SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: __5793B / 15937_____

Assigned Inspector: __Heather_____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☒ Septic file complete: 4/7/26

☐ Release final hold in Winchester: _____

Comments: Tank Replacement Only

5793B / 15937

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: 01313115

STREET ADDRESS: 14624 BrownMill Road

CITY: Humtersville

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: 3,000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

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: Audrey P. Norkett

ADDRESS: 14624 Brown Mill Road

CITY: Huntersville

STATE: NC ZIP: 28078

WORK PHONE: _____

MOBILE PHONE: 704 533 3368

FAX: _____

E-MAIL: Audrey.norkett@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: NA

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.

APN (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.

Audrey P.Norkett — 11/25/2025

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

Audrey P. Norkett

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ N/A — DATE FEE RECEIVED: 12/3/25

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 57938

APPLICATION ID NUMBER ASSIGNED: 15937

COMMENTS:

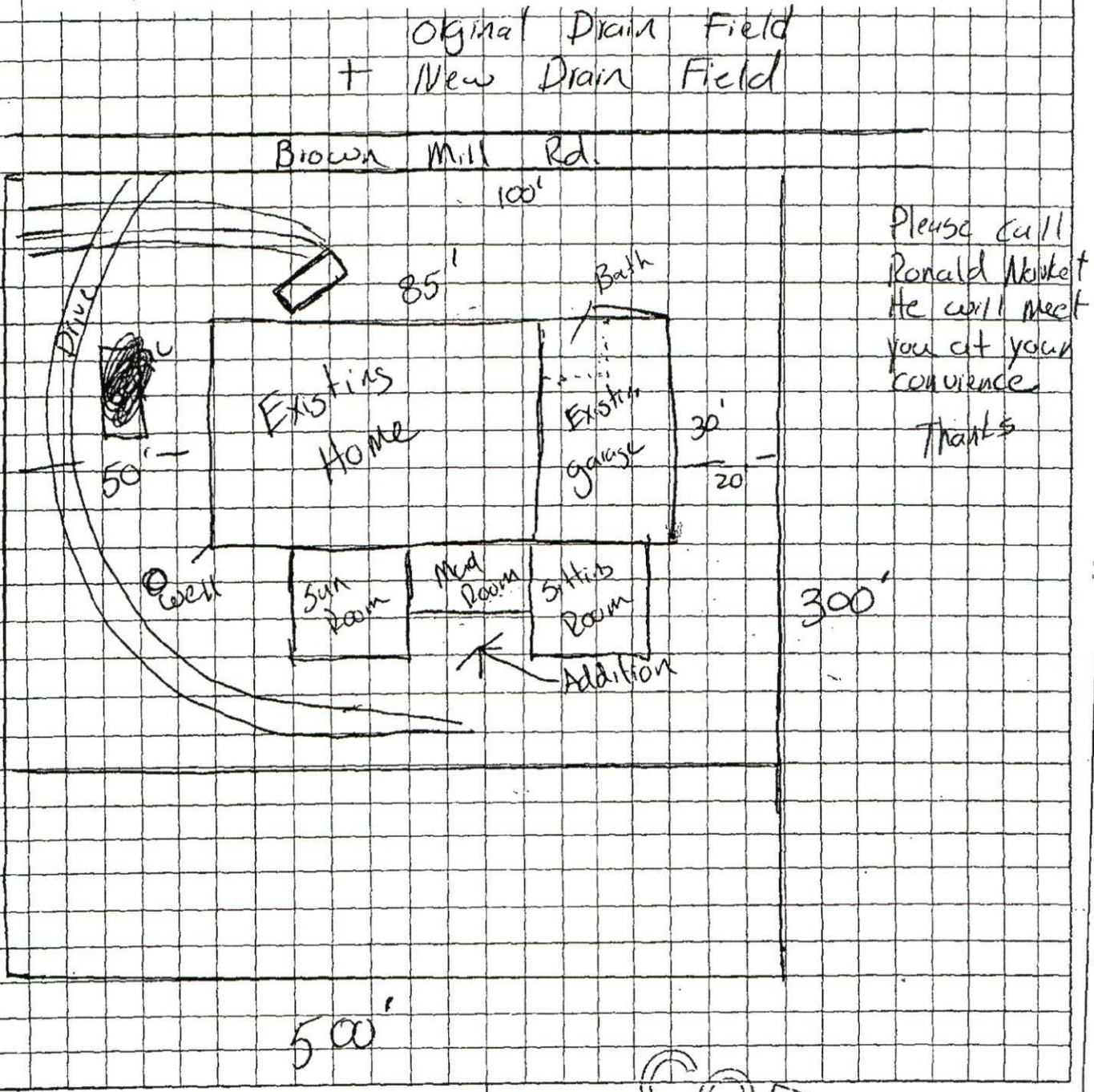
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5793B

TC: 013-131-15

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE

COPY

OWNER/AGENT SIGNATURE

DATE

Canary - E.H.S. Copy

Pink - Owner's Copy

File #: 57936

PROPOSED PLOT PLAN

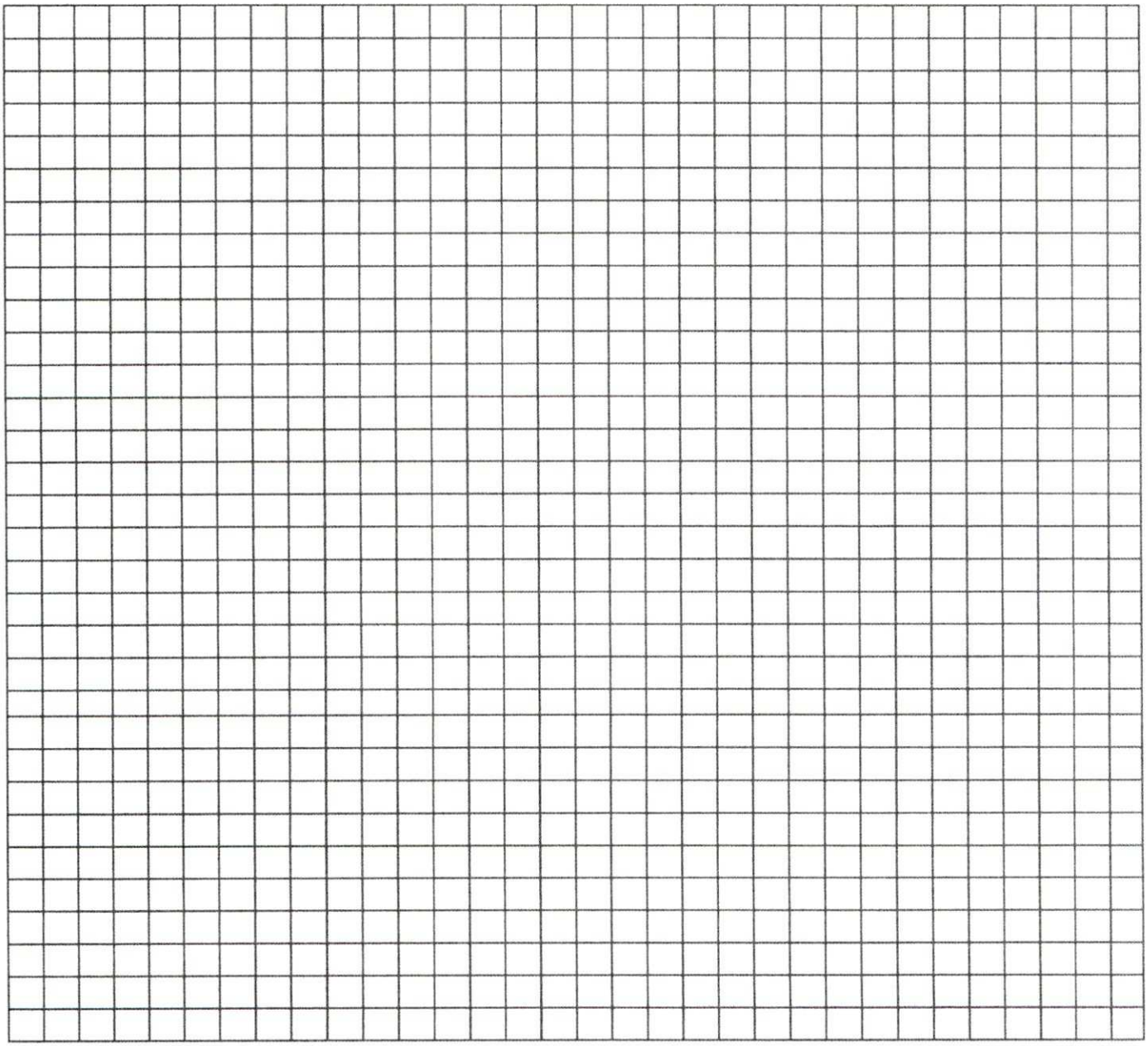
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14624 Brown Mill Rd

Tax Parcel #: 013-131-15

Subdivision Name: _____

Lot #: _____



AudreyP.,Norkett

Property Owner's or Owner's Legal Representative Signature

11/25/2025

Date

Mecklenburg County Public Health

MECKLENBURG COUNTY
North Carolina
Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 5793b/15973

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 01313115

Owner: Audrey Norkett Applicant: Same

Property Location: 14624 Brown Mill Rd

Facility Type: Single Family Residence

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* Tank only (Initial) Tank Only (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: existing feet Trench/Bed Spacing: ____ feet on center

Trench/Bed Width Existing inches LTAR: NA gpd/ft² Usable Depth to LC (Initial)[x]: na [x] ***Limiting condition***

Soil Cover: ____ inches Slope Corrected Maximum Trench/Bed Depth[‡]: ____ 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: Pump and crush existing tank. Set new 1000 gallon tank and hook to existing system
Existing sytem in the front yard crosses the property line. Recorded easement on file
Documenation also shows an additional system in back yard used for addition

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: 12/5/30

Authorized Agent's Signature: Heather Ray Date: 12/5/25

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 #:15937
PID #:01313115
File #:5793b

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

1 inch = 20 fee

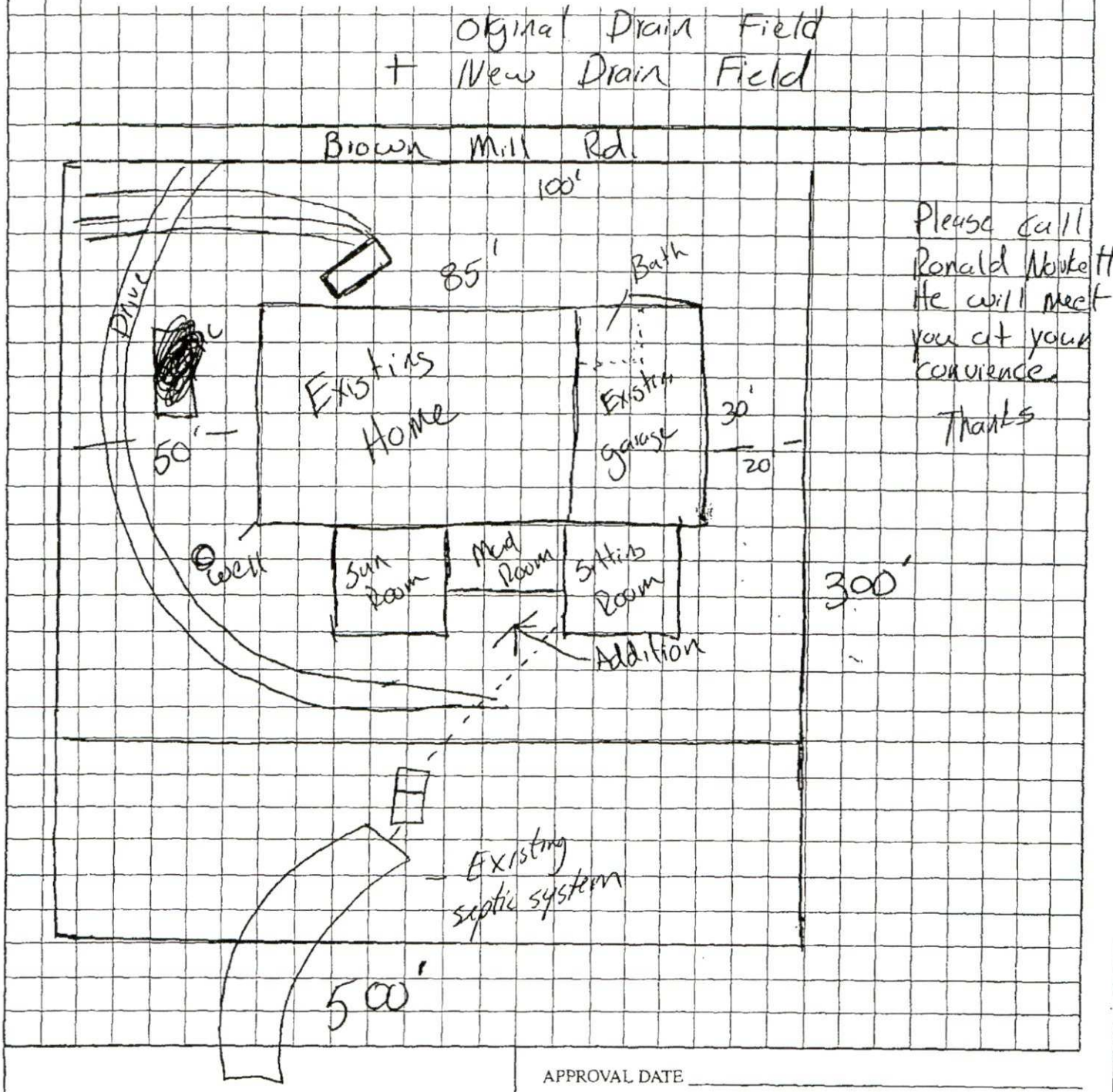
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 5793B

TC: 013-131-15

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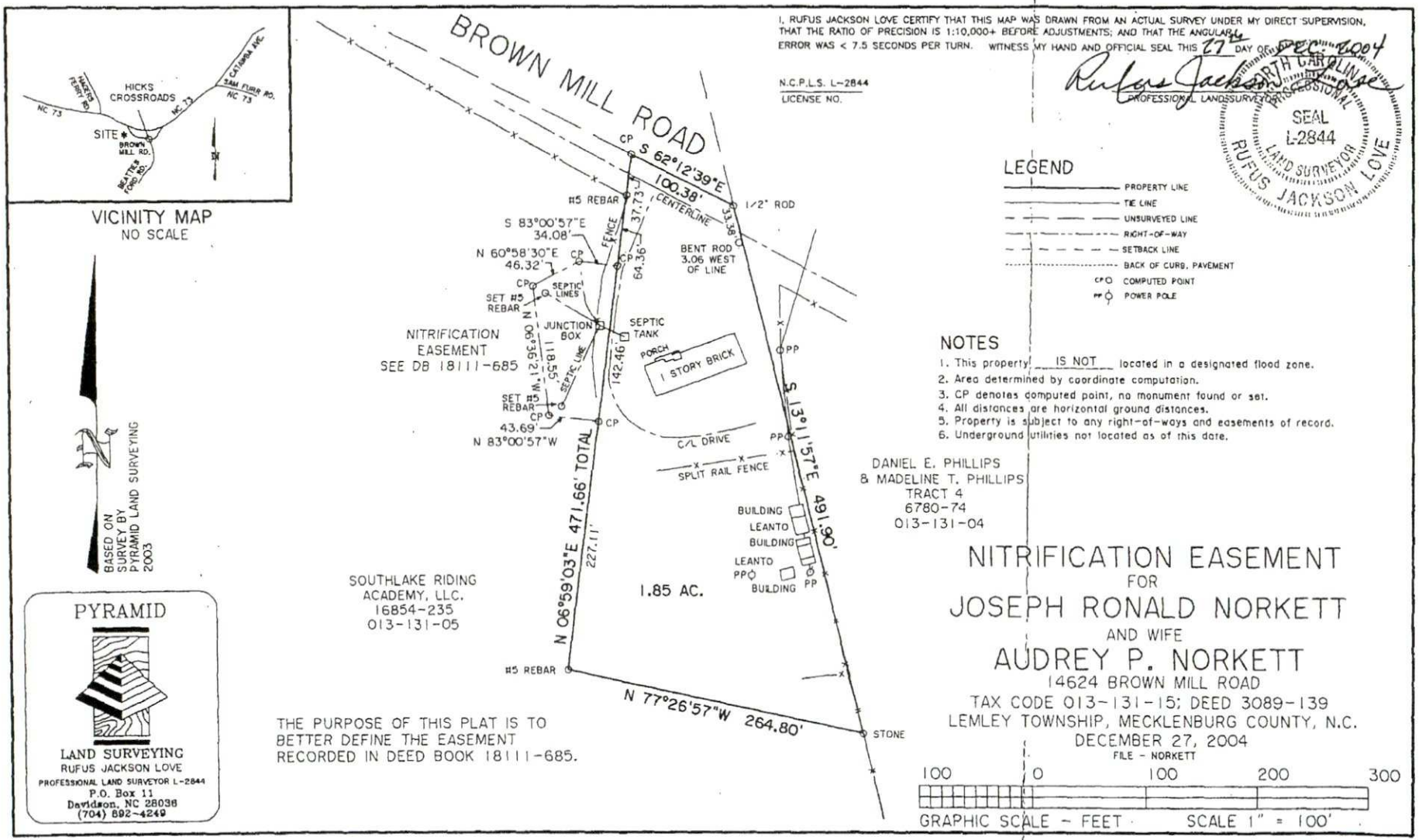
OWNER/AGENT SIGNATURE

DATE

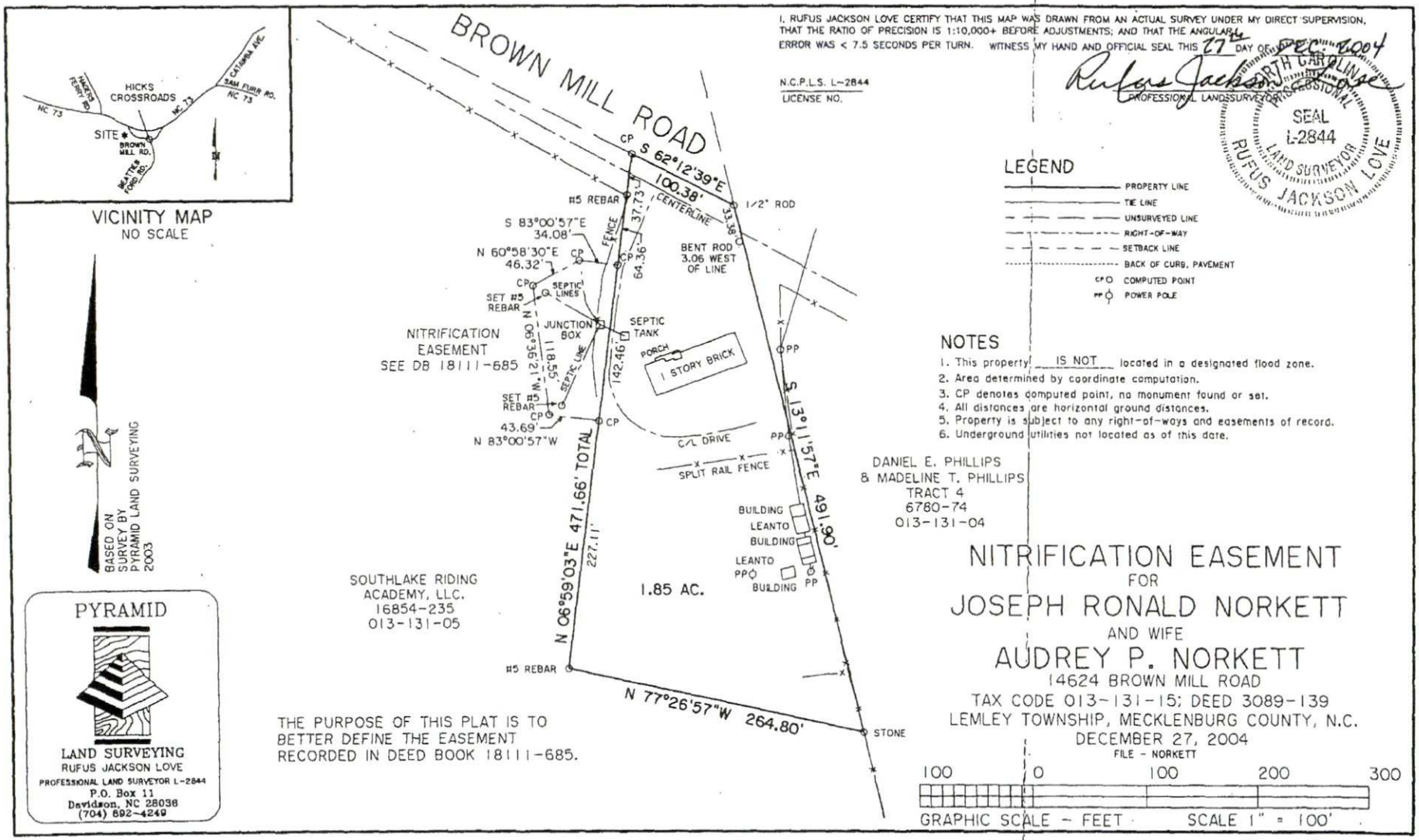
APPROVAL DATE

Canary - E.H.S. Copy

Pink - Owner's Copy


I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN. WITNESS MY HAND AND OFFICIAL SEAL THIS 27 DAY OF DEC 2004
N.C.P.L.S. L-2844
LICENSE NO.
PROFESSIONAL LANDSURVEYOR
NORTH CAROLINA PROFESSIONAL SEAL L-2844 LAND SURVEYOR RUFUS JACKSON LOVE
VICINITY MAP
NO SCALE
HICKS CROSSROADS
NC 73
SAM FLUHR RD.
HAGERS FERRY RD.
BEATTIES FORD RD.
SITE
BROWN MILL RD.
BASED ON SURVEY BY PYRAMID LAND SURVEYING 2003
BROWN MILL ROAD
CP S 62°12'39"E 100.38' CENTERLINE
#5 REBAR
1/2" ROD
53.38'
37.73'
FENCE
64.36'
BENT ROD 3.06 WEST OF LINE
S 83°00'57"E 34.08'
N 60°58'30"E 46.32'
CP
SEPTIC LINES
SET #5 REBAR
JUNCTION BOX
SEPTIC TANK
PORCH
1 STORY BRICK
NITRIFICATION EASEMENT SEE DB 18111-685
N 06°36'21"W 118.55'
SEPTIC LINE
142.46'
SET #5 REBAR
43.69'
N 83°00'57"W
C/L DRIVE
SPLIT RAIL FENCE
PP
S 13°11'57"E 491.90'
BUILDING
LEANTO
BUILDING
LEANTO
BUILDING
N 06°59'03"E 471.66' TOTAL
227.11'
1.85 AC.
SOUTHLAKE RIDING ACADEMY, LLC. 16854-235 013-131-05
DANIEL E. PHILLIPS & MADELINE T. PHILLIPS TRACT 4 6780-74 013-131-04
#5 REBAR
N 77°26'57"W 264.80'
STONE
LEGEND
PROPERTY LINE
TIE LINE
UNSURVEYED LINE
RIGHT-OF-WAY
SETBACK LINE
BACK OF CURB, PAVEMENT
COMPUTED POINT
POWER POLE
NOTES
1. This property IS NOT located in a designated flood zone.
2. Area determined by coordinate computation.
3. CP denotes computed point, no monument found or set.
4. All distances are horizontal ground distances.
5. Property is subject to any right-of-ways and easements of record.
6. Underground utilities not located as of this date.
THE PURPOSE OF THIS PLAT IS TO BETTER DEFINE THE EASEMENT RECORDED IN DEED BOOK 18111-685.
NITRIFICATION EASEMENT
FOR
JOSEPH RONALD NORKETT
AND WIFE
AUDREY P. NORKETT
14624 BROWN MILL ROAD
TAX CODE 013-131-15; DEED 3089-139
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.
DECEMBER 27, 2004
FILE - NORKETT
100 0 100 200 300
GRAPHIC SCALE - FEET
SCALE 1" = 100'
PYRAMID
LAND SURVEYING
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR L-2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

5793B


BROWN MILL ROAD
S 62°12'39"E
100.38'
CENTERLINE
#5 REBAR
1/2" ROD
CP
S 83°00'57"E
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N 60°58'30"E
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C/L DRIVE
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N 77°26'57"W 264.80'
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NC 73
SITE
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VICINITY MAP
NO SCALE
BASED ON SURVEY BY PYRAMID LAND SURVEYING 2003
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NORTH CAROLINA PROFESSIONAL SEAL L-2844 LAND SURVEYOR RUFUS JACKSON LOVE
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FOR
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AND WIFE
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TAX CODE 013-131-15; DEED 3089-139
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.
DECEMBER 27, 2004
FILE - NORKETT
100 0 100 200 300
GRAPHIC SCALE - FEET
SCALE 1" = 100'

5793B

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

MECKLENBURG COUNTY
North Carolina
Public Health

File/Permit Number: 5793b/15973

CONSTRUCTION AUTHORIZATION

County: Mecklenburg PIN/Lot Identifier: 01313115

Owner: Audrey Norkett Applicant: Same

Property Location: 14624 Brown Mill Rd

Facility Type: Single Family Residence

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* Tank only (Initial) Tank Only (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

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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

Septic Tank Size: 1000 gallons Total Trench/Bed Length: existing feet Trench/Bed Spacing: ____ feet on center

Trench/Bed Width Existing inches LTAR: NA gpd/ft² Usable Depth to LC (Initial)ˣ: na ˣ***Limiting condition***

Soil Cover: ____ inches Slope Corrected Maximum Trench/Bed Depth‡: ____ 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: Pump and crush existing tank. Set new 1000 gallon tank and hook to existing system
Existing sytem in the front yard crosses the property line. Recorded easement on file
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Authorized Agent's Printed Name: Heather Ray Expiration Date: 12/5/30

Authorized Agent's Signature: Heather Ray Date: 12/5/25

3205 Freedom Drive • Charlotte, NC 28208 • 980-314-1680 • Health@MeckNC.gov • Health.MeckNC.gov
Respect | Professionalism | Accountabilitu | Communication | Teamwork | Trust

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:15937
PID #:01313115
File #:5793b

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

1 inch = 20 fee

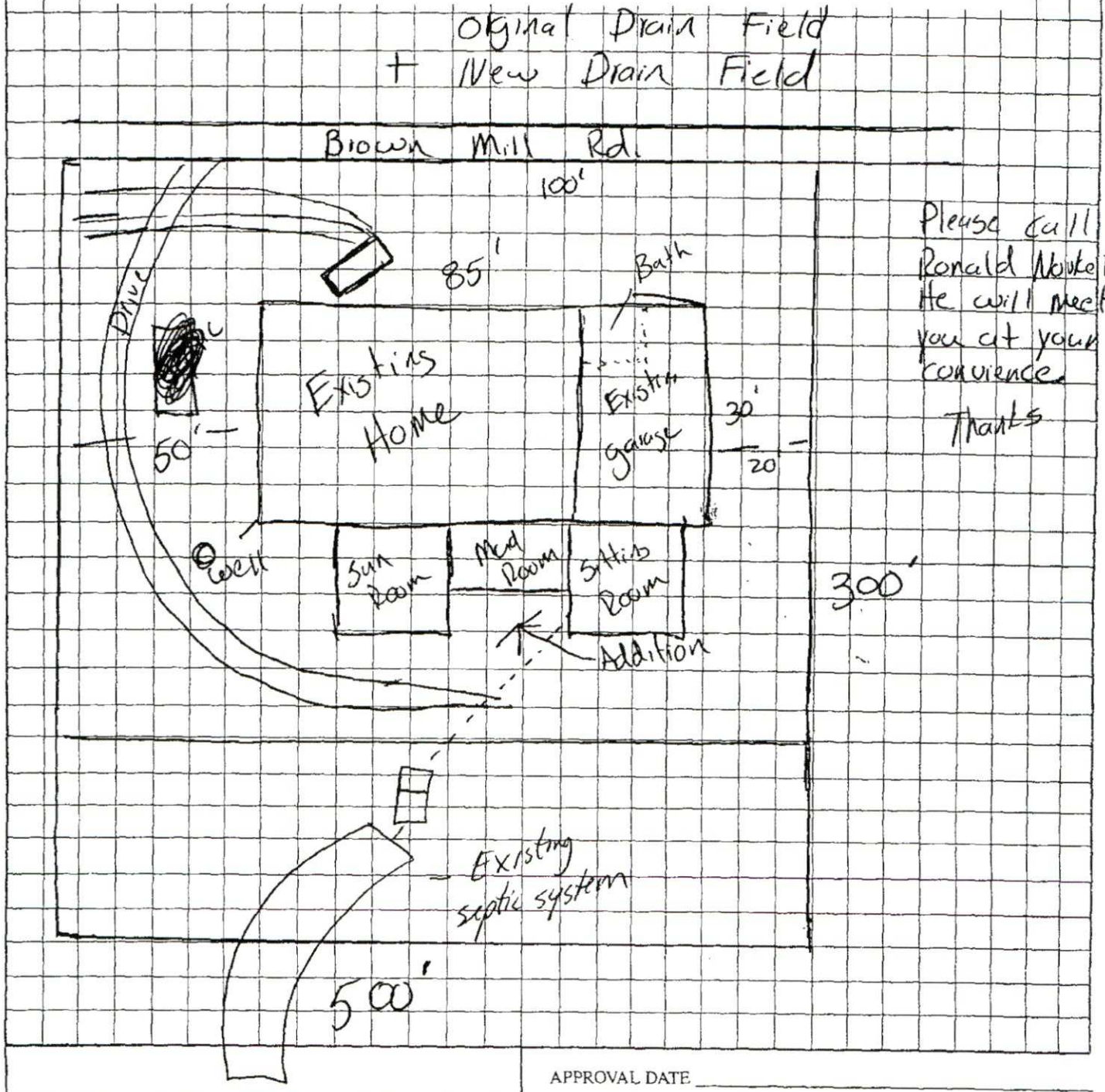
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
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FILE: 5793B

TC: 013-131-15

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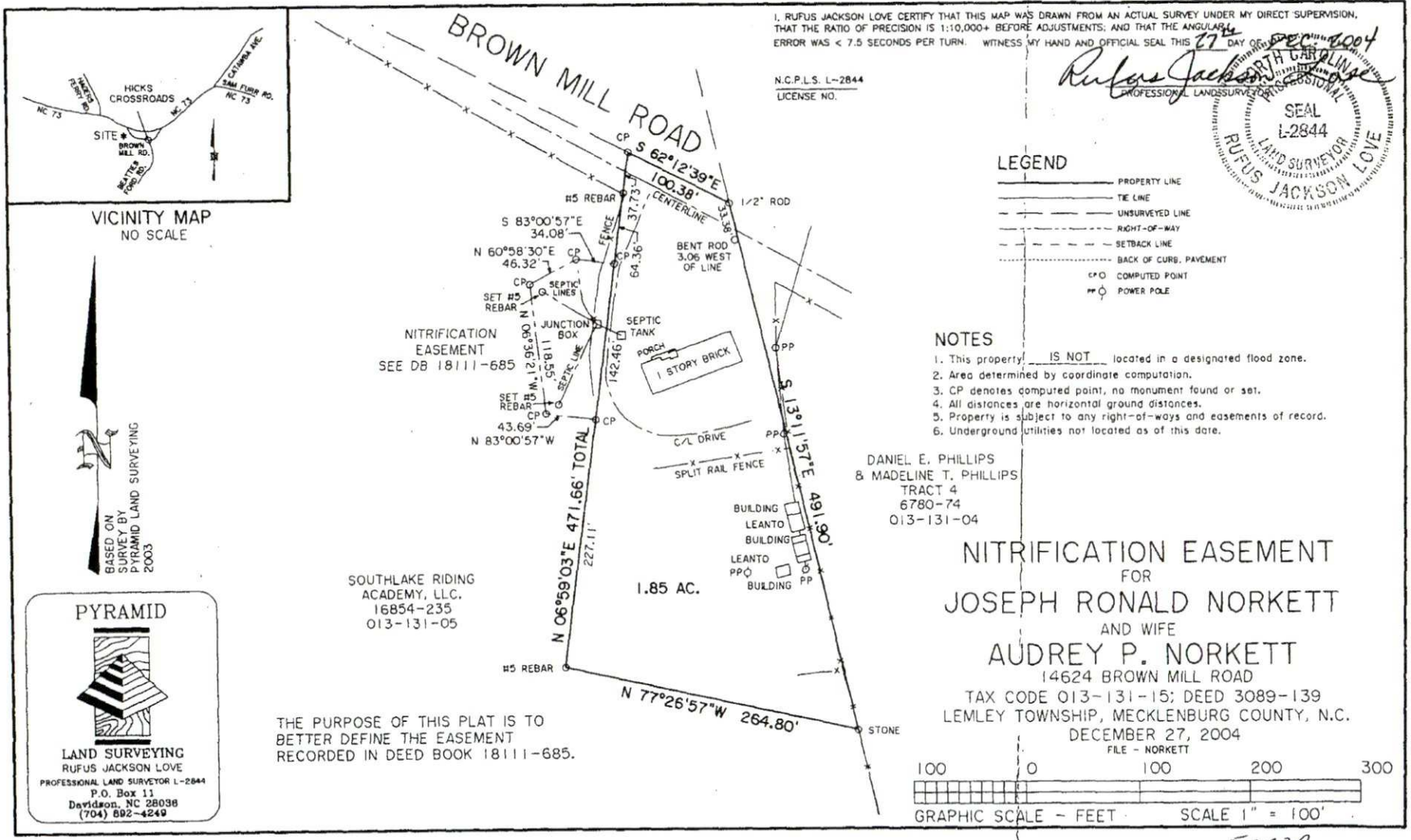
OWNER/AGENT SIGNATURE

DATE

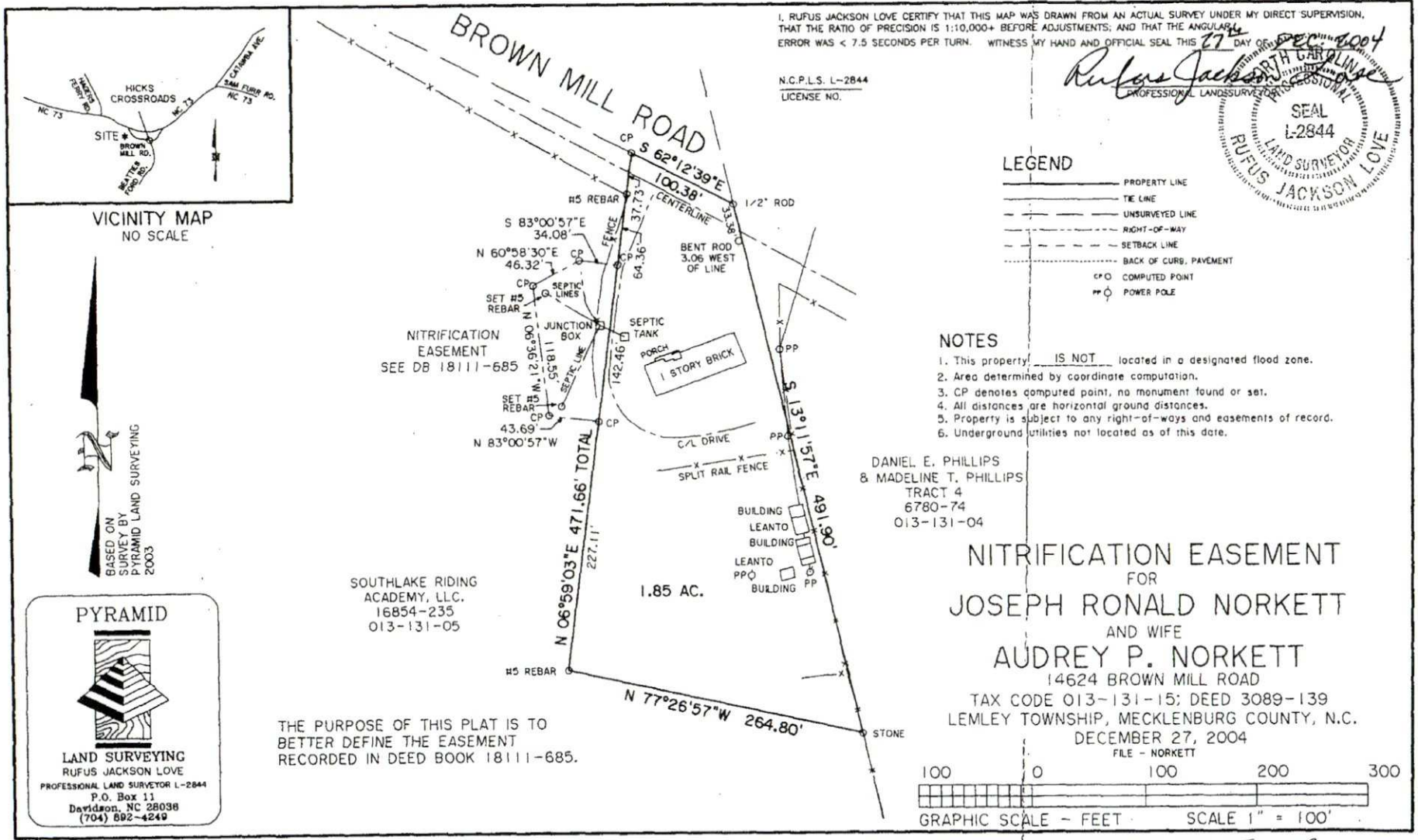
APPROVAL DATE

Canary - E.H.S. Copy

Pink - Owner's Copy


I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN. WITNESS MY HAND AND OFFICIAL SEAL THIS 27th DAY OF Dec 2004
N.C.P.L.S. L-2844
LICENSE NO.
PROFESSIONAL LANDSURVEYOR
NORTH CAROLINA PROFESSIONAL SEAL L-2844 LAND SURVEYOR RUFUS JACKSON LOVE
VICINITY MAP
NO SCALE
HICKS CROSSROADS
NC 73
SITE
BROWN MILL RD.
BEATTIES FORD RD.
CATAWBA AVE
SAM FURR RD.
BASED ON SURVEY BY PYRAMID LAND SURVEYING 2003
BROWN MILL ROAD
CP
S 62°12'39"E
100.38'
(CENTERLINE)
#5 REBAR
1/2" ROD
33.38'
37.73'
FENCE
64.36'
BENT ROD 3.06 WEST OF LINE
S 83°00'57"E
34.08'
N 60°58'30"E
46.32'
SEPTIC LINES
SET #5 REBAR
JUNCTION BOX
SEPTIC TANK
PORCH
1 STORY BRICK
NITRIFICATION EASEMENT SEE DB 18111-685
N 12°00'36" W
118.55'
SEPTIC LINE
142.46'
SET #5 REBAR
43.69'
N 83°00'57"W
C/L DRIVE
SPLIT RAIL FENCE
S 13°11'57"E 491.90'
N 06°59'03"E 471.66' TOTAL
227.11'
BUILDING
LEANTO
BUILDING
LEANTO
BUILDING
PP
SOUTHLAKE RIDING ACADEMY, LLC.
16854-235
013-131-05
1.85 AC.
#5 REBAR
N 77°26'57"W 264.80'
STONE
DANIEL E. PHILLIPS & MADELINE T. PHILLIPS
TRACT 4
6780-74
013-131-04
LEGEND
PROPERTY LINE
TIE LINE
UNSURVEYED LINE
RIGHT-OF-WAY
SETBACK LINE
BACK OF CURB, PAVEMENT
COMPUTED POINT
POWER POLE
NOTES
1. This property IS NOT located in a designated flood zone.
2. Area determined by coordinate computation.
3. CP denotes computed point, no monument found or set.
4. All distances are horizontal ground distances.
5. Property is subject to any right-of-ways and easements of record.
6. Underground utilities not located as of this date.
NITRIFICATION EASEMENT
FOR
JOSEPH RONALD NORKETT
AND WIFE
AUDREY P. NORKETT
14624 BROWN MILL ROAD
TAX CODE 013-131-15; DEED 3089-139
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.
DECEMBER 27, 2004
FILE - NORKETT
THE PURPOSE OF THIS PLAT IS TO BETTER DEFINE THE EASEMENT RECORDED IN DEED BOOK 18111-685.
100 0 100 200 300
GRAPHIC SCALE - FEET
SCALE 1" = 100'
PYRAMID
LAND SURVEYING
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR L-2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

5793B


I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN. WITNESS MY HAND AND OFFICIAL SEAL THIS 27th DAY OF Dec 2004
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5793B

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 #: 5793b Permit #: 15973 Tax Parcel #: 01313115

Property Owner: Audrey Norkett

Job Location Address: 14624 Brown Mill Rd

City: Huntersville State: NC Zip Code: _____

Operation Permit Issuance Date: 12/12/25 Contractor Name: Willy Christenberry

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

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.) Tank Only

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet Tank Only

# 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: 17 feet

Distance from Property Line: 10 feet Tank only

Distance from Water Supply Source: 50 feet

Inspection Dates

Tank(s) Inspected: 12/12/25

Excavation Inspected: NA

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: Tank only

DENR Authorized Agent: Heather Ray Signature: Heather Ray

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

File #: 5793b Permit #: 15973 Tax Parcel #: 01313115

Property Owner: Audrey Norkett

Job Location Address: 14624 Brown Mill Rd

City: Huntersville State: NC Zip Code: 28078

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: Tank Only

*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.

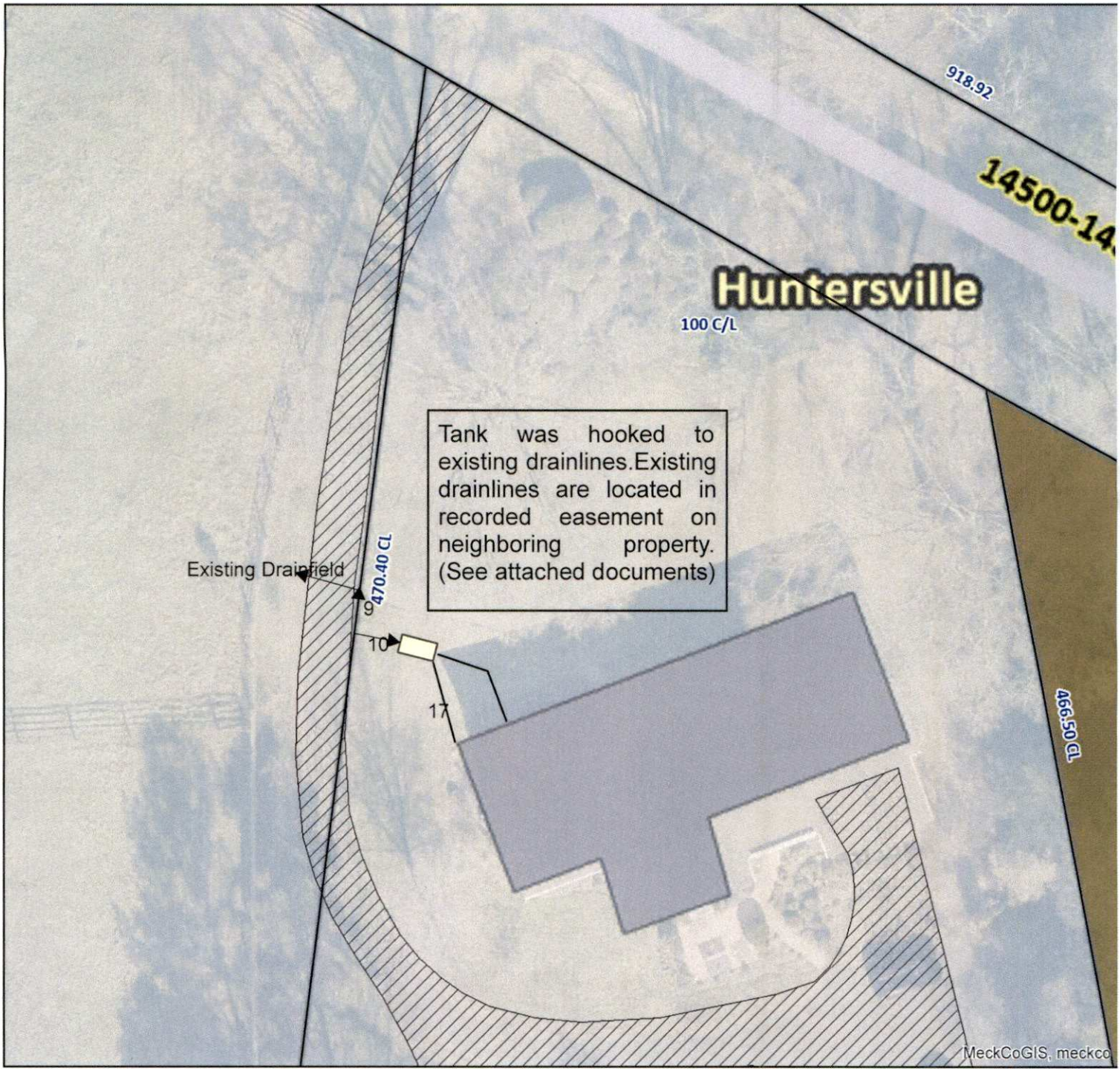
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Tank Only

DENR Authorized Agent: Heather Ray Date: 12/12/25

Signature: Heather Ray

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15973
PID #: 01131115
File #: 5793B

Authorized Agent: Heather Ruy Date: 12-12-25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee