# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☒ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) 4/20/21 LE Initial/Date

CA ($200.00) 7/14/23 LP Initial/Date

OP ($200.00) 7/14/23 LP Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Generate CA / Approve & Noted

Floor plans need to be submitted and reviewed before CA can be issued ☒

CONSTRUCTION AUTHORIZATION REVIEWED DATE 7/14/23.

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

Septic file complete ☒ 10/20/20 (Release Hold) → Winchester 10/20/26 LP

Well complete ☐ _____

Send permit for signature ☒ Sent 5/11/23 SM

Signature received ☑ 7/14/23

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

Certified operator contract is on file ☐ _____

# Groundwater & Wastewater Services: Septic Project File & D



| | |
|---|---|
| GWS File #: | 10976B |
| WASPS App #: | 12130 |
| Primary ES assigned to project: | Jacob Presley |
| Secondary ES assigned to project: | |
| Project Type: | New System |
| Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded? | Yes |
| Site Evaluation Information: .1940(a-g) - Slope % Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Texture Class Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Structure Type Recorded? | Yes |
| Site Evaluation Information: .1939 (a)(2) - Consistence Recorded? | Yes |
| Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded? | Yes |
| Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded? | Yes |
| Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered? | Yes |
| Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered? | Yes |
| Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded? | Yes |
| Site Evaluation Information: .1937(m) - Are the Profile Locations Shown? | Yes |
| Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area? | Yes |
| Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR | Yes |
| Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial | Yes |
| Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial | Yes |
| Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial | Yes |
| Information Permit/Construction Authorization: .1945(b) - Repair area shown | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions? | Yes |
| Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated? | Yes |
| Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct? | Yes |
| Improvement Permit/Construction Authorization: .1937(g) - Trench width correct? | Yes |
| Improvement Permit/Construction Authorization: .19379(g) - Trench length correct? | Yes |

| | |
|---|---|
| Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown? | N/A |
| Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown? | Yes |
| Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points? | Yes |
| Corrections/modifications needed? | No |
| Comments: | |
| IA issued date: | |
| OP Issued date: | |
| Review performed by: | Michelone |
| Date performed: | 5/10/2023 |

Created at 5/10/2023 10:31 AM by Michelone, Jeremy
Last modified at 5/10/2023 10:31 AM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10976B
#12130

20 APR '21 PM 3:06

**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: 037-052-26
STREET ADDRESS: 5604 Mingus Rd
CITY: Charlotte, NC
STATE: NC ZIP: 28216
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 8.04 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: 3500-4500
NUMBER OF BEDROOMS: 4-5
NUMBER OF OCCUPANTS: 2 or more
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: 4-5 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 2

6. **WATER SUPPLY:** ⊗ MUNICIPAL (City Water) ⊗ 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 Undecided

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?** 6/15/2021 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Mr. James Nathaniel & Erica Jones
ADDRESS: 430 State Street
CITY: Charlotte, NC
STATE: NC ZIP: 28208
WORK PHONE: (704)-361-0139 (cell)
MOBILE PHONE: (276)-806-2052 (cell)
FAX: (704)-331-0930 fax
E-MAIL: jgfinc@bellsouth.net

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:**

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.

N.J.J. / E.J. (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.

Nathaniel Jones Jr. & Erica Barksdale Jones

Erica Jones

Property Owner's or Owner's Legal Representative Signature

4/19/2021

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:

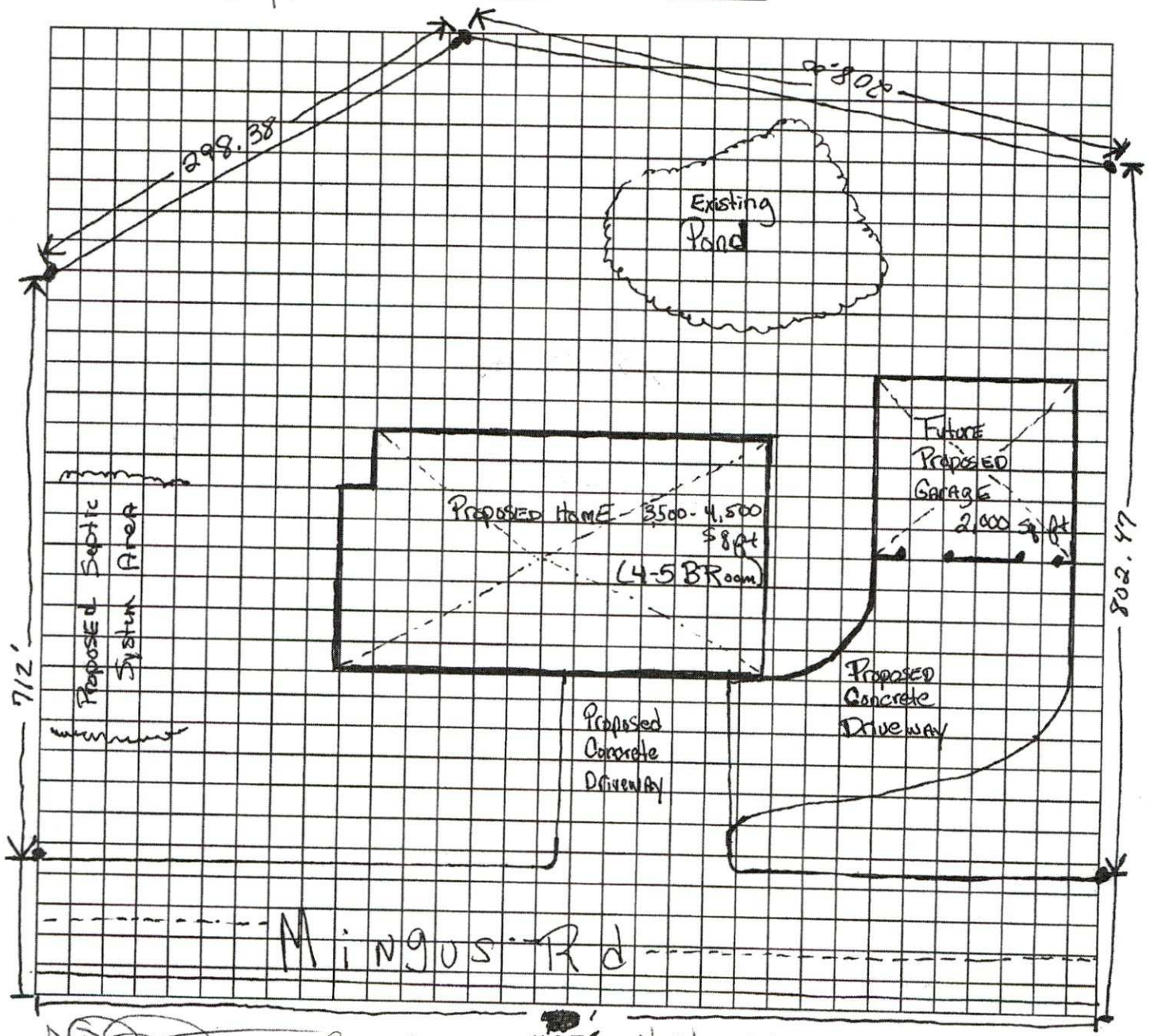
File #: _____

## 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: 5604 Mingus Rd Charlotte, NC 28216 Tax Parcel #: 037-052-26

Subdivision Name: N/A Lot #: _____




Property Owner's or Owner's Legal Representative Signature

4/19/2021
Date

Nathaniel Jones Jr Erica B. Jones

*Please See Attached Survey

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

**Date:** 04/20/21
**Receipt #:** 128362
**Check / Auth #:** VISA 144508
**Received By:** ELLISLW

**Amount:** 250.00
**Tendered:** 250.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** JONES, NATHANIEL JR
**Attn:**
**Address:** 430 STATE STREET
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28208

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>5604 MINGUS ROAD | | 1 | 250.00 | 250.00 |

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

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 037-052-26
Lot #: NA
File #: 10976B
AppID: 12130

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

Property Owner: Nathaniel & Erica Jones
Applicant: Owner
Address: 430 State St, Charlotte, NC 28208
Date Evaluated: 5/9/2023
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Property Size: 8.04 ac
Location of Site: 5604 Mingus Rd, Charlottee NC 28216
Property Recorded: Unknown
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [ X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | General Comments | Profile Class & LTAR | Maximum Trench Bottom Depth for 3' Wide Conventional Trench |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Boring #1 | LS 3% | 0 - 6 | gr/sbk SCL | SS SP FR SEXP | >37" | 37 | NA | NA | | PS IV 0.25 | 24" |
| | | 6 - 37 | sbk/abk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |
| Boring #2 | LS 3% | 0 - 6 | gr SCL | SS SP FR SEXP | >44" | 44 | NA | NA | | PS IV 0.275 | 31" |
| | | 6 - 14 | sbk SCL | SS SP FR SEXP | | | | | | | |
| | | 14 - 44 | sbk C | S P FI SEXP | | | | | | | |
| Boring #3 | LS 3% | 0 - 5 | gr SCL | SS SP FR SEXP | >37" | 37 | NA | NA | | PS IV 0.25 | 24" |
| | | 5 -10 | sbk SCL | SS SP FR SEXP | | | | | | | |
| | | 10 - 37 | sbk/abk C | S P FI SEXP | | | | | | | |
| Boring #4 | LS 5% | 0 - 14 | sbk SCL | SS SP FR SEXP | >42" | 42 | NA | NA | | PS IV 0.25 | 28" |
| | | 14 - 42 | sbk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |
| Boring #5 | LS 3% | 0 - 6 | gr/sbk CL | SS SP FR SEXP | >43" | 43 | NA | NA | | PS IV 0.275 | 30" |
| | | 6 - 43 | sbk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |
| Boring #6 | LS 5% | 0 - 9 | sbk SCL | SS SP FR SEXP | >42" | 42 | NA | NA | | PS IV 0.275 | 28" |
| | | 9 - 42 | sbk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |
| Boring #7 | LS 3% | 0 - 8 | gr SL | SS SP FR SEXP | >43" | 43 | NA | NA | | PS IV 0.25 | 30" |
| | | 8 - 17 | sbk CL | SS SP FR SEXP | | | | | | | |
| | | 17 - 43 | sbk C | S P FI SEXP | | | | | | | |
| | | | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IIIg | IIIg |
| Site LTAR (gpd/sq ft) | **0.25** | **0.25** |

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

**COMMENTS:**

**Landscape Position**
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

| Group | Texture | .1955 LTAR |
|---|---|---|
| I | S-Sand<br>LS-Loamy Sand | 1.2 - 0.8 |
| II | SL-Sandy Loam<br>L-Loam | 0.8 - 0.6 |
| III | Si-Silt<br>SiCL-Silty Clay Loam<br>CL-Clay Loam<br>SCL-Sandy Clay Loam<br>SiL-Silt Loam | 0.6 - 0.3 |
| IV | SC-Sandy Clay<br>SiC-Silty Clay<br>C-Clay | 0.4 - 0.1 |

**Structure**
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

**Structure Prefixes**
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

**Consistence**
**Moist**
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

**Consistence**
**Wet**
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

**Mineralogy**
SEXP-Slightly Expansive
EXP-Expansive

**Classification**
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

**Sketch of Soil Evaluation Locations**



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 #: 30012130 GWS File #: 10976B Tax Parcel #: 037-052-26

- 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):** 5/10/2028

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 3500 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Concrete Slab Water Supply: Municipal

**II. Initial System Type:** Accepted **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR (gpd/$ft^2$): | 0.25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1800 | Total Trench Length (ft): | 600 |
| Maximum Trench Depth (in): | 24 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Accepted **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR (gpd/$ft^2$): | 0.25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1800 | Total Trench Length (ft): | 600 |
| Maximum Trench Depth (in): | 24 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**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: Jacob Presley

Signature: JPS

Date Issued: 5/10/2023

Owner/Legal Agent: Nathaniel Jones Jr
Print Name

Signature: NJ

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 #: 30012130 GWS File #: 10976B

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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: Jacob Presley

Signature:

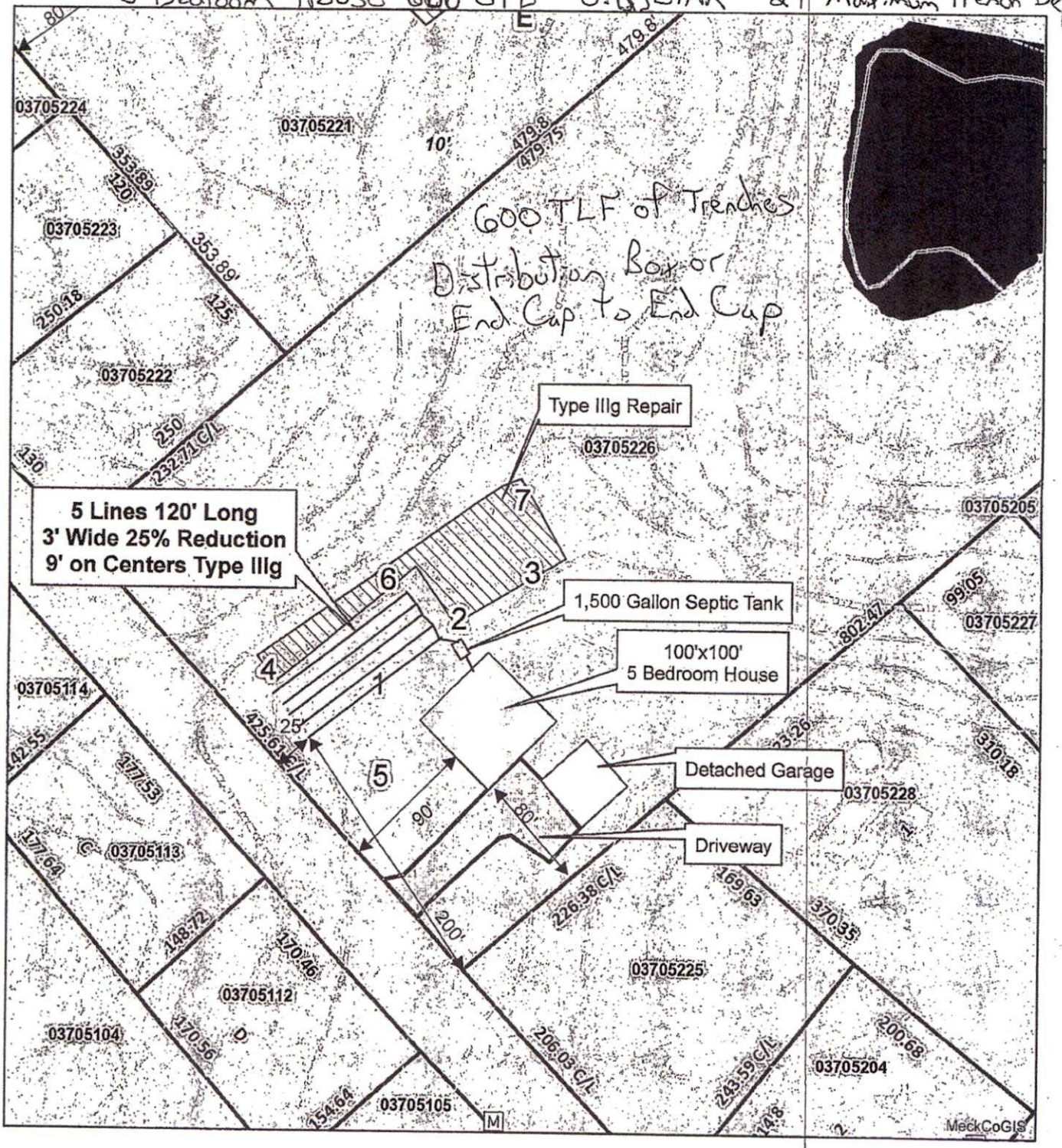
Date Issued: 5/10/2023

Owner/Legal Agent: Nathaniel Jones JR
Print Name

Signature:

# On-site Wastewater Improvement Permit Diagram

5 Bedroom House 600 GPD 0.25LTAR 24" Maximum Trench Depth




5604 Mingus Rd
PID: 037-052-28
File #10976B
App ID: 12130

Authorized Agent: Jacob Presley

Date: 5-10-2023

Owner/Legal Agent:

Date: 05-13-2023

1 inch = 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 for a RESIDENTIAL**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

Permit #: **30012130** GWS File #: **10976B** Tax Parcel #: **037-052-26**

- 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):** 5/10/2028

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 3500 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Concrete Slab Water Supply: Municipal

**II. Initial System Type:** Accepted **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1800 | Total Trench Length (ft): | 600 |
| Maximum Trench Depth (in): | 24 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** Accepted **System Classification:** IIIg

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 600 | LTAR ($gpd/ft^2$): | 0.25 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1800 | Total Trench Length (ft): | 600 |
| Maximum Trench Depth (in): | 24 | Depth of Media (in): | 12 | Distribution Device: | Distribution Box | | |

**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: Jacob Presley Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 5/10/2023

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 #: **30012130** GWS File #: **10976B**

**IV. Permit Conditions/Comments:**

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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: Jacob Presley

Signature: _____

Date Issued: 5/10/2023

Owner/Legal Agent: _____
Print Name

Signature: _____

# On-site Wastewater Improvement Permit Diagram

5 Bedroom House 600 GPD 0.35 LTAR 24" Maximum Trench Depth




5604 Mingus Rd
PID: 037-052-28
File #10976B
App ID: 12130

Authorized Agent: Jacob Presley

Date: 5-10-2023

Owner/Legal Agent: _____

Date: _____

1 inch = 100 feet

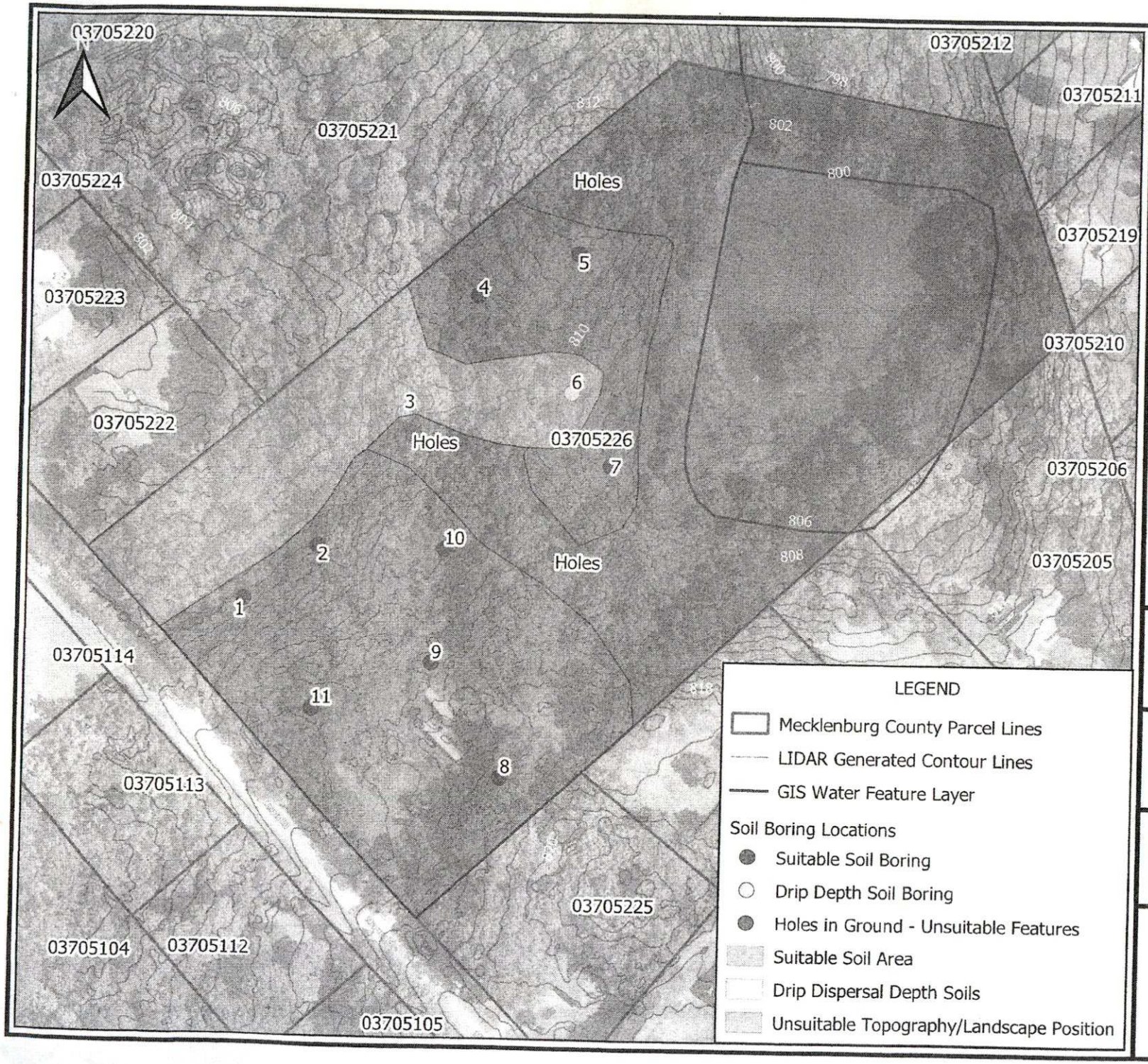



**FIGURE 1**

Prepared For:

Bridwell Homes

Soil and Site Evaluation

5604 Mingus Road
Charlotte, NC 28216

Mecklenburg County

Scale:
0 60 120 ft

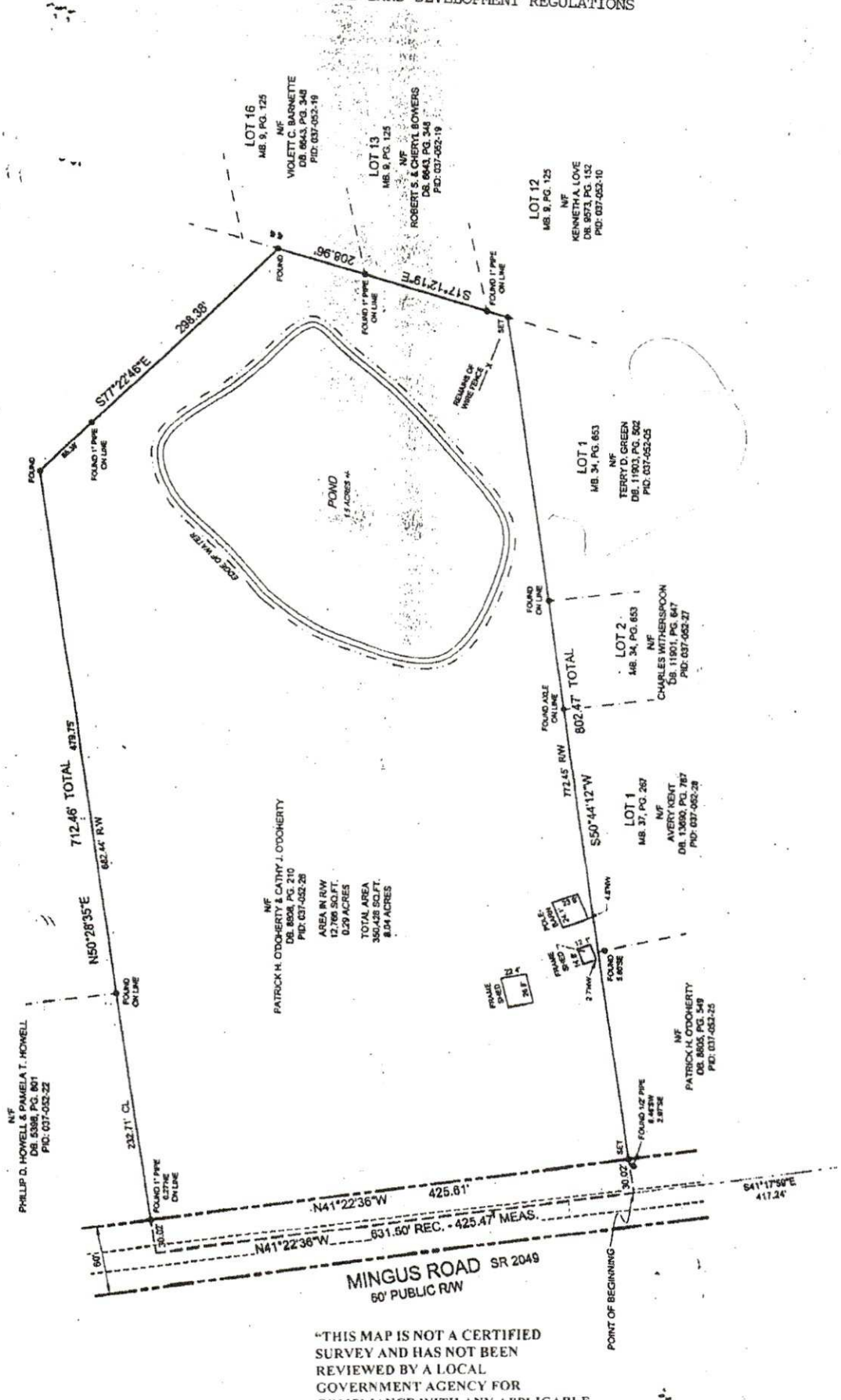
TEC Job No.
20-167

Date:
November 2020

Thompson Environmental Consulting
WATER • WASTEWATER • WETLANDS

Part and portion of Warranty Deed O'Doherty to Bethesda Romanian Church of God

THIS MAP IS NOT A CERTIFIED SURVEYA ND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS




"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS"

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/14/23 | **Amount:** | 200.00 |
| **Receipt #:** | 143508 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

**Account #:** X31194
**Contractor:** JONES GRADING & BUILDING INC
**Attn:**
**Address:** 1726 TOAL STREET
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28206

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Septic Operational Permit<br>5604 MINGUS RD | | 1 | 200.00 | 200.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | | -8,232.74 | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/14/23 | **Amount:** | 200.00 |
| **Receipt #:** | 143507 | **Tendered:** | 200.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

**Account #:** X31194
**Contractor:** JONES GRADING & BUILDING INC
**Attn:**
**Address:** 1726 TOAL STREET
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28206

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Septic Construction Authorizat<br>5604 MINGUS RD | | 1 | 200.00 | 200.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | | -8,432.74 | |

FEE: 200.00

DATE: 7/17/2023

# CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 10976B

**PERMIT NUMBER:** 30012130

**PARCEL NUMBER:** 03705226

**JOB LOCATION INFORMATION**

**ADDRESS:** 5604 MINGUS RD

**CITY:** CHARLOTTE **STATE: NC** **ZIP:** 28216

**ISSUED TO:** NATHANIEL AND ERICA JONES

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 7/17/2023

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30012130, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

**Authorized Agent 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

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

File #: 10976B Permit #: 30012130 Tax Parcel #: 03705228

Property Owner: Nate and Erica Jones

Job Location Address: 5604 Mingus Rd

City: Charlotte State: NC Zip Code: 28216

**Operation Permit Issuance Date:** 10-06-26 Contractor Name: Septic Pro Bradley Guffie

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture Shoaf STB 964 Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 600 feet

# of Lines: 5 @ 120 feet

Depth of Media: 12 inches (Type) CHM 36

Depth of Cover: 12 inches

Distribution Device: End Cap to End Cap

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: 90 feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 10+ feet

Inspection Dates

Tank(s) Inspected: 10-06-26

Excavation Inspected: 10-06-26

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Attached site plan

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: IIb/CHM36/g/Na/NA

DENR Authorized Agent: Heather Woods Signature: Heather Woods

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 #: 10976B Permit #: 30012130 Tax Parcel #: 03705228

Property Owner: Nate and Erica Jones

Job Location Address: 5604 Mingus Rd

City: Charlotte State: NC Zip Code: 28216

## OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIB

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

Subsurface system operator required: Yes ☐ No ☑

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

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

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

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

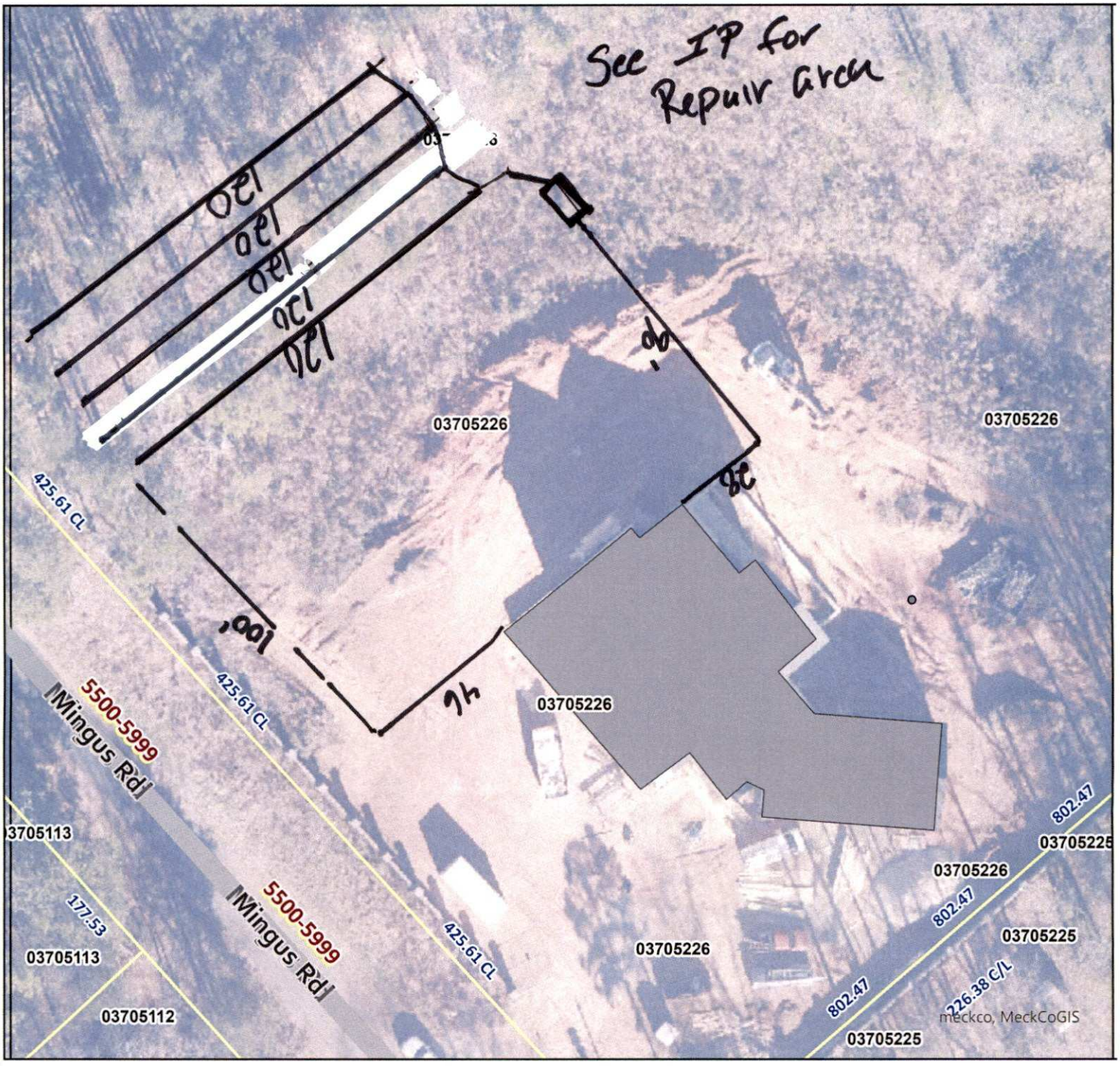
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

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

V. Other:

DENR Authorized Agent: Heather Woods Date: 10-6-26

Signature: Heather Woods




Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30012130
PID #: 037-052-28
File #: 10976B

Authorized Agent: Nick Woods Date: 10-6-24

1:480