SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11588 B

Assigned Inspector: _____

☑ IP $250.00: SEOP Initial/Date 2/2/23

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: MP 9/6/23 Initial/Date - Plans Not uploaded yet 9/13/23

☐ 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: 9/14/23 ☐ 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: 8/21/24

☐ Release final hold in Winchester: _____

Comments: Perc test 2/2/23 - Jacob Presley (Assigned)

This is only an Improvement Permit. The rest of the permit will be issued once the new lot is deeded & recorded. You can mail them a copy of the 2 pages April drew up.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/06/23
Receipt #: 144228
Check / Auth #: MC 02944Z
Received By: ORTIZMP

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ARROWOOD, CHARLES
Attn:
Address: 10440 BRIEF RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 10440 BRIEF RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/06/23
Receipt #: 144229
Check / Auth #: MC 02944Z
Received By: ORTIZMP

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ARROWOOD, CHARLES
Attn:
Address: 10440 BRIEF RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 10440 BRIEF RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
CHARLES ARROWOOD

Bill To:

CHARLES ARROWOOD

Single Payment

Transaction Date:	02/02/2023 6:54 AM Pacific Time
Pay Method:	VISA **********7707
Approval #:	046304
Trace Number:	15b4a025-5e2b-4358-8839-5d3509b2080c
Amount:	$250.00

Payment Amount:	$250.00
Total:	**$250.00**

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/02/23	**Amount:**	250.00
Receipt #:	139670	**Tendered:**	250.00
Check / Auth #:	VISA 046304	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: ARROWOOD CHARLES
Attn: PERC TEST
Address: 10440 BRIEF RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10440 BRIEF RD		1	250.00	250.00

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

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

115883

13614

2 FEB '23 AM 9:58

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: 19727107
STREET ADDRESS: 10440 Brief Rd
CITY: Charlotte NC
STATE: NC ZIP: 28227
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: 1800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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: Emilio + Jordyn Pagar
ADDRESS: 10440 Brief Rd
CITY: Charlotte NC
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 864 905 2223
FAX: _____
E-MAIL: _____

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

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

NAME: Charles Scott Arrowood
ADDRESS: 10440 Brief Rd
CITY: Charlotte NC
STATE: NC ZIP: 28227
WORK PHONE: 704 847 8804
MOBILE PHONE: 980 210 6867
FAX: _____
E-MAIL: SCOTTSELLSWINDOWS@yahoo.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

CSA (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.

CSA (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.

Charles Scott Cranford — Property Owner's or Owner's Legal Representative Signature

2.2.23 — 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:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Gibbie Harris, MSPH, BSN
Director

MECKLENBURG COUNTY
Health Department

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Charles Scott Arrowood is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 10440 Brief Rd Charlotte NC.
   Number Street Town
   (Or Parcel Number)

Emilio Pagar
Property Owner (print name)

Property Owner (signature)

2.2.23
Date

File #: _____

PROPOSED PLOT PLAN

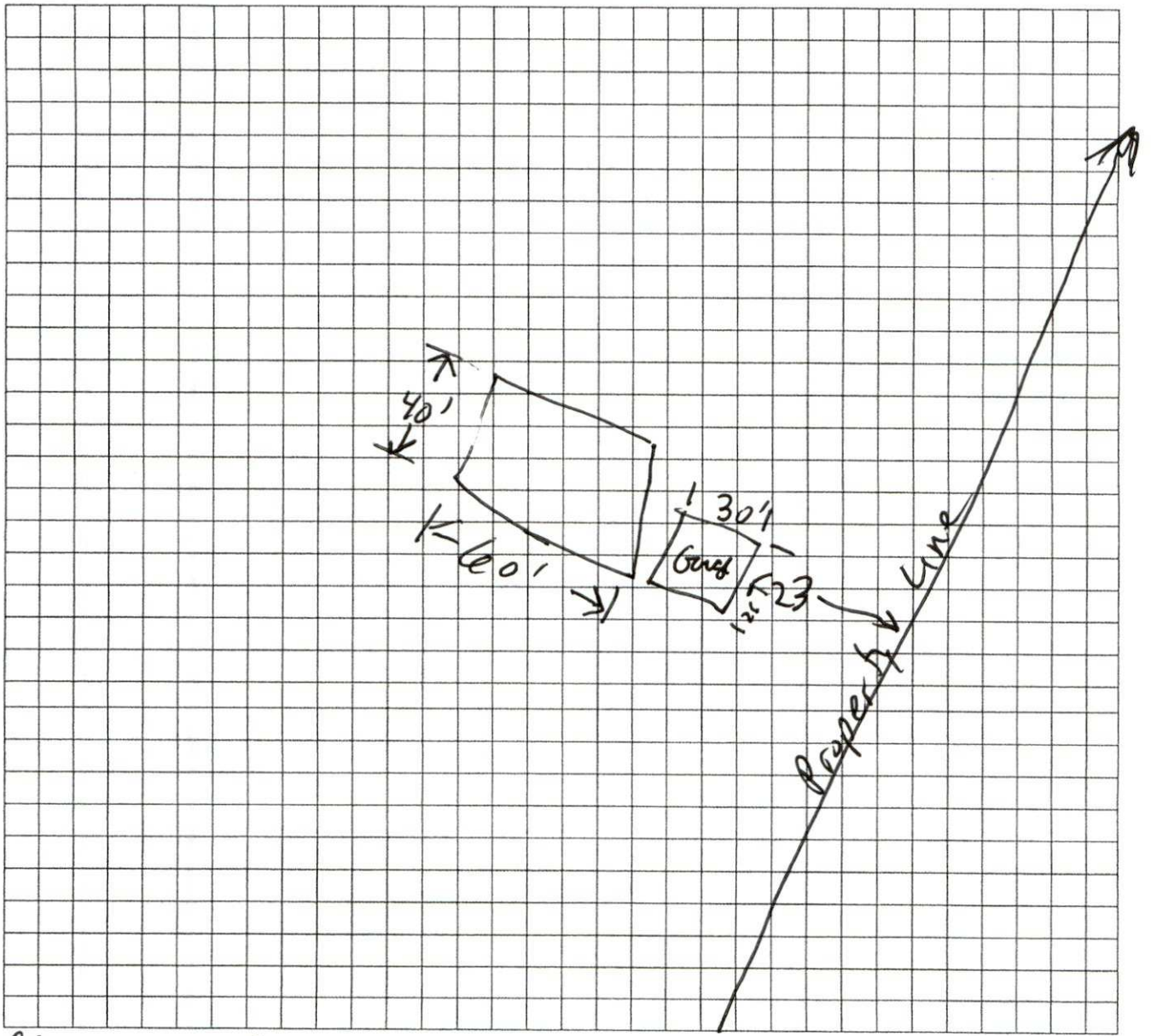
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 10440 Brief Rd

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



Charles Scott Aumore

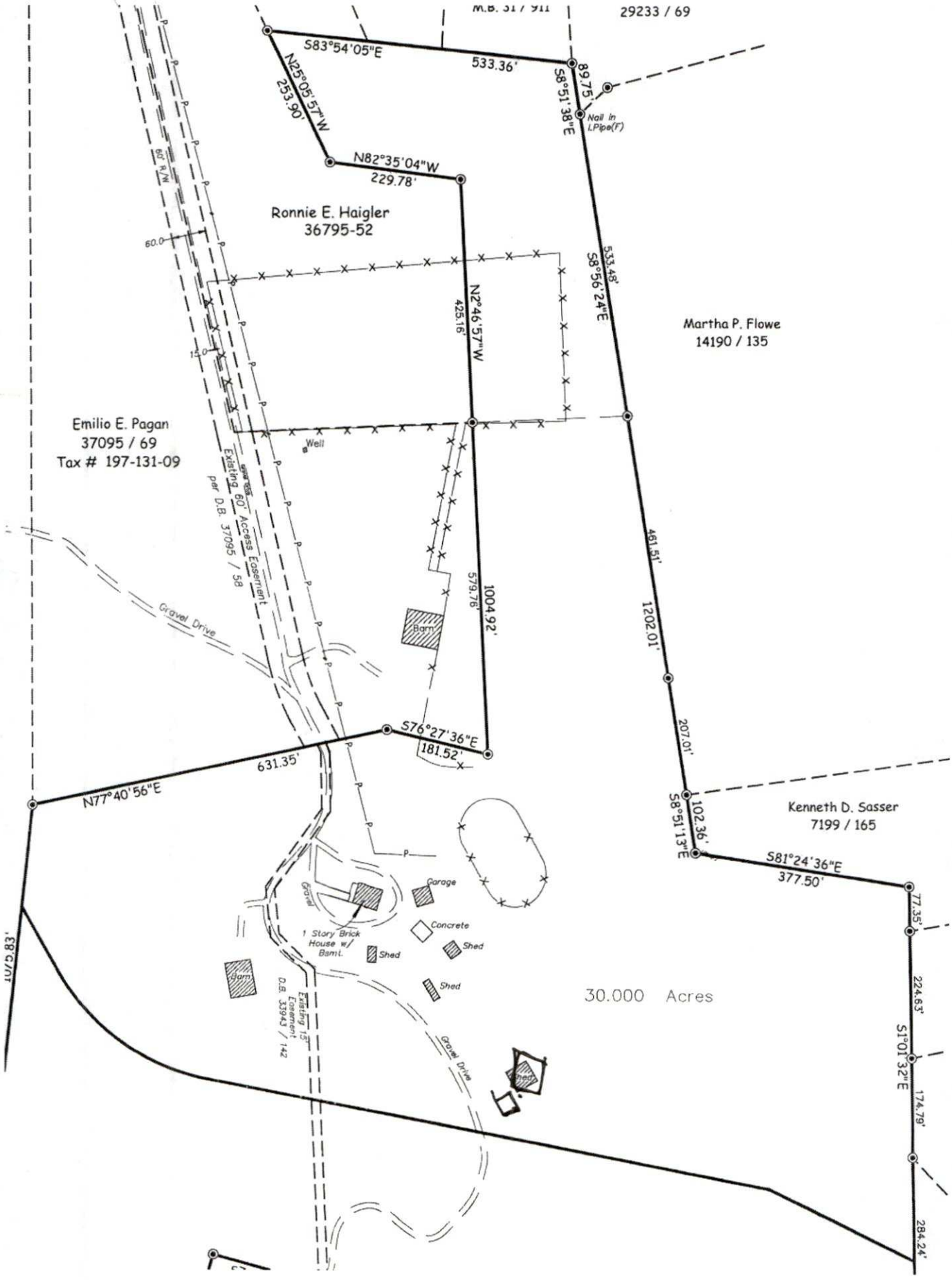
Property Owner's or Owner's Legal Representative Signature

2.2.23

Date

Brief Re

Blank Plat



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

Property ID: 197-271-07
Lot #: NA
File #: 11588B
AppID: 13614

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Emilio & Jordan Pagar
Address: 10440 Brief RD
Proposed Facility: SFR
Design Flow (.1949): 360 GPD
Location of Site: 10440 Brief RD
Water Supply: [] Public [ ] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Charles Arrowood
Date Evaluated: 3/8/23
Property Size:
Property Recorded:
[ ] Spring [ ] Municipal
[ ] Cut
[ ] 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
1	R 3%	0-20"	C, SBK	SS, SP, FI, SEXP	N/A	48"	N/A	N/A	SAP INCLUSIONS STARTING AT 38"	PS 0.275	36"
		20-38"	CL, WSBK	SS, SP, FR, SEXP							
		38-48"	CL, WSBK	SS, SP, FR, SEXP							
2	SS 6%	0-18"	C, SBK	SS, SP, FI, SEXP	N/A	48"	N/A	N/A	SAP INCLUSIONS STARTING AT 28"	PS 0.275	34"
		18-28"	CL, WSBK	SS, SP, FR, SEXP							
		28-48"	CL, WSBK	SS, SP, FR, SEXP							
3	R 4%	0-12"	C, SBK	SS, SP, FI, SEXP	N/A	20"	20"	N/A	Would need pits to evaluate further	US	
		12-20"	CL, WSBK	SS, SP, FR, SEXP							
		20"	SAP								
4	SS 6%	0-20"	C, SBK	SS, SP, FI, SEXP	N/A	48"	N/A	N/A	SAP INCLUSIONS STARTING AT 30"	PS 0.275	34"
		20-30"	CL, WSBK	SS, SP, FR, SEXP							
		30-48"	CL, WSBK	SS, SP, FR, SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	iiiG	iiiG
Site LTAR (gpd/sq ft)	0.275	0.275

Other Factors (.1946):
Soil Evaluation By: April Bumgarner, REHS AB
Others Present:
Site Classification (.1948): PS
Site Evaluation By: April Bumgarner, REHS AB
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	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

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

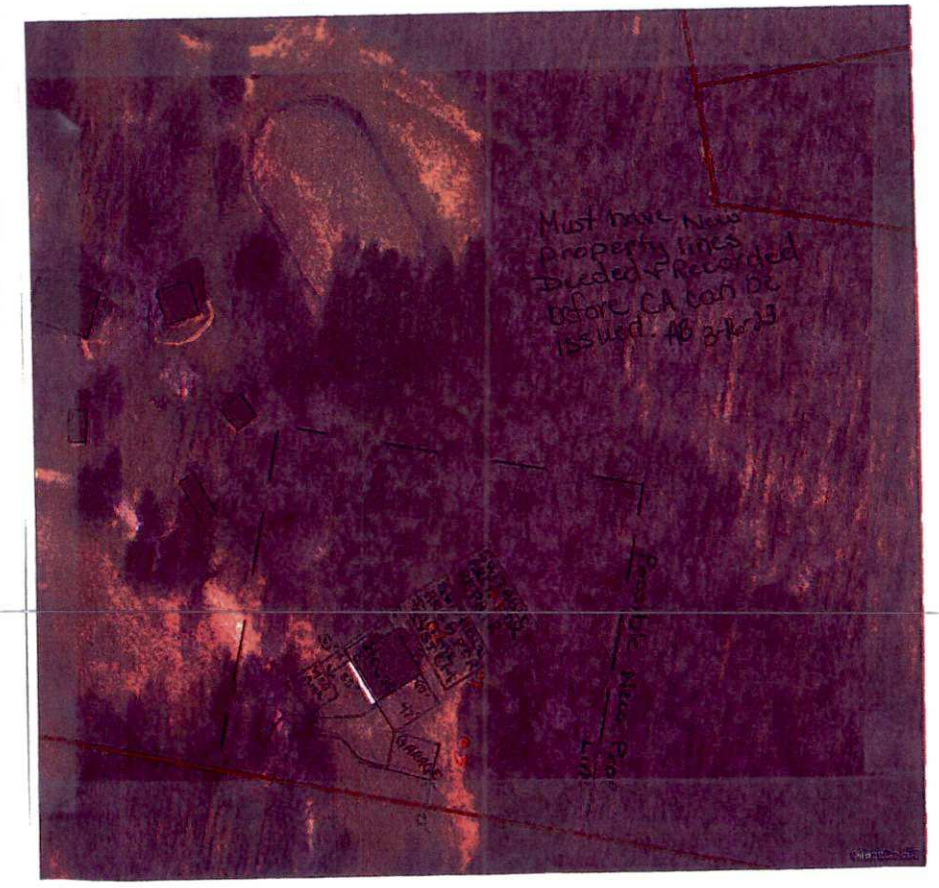
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 11588B Permit #: 13614 Tax Parcel #: 197-271-07

Property Owner: Emilio & Jordan Pagar / Charles Arrawood

Job Location Address: 10440 Brief Rd

City: Charlotte State: NC Zip Code: 28227

Improvement Permit Issuance Date: 3-16-23 **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: 360 GPD Site LTAR: 0.275 GPD/ft²

Liquid Capacity of Septic Tank: N/A gallons Liquid Capacity of Dosing Tank: N/A 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) _____

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: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- See Attached

This is an IP only.
Must have property lines deeded & recorded prior to CA being issued.

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 for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30013614 GWS File #: 11588B Tax Parcel #: 197-271-07

- 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):** 9/12/2028

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

Structure Type: HOUSE Size (ft^2): 1800 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 982 Total Trench Length (ft): 327

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Drop Boxes

III. Repair System Type: PPBPS (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2' Trench Spacing (ft): 6' Absorption Area (ft^2): 655 Total Trench Length (ft): 218

Maximum Trench Depth (in): 34 Depth of Media (in): N/A Distribution Device: Drop Boxes

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 April Bumgarner Owner/Legal Agent: _____
Print Name

Signature: April Bumgarner Signature: _____

Date Issued: 9/12/2023

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 #: **30013614** GWS File #: **11588B**

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: April Burngarner

Signature: April Burngarner

Date Issued: 9/12/2023

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

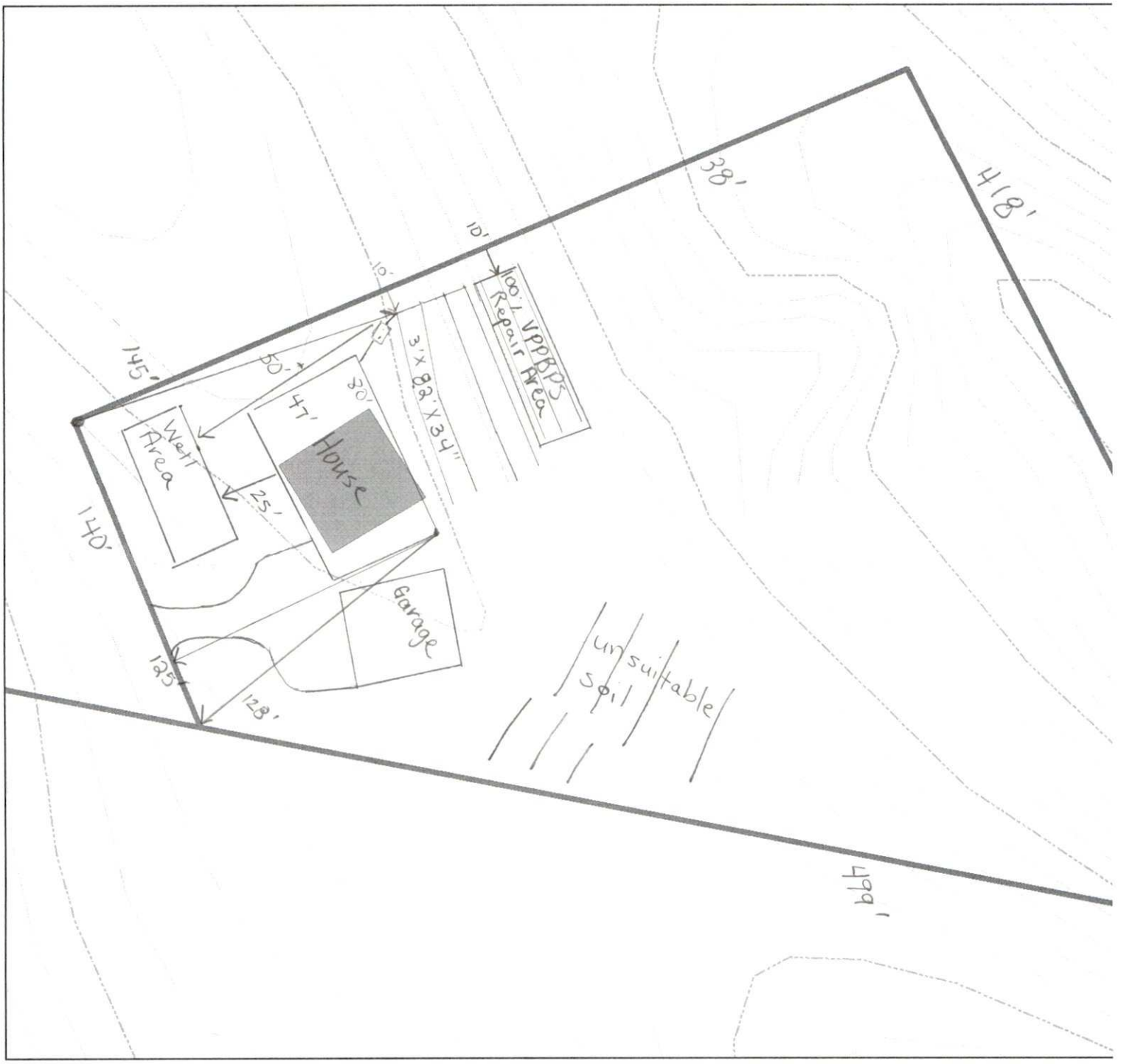
Permit #: 13614
PID #: 197-271-07
File #: 11588

Authorized Agent: April Baumgarner Date: 3-16-23

Owner/ Legal Agent: _____ Date: _____

1 inch = 100 fe

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 13614
PID #: 197-271-07
File #: 11588B

Authorized Agent: April Burngarner Date: 9-12-23

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 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 # 11588 B App# 13614 Tax Parcel# 197-271-19

Property Owner: Emilio & Sordyn Pagan

Job Location Address: 10446 Brief 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.**

TJ V — 8/14/24

Authorized Agent — Date

Others Present

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 115863 Permit #: 13614 Tax Parcel #: 197-271-19

Property Owner: Emilio & Jordyn Pagan

Job Location Address: 10446 Brief Road

City: Charlotte State: NC Zip Code: 28277

Operation Permit Issuance Date: 8/21/24 Contractor Name: Stevens Septic

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

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

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 328 feet

# of Lines: 4 @ Varies feet

Depth of Media: 12 inches (Type) Infiltrator Chambers (25% red)

Depth of Cover: 76 inches

Distribution Device: Serial

Inspection Dates

Tank(s) Inspected: 8/16/24

Excavation Inspected: 8/16/24

Pump & Controls Inspected: NA

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

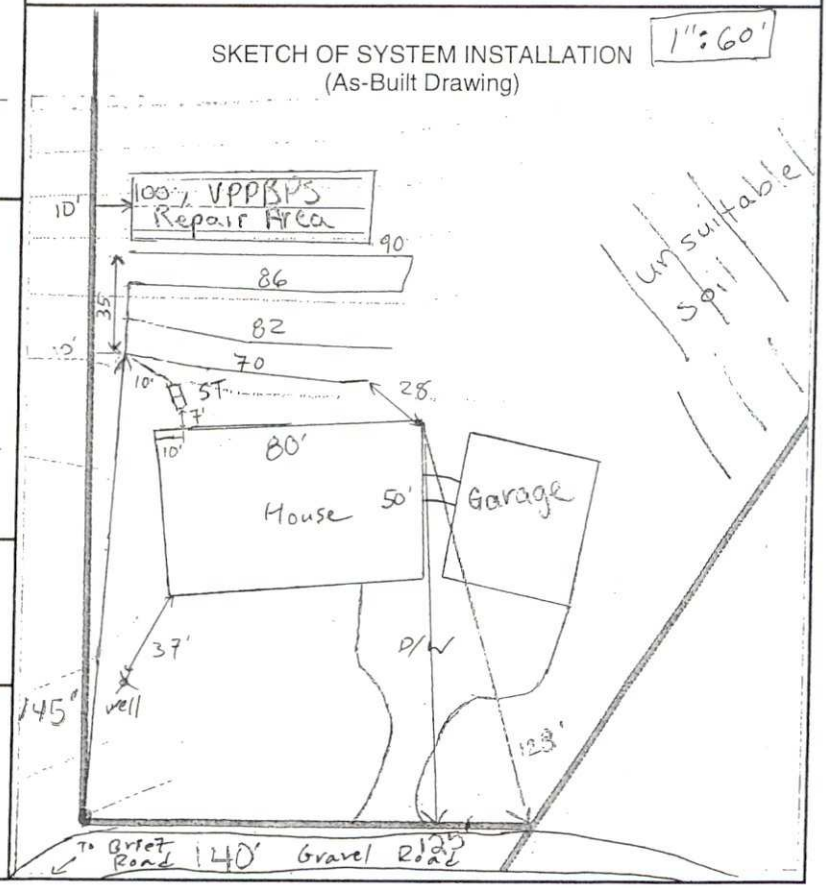
System Installation Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing) 1":60'



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: II B II b / G / CHM36 / NA / NA

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 #: 11588B Permit #: 13614 Tax Parcel #: 197-271-19

Property Owner: Emilio & Jordyn Pagan

Job Location Address: 10446 Brick Rd

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: II B (25% red.)

*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: 8/21/24

Signature: Ty K

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 #: 115863 Permit #: 13614 Tax Parcel #: 197-271-19

Property Owner: Emilio & Jordyn Pagan

Job Location Address: 10446 Brief Road

City: Charlotte State: NC Zip Code: 28277

Operation Permit Issuance Date: 8/21/24 Contractor Name: Stevens Septic

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

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

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 328 feet

# of Lines: 4 @ varies feet

Depth of Media: 12 inches (Type) Infiltrator Chambers (25% red)

Depth of Cover: 76 inches

Distribution Device: Serial

Inspection Dates

Tank(s) Inspected: 8/16/24

Excavation Inspected: 8/16/24

Pump & Controls Inspected: NA

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

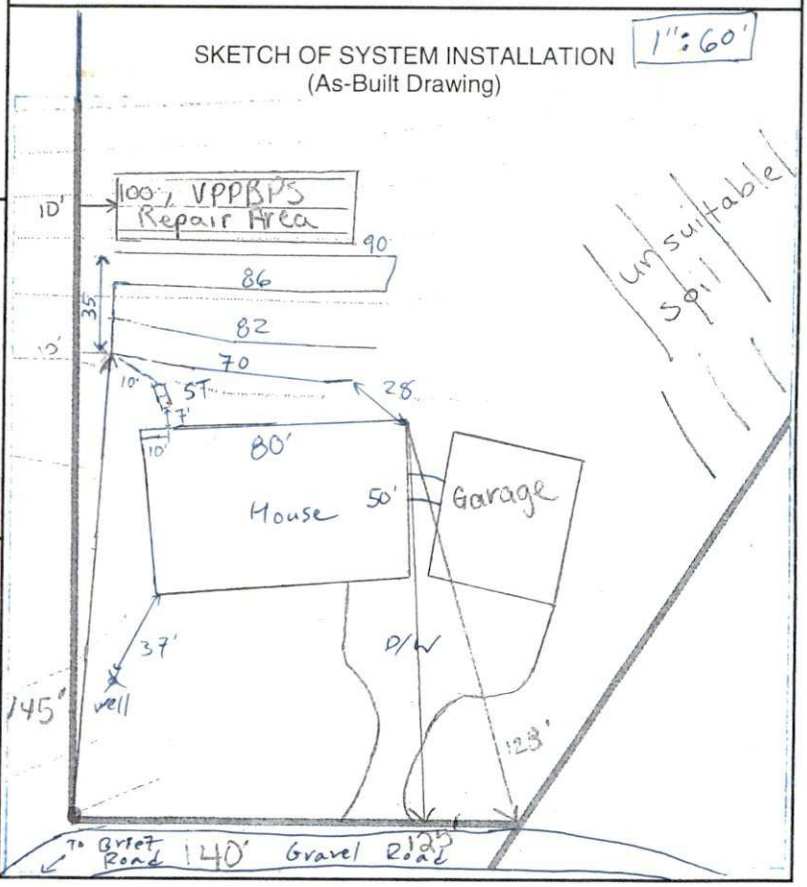
System Installation Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing) 1":60'



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: II B

DENR Authorized Agent: Troy Kling Signature: Troy Kling