SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11804B / 14230

Assigned Inspector: Bryan D.

☒ IP $250.00: JAD 11/09/23 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: Site denied. Please mail copy of denial letter to owner. AB 12-15-23.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

December 14, 2023

Re: Application for alteration permit for:
Property Location: 6500 Shaftesbury Rd. (PID 213-072-30)
Health Department File Number: **11804B (AppID. 14230)**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on November 8, 2023 evaluated the above-referenced property. According to your application the site is to serve a 5 bedroom residence, with a current daily design flow of 600 gallons per day system. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an new system permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☒ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Department of Health and Human Services regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is December 15, 2023. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N.C. Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Bryan Davenport, REHS
Environmental Specialist

Encl: (2)

11804B / 14230

9 NOV '23 AM 9:00

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 replace pump to constant pressure

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 21307230
STREET ADDRESS: 6500 Shaftesbury Rd.
CITY: Charlotte
STATE: NC ZIP: 28270
SUBDIVISION NAME: NA
LOT #: NA LOT SIZE (acres): 5.507
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: 5,335
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
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:** 1 2 5 4 3

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?** 1/1/75 ☐ UNKNOWN
11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** Nov. 2024 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Jamil Kaiser + Angela Counts
ADDRESS: 6500 Shaftesbury Rd.
CITY: Charlotte
STATE: NC ZIP: 28270
WORK PHONE: _____
MOBILE PHONE: 248-444-7583
FAX: _____
E-MAIL: jamil.kaiser@gmail.com

Contractor info

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

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

NAME: Vasseur Home Design
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: 704-400-1612
MOBILE PHONE: X 41088
FAX: EIN-20-2780917
E-MAIL: vasseurhomedesign@mac.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1650, FAX: 704-336-5694 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.

X KJ (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.

X KJ (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.

X Kaiser Jamil
Property Owner's or Owner's Legal Representative Signature

X 11/7/23
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 11/09/23

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

APPLICATION PROCESSED BY: MW

GWS FILE NUMBER ASSIGNED: 118048

APPLICATION ID NUMBER ASSIGNED: 14230

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 6000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

*Grading + soil removal notes – back left of floor plan excavate existing basement. And on (R) new foundation + footings performed -



pool not performed - Still TBD

Vasseur Home Design

Jamil/Counts project
6500 Shaftsbury Rd.
Charlotte, NC 28270

B4489591
Project 453422
Submittal 64316363350

Paraf 21307230

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Peter Vasseur / Vassseur Home Design is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   6500 Shaftesbury Rd., Charlotte, NC 28207.
   Number Street Town
   (Or Parcel Number)

~~Jamil Kaiser~~ KAISER JAMIL
Property Owner (print name)

Kaiser Jamil
Property Owner (signature)

11/8/23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/09/23	**Amount:**	250.00
Receipt #:	145082	**Tendered:**	250.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

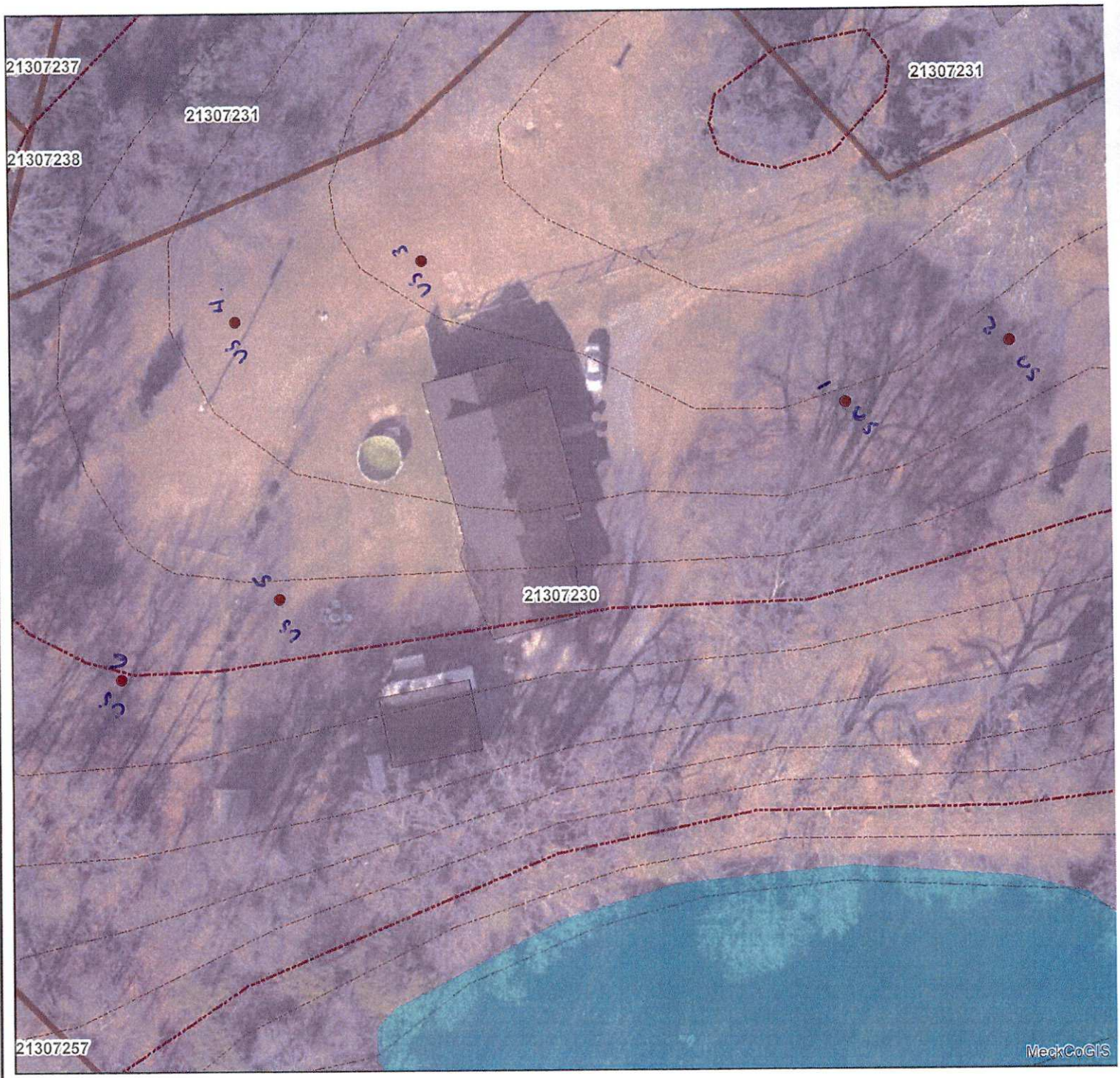
Account #: X41088
Contractor: VASSEUR HOME DESIGN INC
Attn: MONICA CUSSINS
Address: 4223 RANEY WAY
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6500 SHAFTESBURY RD		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		-2,026.09			

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14280
PID #: 213-072-30
File #: 11804B

Authorized Agent: BDavenport Date: 12/15/23

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

* customer is going to connect to city sewer 12/15/23

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14230
PID #: 213-072-30
File #: 11804B

Authorized Agent: BDavenport Date: 12/15/23

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee

* customer is going to connect to city sewer 12/15/23