SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12042B

Assigned Inspector: Patrick Mitchell / Troy K

R-SF-002063

☑ IP $250.00: UP 9/9/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: JN 9/9/25 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: MD 11/18/24 ☒ Signature received: MD 11/19/24

Send CA for signatures. AB 9/29/25 ✓ 10/2/25 UP

☐ Floor plans reviewed

~~☐ Generate CA~~ ☑ Approve as Noted in ~~Winchester~~ Accela UP

☒ 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: 2/24/26

☒ Release final hold in Winchester/Accela: MM 2/24/26

Comments:

I.P. Only

System installed

12042B/14943

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 13913446
STREET ADDRESS: 10824 Cable Road
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: 54 LOT SIZE (acres): 1.41.22
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: _____
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

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: Coulston Enterprise INC
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Earl Coulston
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

See updated Application

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/09/24
Receipt #: 150771
Check / Auth #: CHECK 2594
Received By: PLACILJ

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: COULSTON ENTERPRISES, INC
Attn: EARL COULSTON
Address: #54
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10824 COBLE RD	1	250.00	250.00

Permit#

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/04/25	**Amount:**	200.00
Receipt #:	156881	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: X25400
Contractor: EASTWOOD CONSTRUCTION
Attn:
Address: 2857 WESTPORT RD
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 10824 COBLE	1	200.00	200.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
4,101.57	3,561.01	608.13			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/04/25	**Amount:**	200.00
Receipt #:	156882	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: X25400
Contractor: EASTWOOD CONSTRUCTION
Attn:
Address: 2857 WESTPORT RD
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 10824 COBLE	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
4,301.57	3,561.01	608.13			

12042B/14943

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ● NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 13913446
STREET ADDRESS: 10824 Cable Road
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 54 LOT SIZE (acres): 1.429
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: _____
NUMBER OF BEDROOMS: 3 4 2
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
● CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ● POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

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: Carlton Enterprise Inc
ADDRESS: 9332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE:
MOBILE PHONE: 704-507-2175
FAX:
E-MAIL: Earl@Carltondev.com

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

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

NAME: Earl Carlton
ADDRESS: 9332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE:
MOBILE PHONE: 704-507-2175
FAX:
E-MAIL: Earl@Carltondev.com

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.

_____ (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.

Earl Coulter
Property Owner's or Owner's Legal Representative Signature

8-27-24
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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: _____

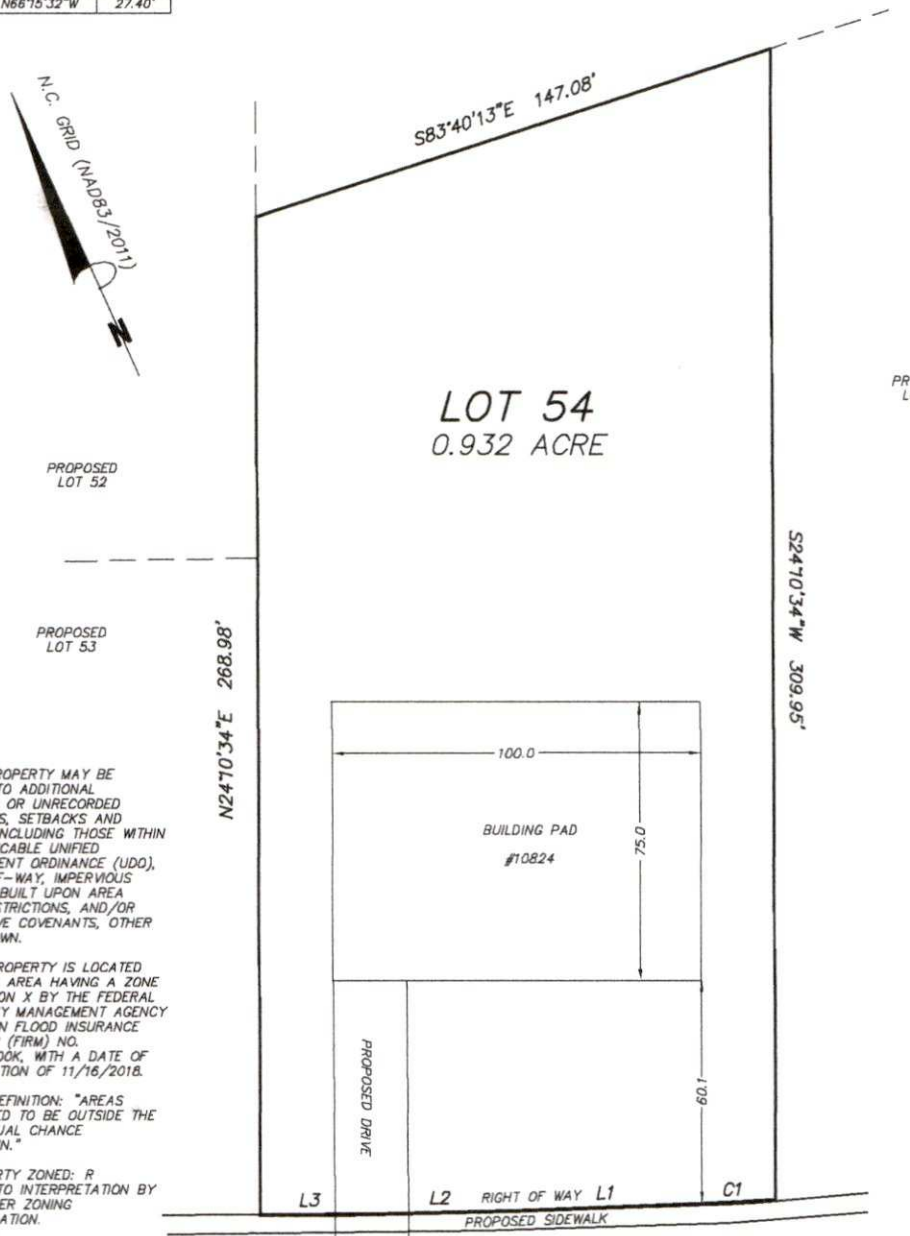
COMMENTS:

PREPARED FOR SITE PLAN PURPOSES ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVYE OF PROPERTY SHOWN.

DATE OF EXHIBIT AUGUST, 12th 2024

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	963.00'	23.54'	N68°44'55"W	23.54'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N68°02'54"W	45.48'
L2	N67°02'30"W	43.66'
L3	N66°15'32"W	27.40'



NOTES:

1. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS AND BUFFERS INCLUDING THOSE WITHIN THE APPLICABLE UNIFIED DEVELOPMENT ORDINANCE (UDO), RIGHTS-OF-WAY, IMPERVIOUS AREAS & BUILT UPON AREA (BUA) RESTRICTIONS, AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

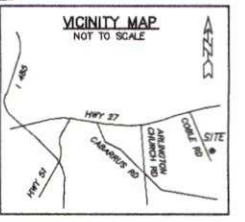
2. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710552400K, WITH A DATE OF IDENTIFICATION OF 11/16/2018.

ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

3. PROPERTY ZONED: R SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

4. UNDERGROUND UTILITIES ARE NOT SHOWN. ALL UNDERGROUND UTILITIES ARE TO BE ACCURATELY MARKED BY OTHERS PRIOR TO CONSTRUCTION OR EXCAVATION.

5. FOR SITE PLAN PURPOSES ONLY. CORNERS NOT VERIFIED. LINES PER PLAN.



SITE PLAN
OF
LOT 54 OF CHASEWOOD
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=40'

SURVEYED FOR COULSTON ENTERPRISES, INC

MAP BOOK_____ PAGE_____DEED BOOK_____PAGE_____

DRAWN BY MM FIELD WORK_____FIELD BOOK #_____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886

CARLSON\2024\CS\Coble Rd ~ Chasewood 2024\C\Coble Rd ~ Chasewood
PROJECT: 24-0148

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

Property ID: 13913446
Lot #: 54
File #: 12042B
AppID: 14943

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Coulston Enterprises, Inc.
Applicant: Earl Coulston
Address: 10824 Coble Rd.
Date Evaluated: 9/24/2024
Proposed Facility: 5 BR SFR
Design Flow (.0400): 600 GPD
Property Size: 0.93 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth (Low Side of trench)
1	L ~5%	0 - 25	Mo, Sbk, C	Fr, SS, SP, SEXP	R	N/A	>53"	N/A	N/A	F: Sap. inclus. @ 25-36" C-M: Sap. inclus. & F: small WR frags. @ 36"+	S 0.30	34" (3' w) 35" (2' w)
		25 - 36	Mo, Sbk, CL	Fr, SS, SP	R							
		36 - 53	Wk, Sbk, CL	Fr, SS, SP	R							
2	L / Edge slight H ~4%	0 - 8	Wk, Sbk, CL	Fr, SS, SP	RB	F: Bl Mn concen. @ 12-25"	>56"	N/A	N/A	F: Sap. inclus. @ 36"+	S 0.275	34" (3' w) 35" (2' w)
		8 - 36	Mo, Sbk, C	Fr, SS, SP, SEXP	R							
		36 - 56	Wk, Sbk, CL	Fr, SS, SP	R							
3	Slight H ~5%	0 - 15	Wk, Sbk, CL	Fr, SS, SP	B	F-C: Bl Mn concen. @ 15-46" M: Bl Mn concen. @ 46"+	>64"	N/A	N/A	F: Sap. inclus. @ 46"+	S 0.25	34" (3' w) 35" (2' w)
		15 - 46	Mo-Wk, Sbk, C	Fr, SS, SP, SEXP	R							
		46 - 64	Wk, Sbk, CL	Fr, SS, SP	R							

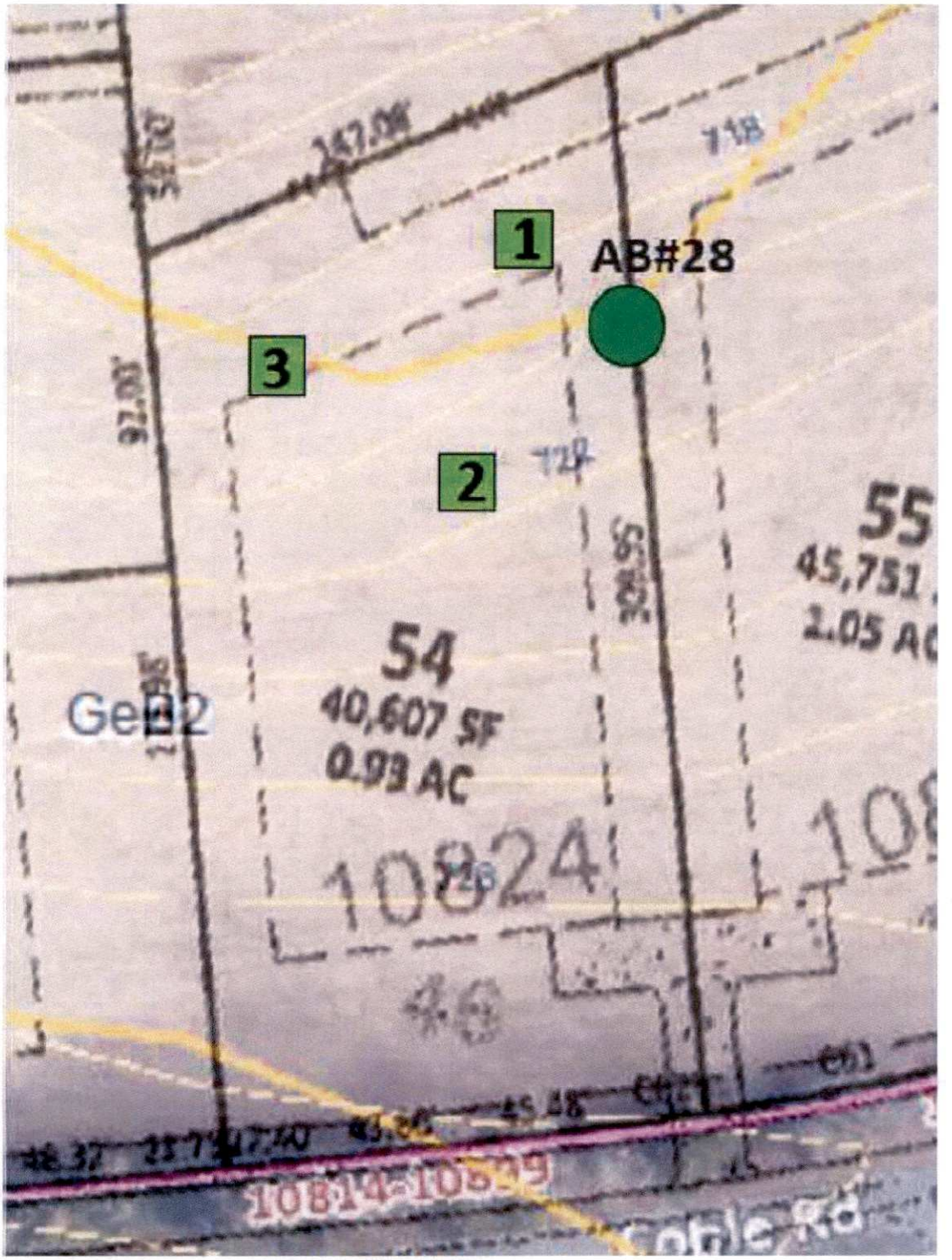
Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	IIFe	IIIe
Site LTAR	0.25	0.25
Maximum Trench Depth	(2' w) 35", (3' w) 34"	(2' w) 35", (3' w) 34"

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

COMMENTS:

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



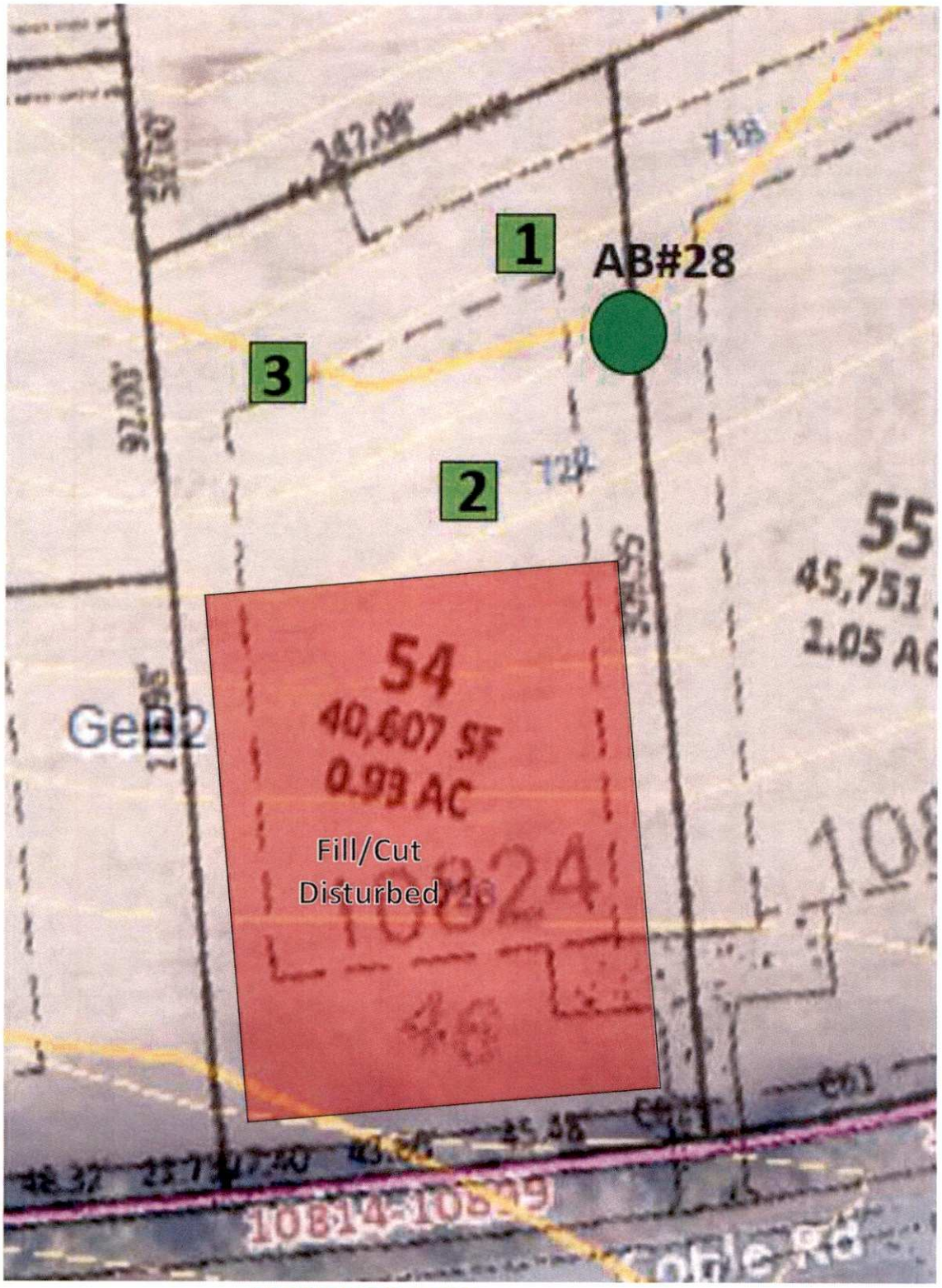
Map Created by: P. Mitchell
Date: 9/24/2024

PROPERTY INFO
Address: Lot 54 Chasewood S/D
PID No.: 13913446

Mecklenburg County
Groundwater & Wastewater Services

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



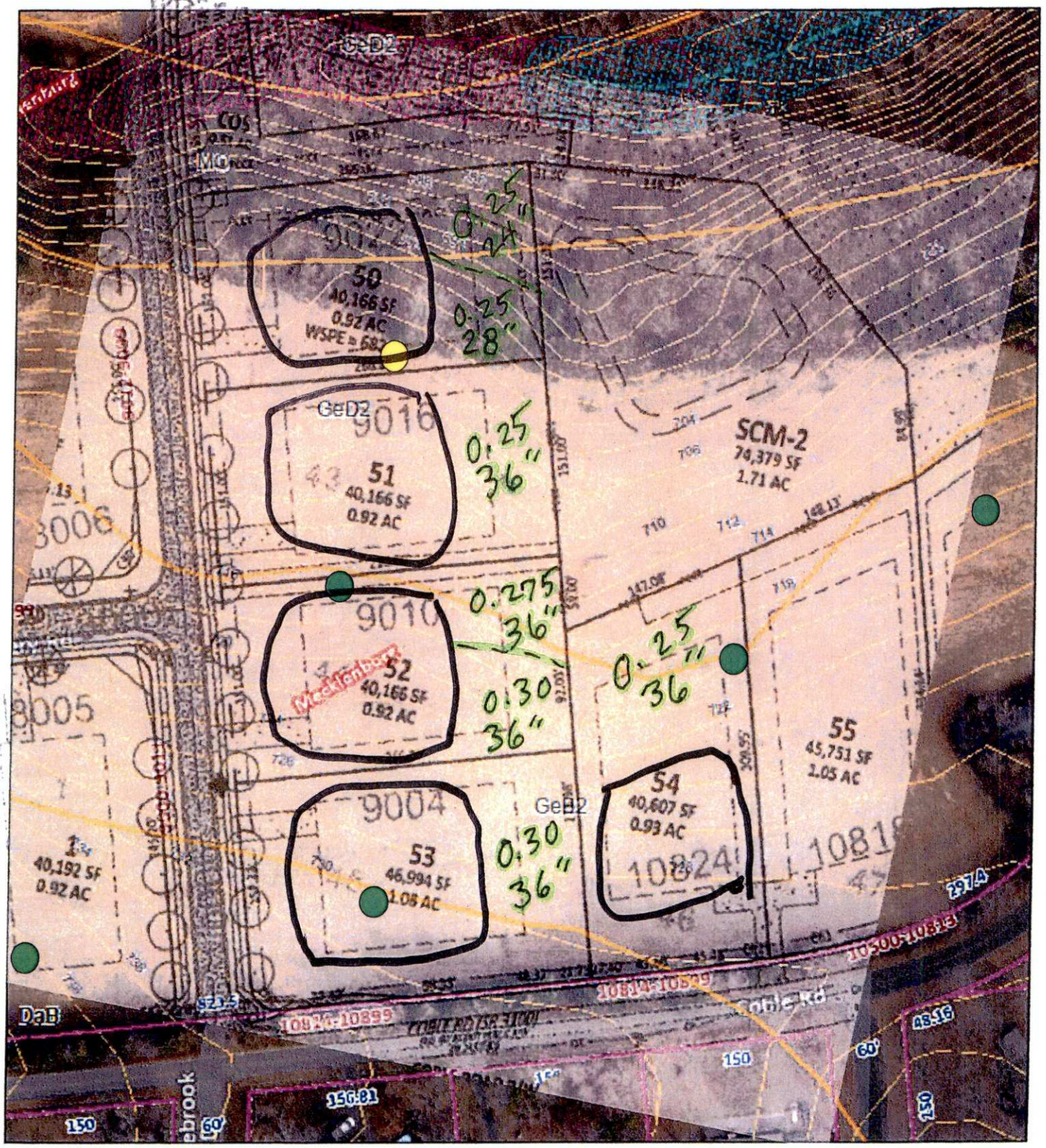
Map Created by: P. Mitchell
Date: 9/24/2024

PROPERTY INFO
Address: _____
PID No.: _____

Mecklenburg County
Groundwater & Wastewater Services

Lots 50 - 54

Soil & Site Evaluation Map



Map Created by: P. Mitchell

Date: _____

PROPERTY INFO

Address: _____

PID No.: _____

1 inch = 100 feet

Mecklenburg County
Groundwater & Wastewater Services

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 #: 10242B Permit #: 14943 Tax Parcel #: 139-134-46

Property Owner: Coulston Enterprise LLC

Job Location Address: 10824 Coble Rd

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 11-15-24 **Construction Authorization Issuance Date:** N/A

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 N/A. 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: 480 GPD Site LTAR: 0.25 GPD/ft²

Liquid Capacity of Septic Tank: _____ gallons Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) PPBPS

Distribution Device: _____

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached.

Comments: System Classification & Type: _____

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

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 # 10242B Permit # 14943 Tax Parcel # 139-134-46

Property Owner Coulston Enterprise LLC

Job Location Address 10824 Coble Rd

City Charlotte State NC Zip Code 28227

Improvement Permit Issuance Date: 11-15-24 **Construction Authorization Issuance Date:** N/A

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 N/A. 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 480 GPD Site LTAR 0.25 GPD/ft²

Liquid Capacity of Septic Tank _____ gallons Liquid Capacity of Dosing Tank _____ gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) PPBPS

Distribution Device _____

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: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached

Comments: System Classification & Type

Authorized Agent April Bumgarner Signature April Bumgarner

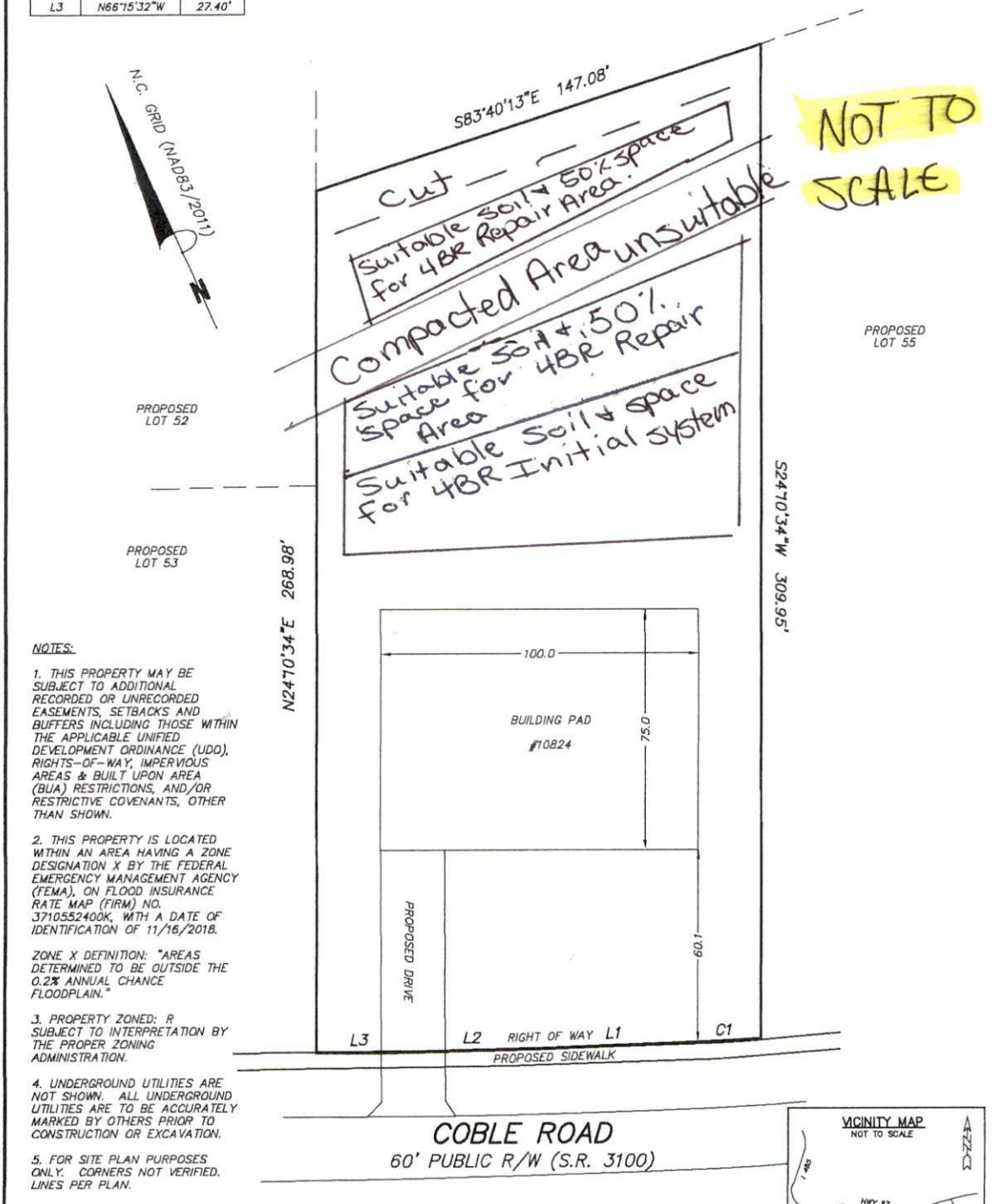
Owner Signature [signature] Date 11/19/24

PREPARED FOR SITE PLAN PURPOSES ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVYE OF PROPERTY SHOWN.

DATE OF EXHIBIT AUGUST, 12th 2024

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	963.00'	23.54'	N68°44'55"W	23.54'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N68°02'54"W	45.48'
L2	N67°02'30"W	43.66'
L3	N66°15'32"W	27.40'



NOTES:

1. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS AND BUFFERS INCLUDING THOSE WITHIN THE APPLICABLE UNIFIED DEVELOPMENT ORDINANCE (UDO), RIGHTS-OF-WAY, IMPERVIOUS AREAS & BUILT UPON AREA (BUA) RESTRICTIONS, AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

2. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710552400K, WITH A DATE OF IDENTIFICATION OF 11/16/2018.

ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

3. PROPERTY ZONED: R SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

4. UNDERGROUND UTILITIES ARE NOT SHOWN. ALL UNDERGROUND UTILITIES ARE TO BE ACCURATELY MARKED BY OTHERS PRIOR TO CONSTRUCTION OR EXCAVATION.

5. FOR SITE PLAN PURPOSES ONLY. CORNERS NOT VERIFIED. LINES PER PLAN.

SITE PLAN

OF

LOT 54 OF CHASEWOOD

MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=40'

SURVEYED FOR COULSTON ENTERPRISES, INC

MAP BOOK_____ PAGE_____ DEED BOOK_____ PAGE_____

DRAWN BY MM FIELD WORK_____ FIELD BOOK #_____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886

CARLSON\2024\CS\Coble Rd ~ Chasewood
2024\C\Coble Rd ~ Chasewood
PROJECT: 24-0148

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12042B/14943

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 139-134-46

Owner: Eastwood Homes Applicant: Earl Coulston

Property Location: 10824 Coble Road, Charlotte, NC 28227

Facility Type: SFD

Number of bedrooms: 4 Number of Occupants: 8 max 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* VPPBPS (Initial) VPPBPS (Repair)

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

Design Daily Flow: 480 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: 330 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 2 inches LTAR: .25 gpd/ft² Usable Depth to LC (Initial)[x]: 48 [x]***Limiting condition***

Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth[‡]: 35 inches [‡] ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): N/A gallons Requires more than one pump? ☐ Yes ☐ No

Pump Requirements: ____ ft. TDH vs. ____ GPM Grease Trap Size (if applicable): ____ gallons

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

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

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

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

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

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

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

Conditions: Center-feed septic lines with 6-hole d-box (6 lines @ 55'). Pump/pump tank required if fall cannot be achieved.

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.

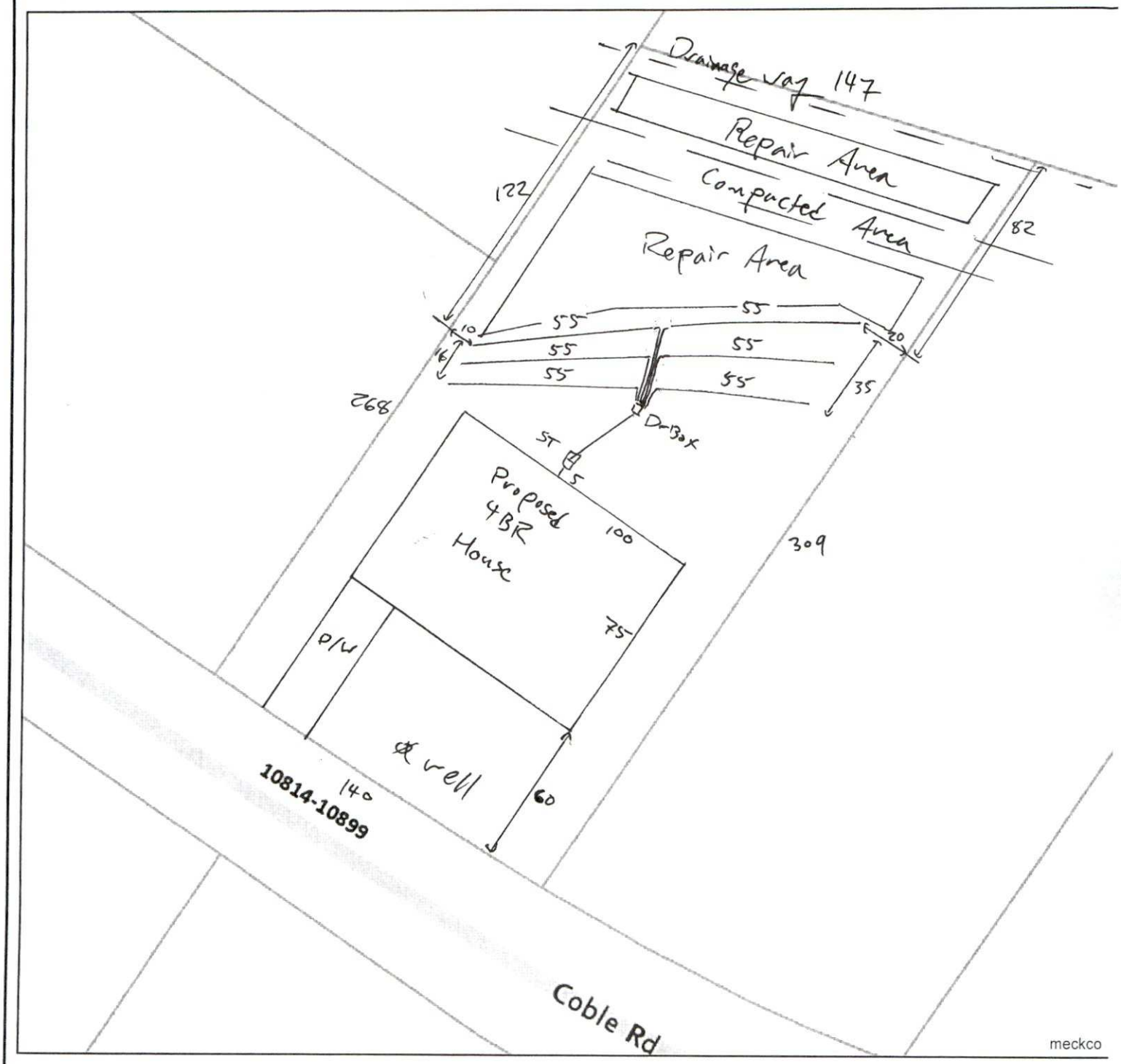
Authorized Agent's Printed Name: Troy Kling Expiration Date: 11/15/2029

Authorized Agent's Signature: Date: 9/26/2025

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 #: 12042B
PID #: 139-134-46
File #: 14943

Authorized Agent: Troy Kiley Date: 9/26/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 12042B/14943

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 139-134-46

Owner: Eastwood Homes Applicant: Earl Coulston

Property Location: 10824 Coble Road, Charlotte, NC 28227

Facility Type: SFD

Number of bedrooms: 4 Number of Occupants: 8 max Other:

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☐ Yes ☐ No Slab Foundation? ☒ Yes ☐ No

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

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(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

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Soil Cover: 6+ inches Slope Corrected Maximum Trench/Bed Depth[1]: 35 inches [1] *Measured on the downhill side of the trench*

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Pump Requirements: ____ ft. TDH vs. ____ GPM Grease Trap Size (if applicable): ____ gallons

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

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

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

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

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

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

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

Conditions: Center-feed septic lines with 6-hole d-box (6 lines @ 55'). Pump/pump tank required if fall cannot be achieved.

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.

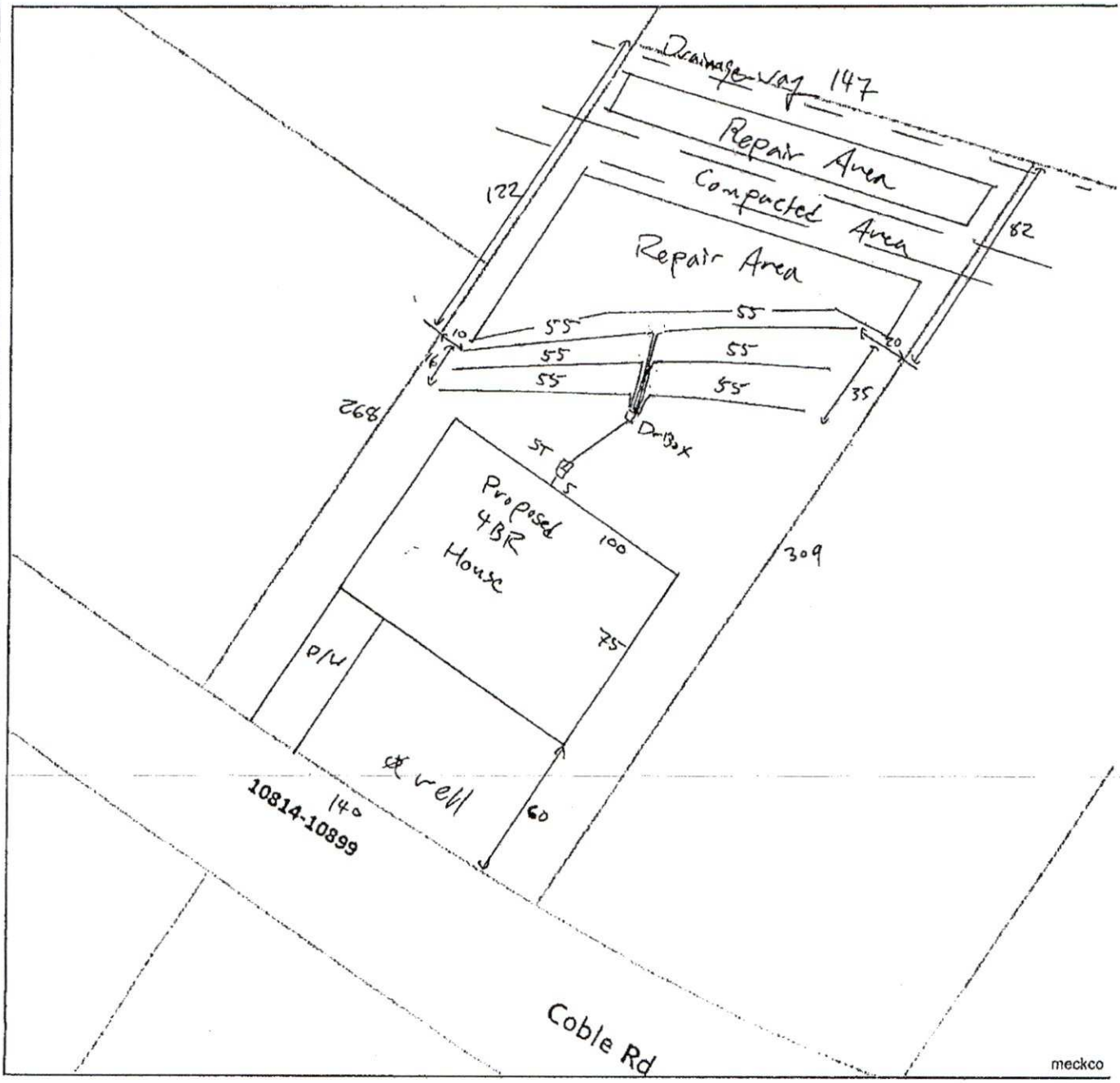
Authorized Agent's Printed Name: Troy Kling Expiration Date: 11/15/2029

Authorized Agent's Signature: Date: 9/26/2025

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 #: 12042B
PID #: 139-134-46
File #: 14943

Authorized Agent: Troy Kelly Date: 9/26/25

Owner/ Legal Agent: Candia Martin Date: 10/2/25

1 inch = 50 fee

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

Septic System Pre-Construction Meeting Checklist

File # 12042B App# 14943 Tax Parcel# _____

Property Owner: _____

Job Location Address: 10824 Coble Rd

City: Charlotte 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.**

Braedon Shelton
Authorized Agent

01/30/26
Date

Little's Septic Services
Others Present

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

On-Site Wastewater Section

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

File #: 12042B Permit #: 14943 Tax Parcel #: 139-134-46

Property Owner: Eastwood Homes

Job Location Address: 10824 Cobe Road

City: Mint Hill/Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 2/23/26 Contractor Name: Wes Little - Little's Septic

Permitted Design Flow: 460 GPD Liquid Capacity of Dosing Tank: / gallons

Liquid Capacity of Septic Tank: _____ gallons Tank Manufacture Sheaf STB-760 Effluent Pump Model: /

Drainfield Installation ☐ N/A

Trench Depth: 35 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 330 feet

# of Lines: 6 @ 55 feet

Depth of Media: 22 inches (Type) VPPBPS

Depth of Cover: 6+ inches

Distribution Device: Drbox

Inspection Dates

Tank(s) Inspected: 2/19/26

Excavation Inspected: 2/19/26

Pump & Controls Inspected: /

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

Bed Depth: _____ inches

Bed Width: _____ feet

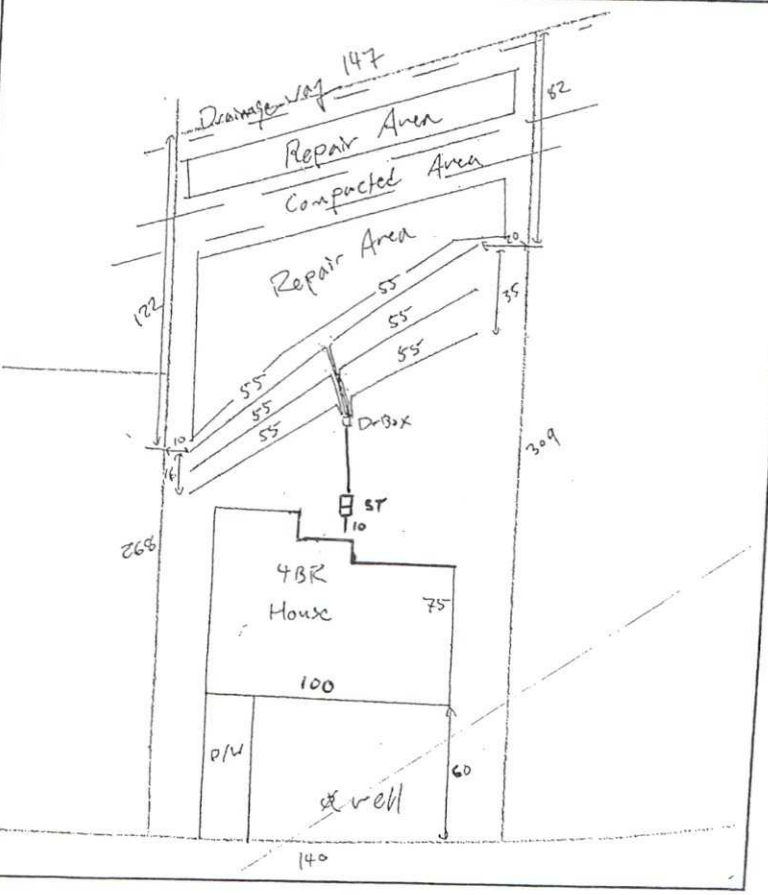
Total line length: _____ feet

# 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: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 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: III e - VPPBPS

DENR Authorized Agent: Troy Kling Signature: Troy Kling

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 #: 12042B Permit #: 14943 Tax Parcel #: 139-134-96

Property Owner: Eastwood Homes

Job Location Address: 10824 Coble Road

City: Charlotte State: NC Zip Code: 28227

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: III e

*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: Troy Kling Date: 2/23/26

Signature: