SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11781B

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: _____

☐ Release final hold in Winchester: _____

Comments:

11781B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#15109

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

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

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 037-032-12
STREET ADDRESS: 3008 Oakdale Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): 4.5
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: [redacted] 2520 apx
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
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: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A

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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ○ NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: _____

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: Andy Stowell & Jessica Wynne Voyles
ADDRESS: 3008 Oakdale Rd
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: _____
MOBILE PHONE: 980-475-0725
FAX: _____
E-MAIL: jwvoyles@gmail.com

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

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

_____ (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.

_____ 11/18/24

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

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

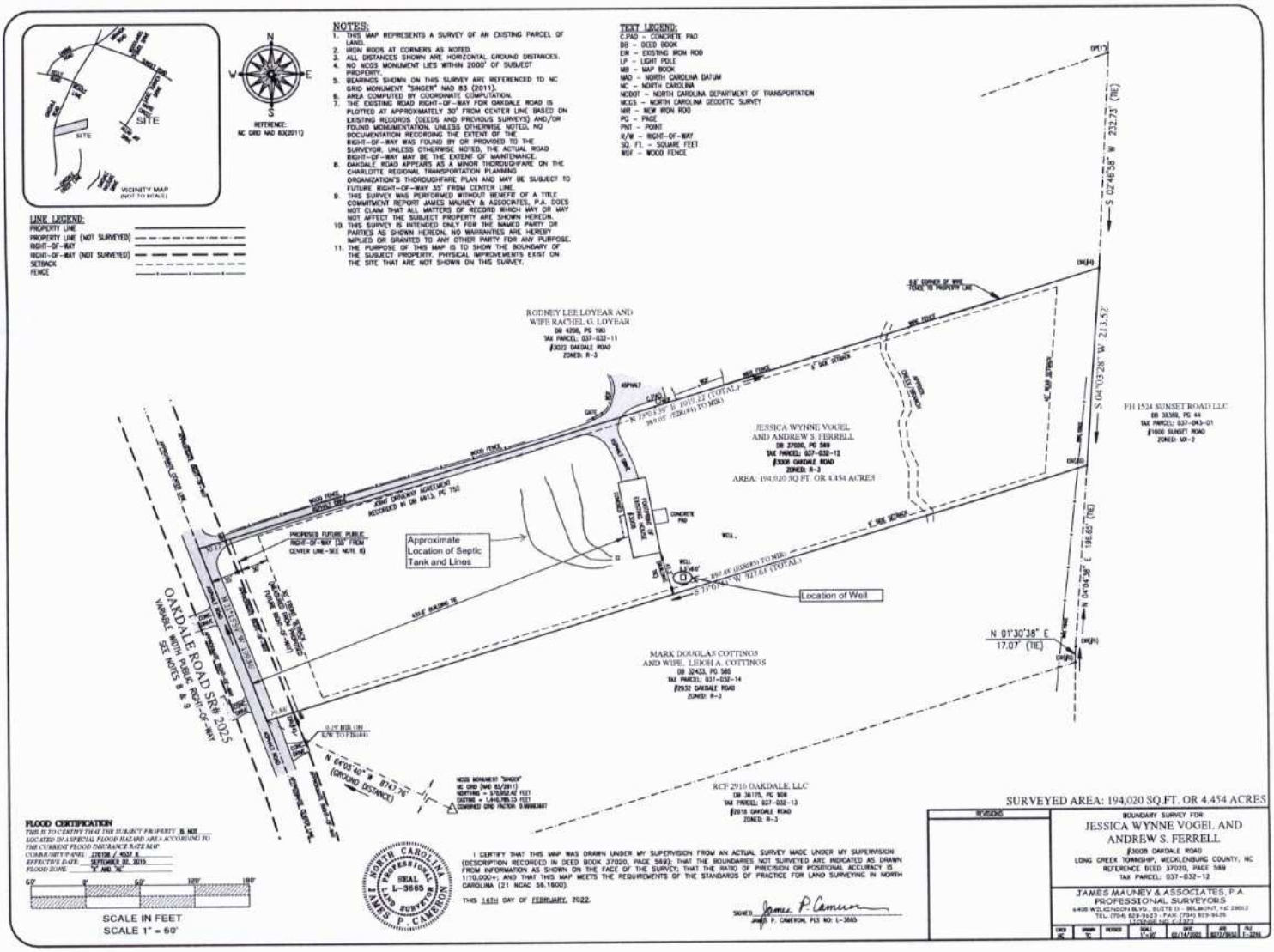
APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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


VICINITY MAP
(NOT TO SCALE)
SITE
REFERENCE:
NC GRID NAD 83(2011)
NOTES:
1. THIS MAP REPRESENTS A SURVEY OF AN EXISTING PARCEL OF LAND.
2. IRON RODS AT CORNERS AS NOTED.
3. ALL DISTANCES SHOWN ARE HORIZONTAL GROUND DISTANCES.
4. NO NCGS MONUMENT LIES WITHIN 2000' OF SUBJECT PROPERTY.
5. BEARINGS SHOWN ON THIS SURVEY ARE REFERENCED TO NC GRID MONUMENT "SINGER" NAD 83 (2011).
6. AREA COMPUTED BY COORDINATE COMPUTATION.
7. THE EXISTING ROAD RIGHT-OF-WAY FOR OAKDALE ROAD IS PLOTTED AT APPROXIMATELY 30' FROM CENTER LINE BASED ON EXISTING RECORDS (DEEDS AND PREVIOUS SURVEYS) AND/OR FOUND MONUMENTATION. UNLESS OTHERWISE NOTED, NO DOCUMENTATION RECORDING THE EXTENT OF THE RIGHT-OF-WAY WAS FOUND BY OR PROVIDED TO THE SURVEYOR. UNLESS OTHERWISE NOTED, THE ACTUAL ROAD RIGHT-OF-WAY MAY BE THE EXTENT OF MAINTENANCE.
8. OAKDALE ROAD APPEARS AS A MINOR THOROUGHFARE ON THE CHARLOTTE REGIONAL TRANSPORTATION PLANNING ORGANIZATION'S THOROUGHFARE PLAN AND MAY BE SUBJECT TO FUTURE RIGHT-OF-WAY 35' FROM CENTER LINE.
9. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. JAMES MAUNEY & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
10. THIS SURVEY IS INTENDED ONLY FOR THE NAMED PARTY OR PARTIES AS SHOWN HEREON. NO WARRANTIES ARE HEREBY IMPLIED OR GRANTED TO ANY OTHER PARTY FOR ANY PURPOSE.
11. THE PURPOSE OF THIS MAP IS TO SHOW THE BOUNDARY OF THE SUBJECT PROPERTY. PHYSICAL IMPROVEMENTS EXIST ON THE SITE THAT ARE NOT SHOWN ON THIS SURVEY.
TEXT LEGEND:
C.PAD – CONCRETE PAD
DB – DEED BOOK
EIR – EXISTING IRON ROD
LP – LIGHT POLE
MB – MAP BOOK
NAD – NORTH CAROLINA DATUM
NC – NORTH CAROLINA
NCDOT – NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
NCGS – NORTH CAROLINA GEODETIC SURVEY
NIR – NEW IRON ROD
PG – PAGE
PNT – POINT
R/W – RIGHT-OF-WAY
SQ. FT. – SQUARE FEET
WDF – WOOD FENCE
LINE LEGEND:
PROPERTY LINE
PROPERTY LINE (NOT SURVEYED)
RIGHT-OF-WAY
RIGHT-OF-WAY (NOT SURVEYED)
SETBACK
FENCE
RODNEY LEE LOYEAR AND WIFE RACHEL G. LOYEAR
DB 4298, PG 193
TAX PARCEL: 037-032-11
#3022 OAKDALE ROAD
ZONED: R-3
JESSICA WYNNE VOGEL AND ANDREW S. FERRELL
DB 37020, PG 589
TAX PARCEL: 037-032-12
#3008 OAKDALE ROAD
ZONED: R-3
AREA: 194,020 SQ.FT. OR 4.454 ACRES
FH 1524 SUNSET ROAD LLC
DB 35388, PG 44
TAX PARCEL: 037-043-01
#1900 SUNSET ROAD
ZONED: MX-2
MARK DOUGLAS COTTINGS AND WIFE, LEORA A. COTTINGS
DB 32433, PG 585
TAX PARCEL: 037-032-14
#2932 OAKDALE ROAD
ZONED: R-3
RCF 2916 OAKDALE, LLC
DB 36175, PG 906
TAX PARCEL: 037-032-13
#2916 OAKDALE ROAD
ZONED: R-3
OAKDALE ROAD SR# 2025
VARIABLE WIDTH PUBLIC RIGHT-OF-WAY
SEE NOTES 8 & 9
PROPOSED FUTURE PUBLIC RIGHT-OF-WAY 70' FROM CENTER LINE-SEE NOTE 8)
Approximate Location of Septic Tank and Lines
Location of Well
JOINT DRIVEWAY AGREEMENT RECORDED IN DB 6913, PG 752
WOOD FENCE
CHAIN LINK FENCE
CONCRETE PAD
WELL
S 02°46'58" W 232.73' (TIE)
S 04°03'28" W 213.52'
N 04°04'38" E 196.65' (TIE)
N 01°30'38" E 17.07' (TIE)
S 17°07'41" W 927.67' (TOTAL)
N 64°05'40" E 8747.76' (GROUND DISTANCE)
NCGS MONUMENT "SINGER" NC GRID (NAD 83/2011) NORTHING = 570,952.42 FEET EASTING = 1,440,780.73 FEET COMBINED GRID FACTOR: 0.99983847
FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA ACCORDING TO THE CURRENT FLOOD INSURANCE RATE MAP.
COMMUNITY-PANEL: 370159C / 0537 K
EFFECTIVE DATE: SEPTEMBER 02, 2015
FLOOD ZONE: "X" AND "AE"
60' 0' 60' 120' 180'
SCALE IN FEET
SCALE 1" = 60'
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-3665 JAMES P. CAMERON
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DESCRIPTION RECORDED IN DEED BOOK 37020, PAGE 589); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION AS SHOWN ON THE FACE OF THE SURVEY; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).
THIS 14TH DAY OF FEBRUARY, 2022.
SIGNED: James P. Cameron
JAMES P. CAMERON, PLS NO: L-3665
SURVEYED AREA: 194,020 SQ.FT. OR 4.454 ACRES
BOUNDARY SURVEY FOR:
JESSICA WYNNE VOGEL AND ANDREW S. FERRELL
#3008 OAKDALE ROAD
LONG CREEK TOWNSHIP, MECKLENBURG COUNTY, NC
REFERENCE DEED 37020, PAGE 589
TAX PARCEL: 037-032-12
JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
6408 WILKINSON BLVD., SUITE D - BELMONT, NC 28012
TEL: (704) 829-9423 - FAX: (704) 829-9435
LICENSE NO. C-1377
DRWN JC | CHKD JC | REVISED | SCALE 1"=60' | DATE 02/14/2022 | JOB 02121450 | FILE 1-3216

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 #: 11781b Permit #: 15109 Tax Parcel #: 037-032-12

Property Owner: Andy Ferrell and Jessica Vogel

Job Location Address: 3008 Oakdale Rd

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 11/21/24

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 11/21/25. 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: .3 GPD/ft²

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 38-44 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 26 inches (Type) 6" sand 20"stone

Distribution Device: dbox/drop box

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

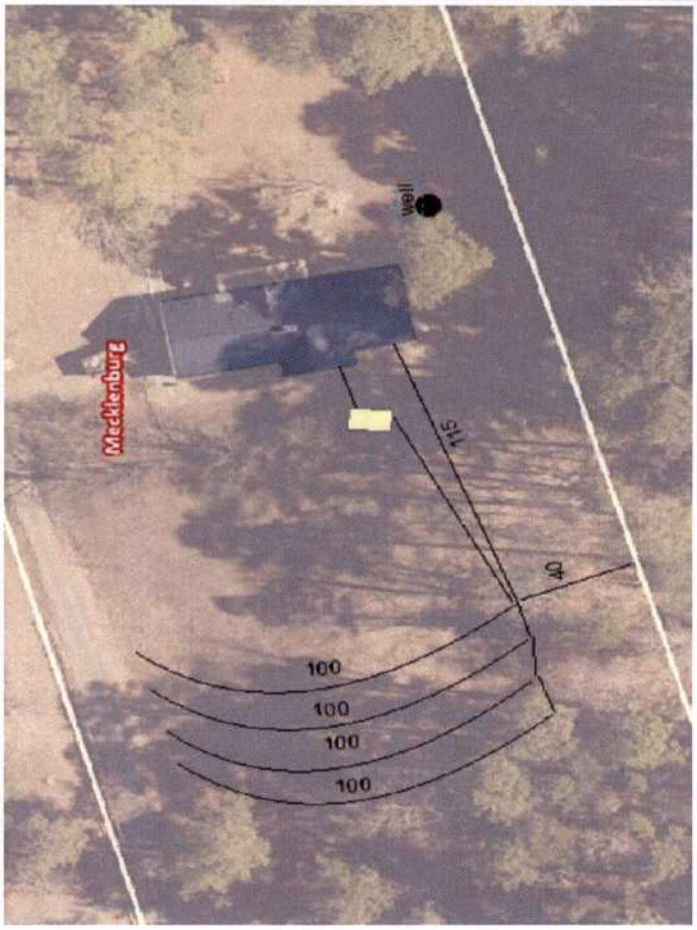
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet



Comments: System Classification & Type: Precontruction meeting required. Contact Heather Ray @ 704-280-1485

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____