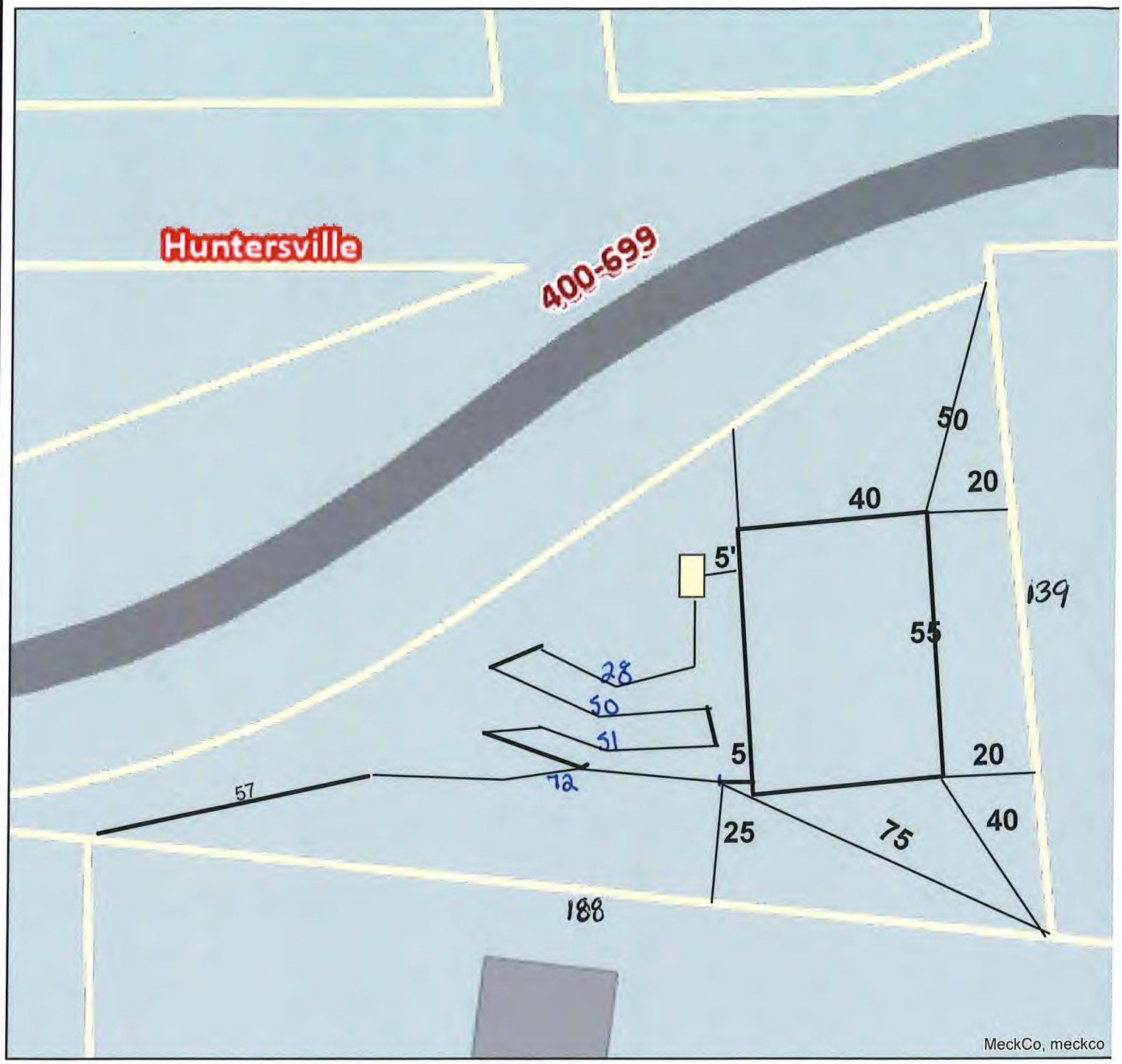
Authorized Agent's Printed Name: Heather Ray Expiration Date: 1-15-2030

Authorized Agent's Signature: Heather Ray Date: 1-15-2025

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form CA-24.1

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15180
PID #:01710105
File #:12137b

Authorized Agent: Heather Ray Date: 1-15-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

Appendix D - Deed

Prepared by MORGAN, BYERLY, POST, HERRING & KEZIAH, Attorneys at Law, 212 East Green Drive, High Point, North Carolina 27260

Grantee's Address:

This Deed Made this 4th day of January, 19 79, by and between

DORIS L. HOLBROOK (Widow)

of Guilford County and State of North Carolina, hereinafter called Grantor, and LONNIE HAGER and IRVIN R. HAGER

of Mecklenburg County and State of North Carolina, hereinafter called Grantee.

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten Dollars and other good and valuable considerations to him in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does give, grant, bargain, sell, convey and confirm unto the Grantee, his heirs and/or successors and assigns, premises in Huntersville Township, Mecklenburg County, North Carolina, described as follows:

Being Lots 79 and 81 of the J. Mc Holbrook estate, a plat of which is duly recorded in the Office of the Register of Deeds for Mecklenburg County, North Carolina, in Plat Book 4 at Page 307.

153 4164 0841

PRESENTED FOR REGISTRATION
'79 MAR 7 PM 2 45
CHRISTINE BEASLEY
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

DEED BOOK PAGE

The above land was conveyed to Grantor by ..... See Book No. ....., Page .....

TO HAVE AND TO HOLD The above described premises, with all the appurtenances thereunto belonging, or in any wise appertaining, unto the Grantee, his heirs, and/or successors and assigns forever.

And the Grantor covenants that he is seized of said premises in fee, and has the right to convey the same in fee simple; that said premises are free from encumbrances (with the exceptions above stated, if any); and that he will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

When reference is made to the Grantor or Grantee, the singular shall include the plural and the masculine shall include the feminine or the neuter.

IN WITNESS WHEREOF, The Grantor has hereunto set his hand and seal, the day and year first above written.

(SEAL)	Doris L. Holbrook (SEAL)
(SEAL)	(SEAL)
(SEAL)	(SEAL)
(SEAL)	(SEAL)

STATE OF NORTH CAROLINA—~~GUILFORD~~ Randolph COUNTY

I, Yula S. Dobbins, a Notary Public of said County, do hereby certify that DORIS L. HOLBROOK (Widow)

Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the 15th day of January, 19 79.

My Commission Expires: April 5, 1981. Yula S. Dobbins Notary Public

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, ..., a Notary Public of said County, do hereby certify that .....

Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the ..... day of ....., 19 .....

My Commission Expires: ..... Notary Public

STATE OF NORTH CAROLINA—GUILFORD COUNTY

The foregoing certificate of .....

a Notary Public (Notaries Public) of Guilford County, N. C., is (are) certified to be correct. This .....

Mark Stewart, Register of Deeds, Guilford County, N. C.

By ..... Deputy Register of Deeds

Mail to: Irving Hager; c/o Lee Kinney Realty
417 South Cecil Street; Charlotte, N. C. 28204

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/02/25	**Amount:**	250.00
Receipt #:	152202	**Tendered:**	250.00
Check / Auth #:	VISA 08216G	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #:	200000
Contractor:	BRIANNA LOWDER
Attn:	
Address:	
Address:	
City/State/Zip:	,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen HOLBROOK ST	1	250.00	250.00
Permit#				

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	507.50		580.00	2,737.50	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/02/25	**Amount:**	200.00
Receipt #:	152203	**Tendered:**	200.00
Check / Auth #:	VISA 08216G	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: BRIANNA LOWDER
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat HOLBROOK ST	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	507.50		580.00	2,737.50	