#12158

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____Initial/Date

Alteration Fees Paid: $300 Total $200 AB 4.29.21 Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

Authentisign ID: 63256BB6-D025-4F56-841C-5065F86059D2

12067
#12158
28 APR '21 PM 1:00

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 21702107
STREET ADDRESS: 16515 Capps Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: None
LOT #: _____ LOT SIZE (acres): 8.59
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: 1608
NUMBER OF BEDROOMS: 2
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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 5

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? 5-28-79 ☐ UNKNOWN
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5-10-21 ☐ N/A

12. PROPERTY OWNER:
NAME: Brion Douglas Youngblood
ADDRESS: 16515 Capps Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: _____
MOBILE PHONE: 704 287 4868
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
*Owner's Authorization form is required if legal representative is submitting application
NAME: Sarah Martin ; Josh Yost
ADDRESS: 712 Bath CT
CITY: Fort Mill SC
STATE: SC ZIP: 29708
WORK PHONE: _____
MOBILE PHONE: 803-804-3422
FAX: _____
E-MAIL: sarah@villagepropertyconsultants.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Authentisign ID: 63256BB6-D025-4F56-841C-5065F86059D2

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.

BDY

(Initial here for septic system applications)

ABM

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.

BDY

(Initial here for well applications)

16. APPLICATION SIGNATURE SECTION: ABM

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.

Authentisign

Brian D. Youngblood

4/27/2021

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

4/27/2021 11:25:34 PM CDT

A Beth Morton — 4/27/2021

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 Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Authentisign ID: 63256BB6-D025-4F56-841C-5065F86059D2

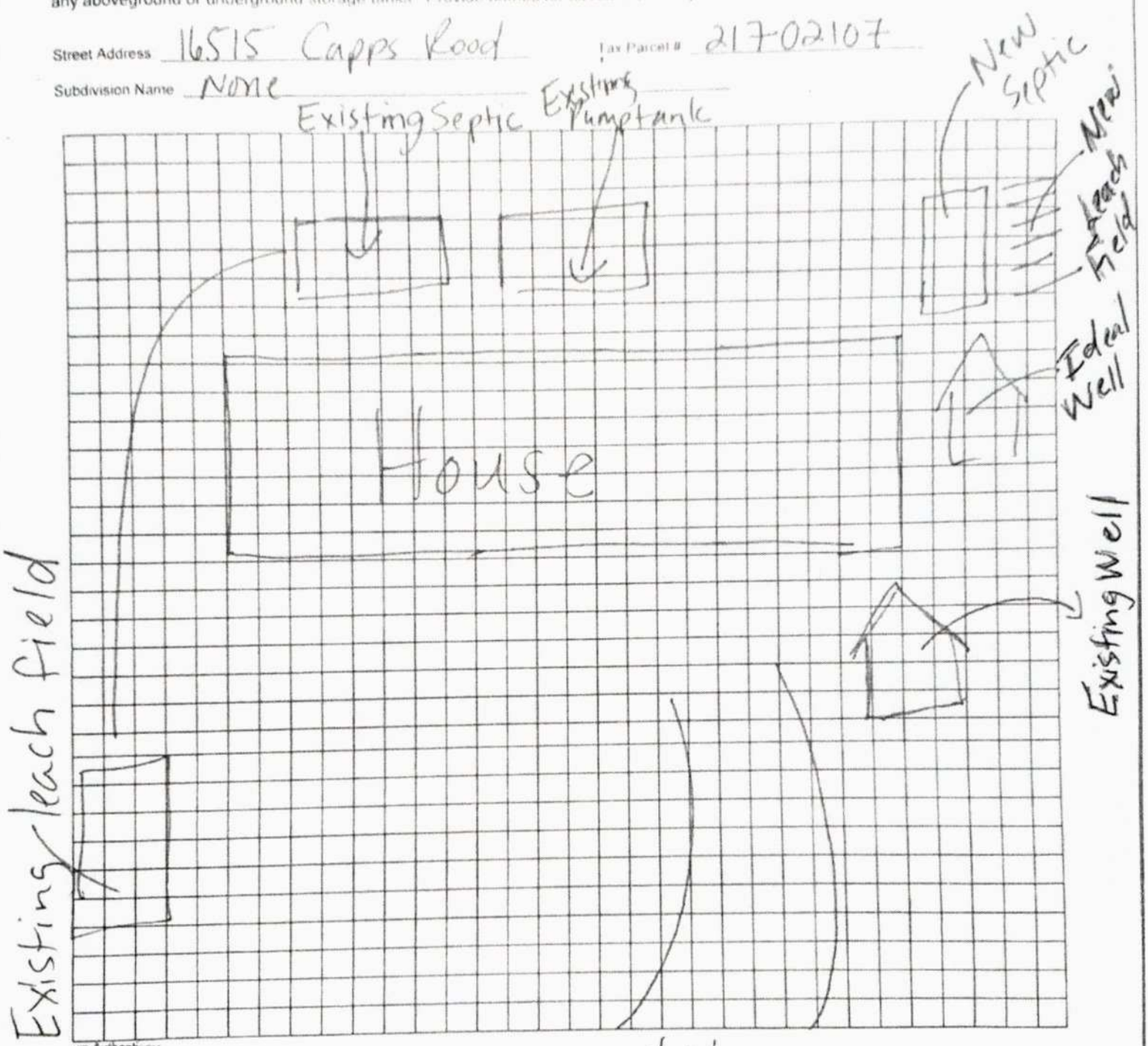
File #: _____

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 16515 Capps Road Tax Parcel # 21702107

Subdivision Name None



Authentisign
Brian D. Youngblood
4/27/2021 | 7:38 PM EDT
Property Owner's or Owner's Legal Representative Signature

4/27/2021
Date

Beth Martin 4/27/2021

* Not sure where new well could be placed. In need of direction from county.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE (980) 314-1680, FAX: 704-336-6894

Revised on 03/27/19

Authentisign ID: 63256BB6-D02S-4FS6-841C-5065FB6059D2

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(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 Sarah Martin + Josh Yost is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

16515 Capps Rd Charlotte .
Number Street Town
(Or Parcel Number)

Brian Youngblood
Property Owner (print name)

Authentisign
Brian D. Youngblood
Property Owner (signature)

4/27/2021
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/29/21
Receipt #: 128543
Check / Auth #: VISA 022104
Received By: CABANLA

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MARTIN, SARAH
Attn:
Address: 16515 CAPPS RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 16515 CAPPS RD		1	300.00	300.00

----------**Outstanding Balances**----------

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

Payment Receipt

Mecklenburg County

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

Enter Account # or Customer Name Here: SARAH MARTIN

Bill To:

SARAH MARTIN

Single Payment

Transaction Date: 04/29/2021 7:35 AM Pacific Time
Pay Method: VISA **********3252
Approval #: 022104
Trace Number: eb545370-39bf-4449-95cd-336391b917fd
Amount: $300.00

Payment Amount: $300.00

Total: $300.00

Thank you for your payment.

CAROLINAS SEPTIC SERVICES 980-313-0244

Revised 5/8/2020

ON-SITE WASTEWATER INSPECTION - Page 1

HOUSE

Date of Inspection: ~~4-2-2021~~ 4/8/2021

Property Address: **16515 Capps Rd Charlotte NC** County: **MECKLENBURG**

Client Name: _____ Realtor/Contact Name: _____

Type of water supply ☑Well ☐Public Water ☐Community Water ☐Spring

Location of Septic Tank and septic tank details:

10 ft from house or (structure) PATIO

>100 ft from well if applicable

_____ ft from water line if applicable and readily visible

_____ ft. from property line if said property lines are known

8" distance from finished grade to top of tank or access riser

1500 Gallon size of tank

_____ Access riser(s) ☐yes ☑no Describe _____

_____ Tank lids intact ☑yes ☐no

_____ Tank has baffle wall ☑yes ☐no Describe condition of baffle wall: INTACT - FUNCTIONING

YES Inflow to tank is noted as sufficient

NO Inflow to tank is noted as insufficient or blocked

YES Water level in tank is relative to tank outlet

_____ Outlet T is present ☑yes ☐no Describe condition of Outlet T: PRE-CAST. ROOTS. POOR CONDITION

_____ Outlet has filter ☐yes ☑no

Describe condition of filter: _____

_____ Effluent leaves the outlet ☑yes ☐no

_____ Roots present in tank ☑yes ☐no Describe extent of roots: ENTERING THROUGH LIDS.

NO Evidence of tank leakage Describe: SEPTIC TANK WAS PUMPED AT THE TIME OF THE INSPECTION

NO Evidence of non-permitted connections, such as downspouts or sump pumps

YES Connection present from house to tank

YES Connection present from tank to next component → PUMP TANK

PUMPED Percentage of solids in tank

_____ Unable to locate tank - System inspection cannot be completed until tank is located

Does system have pump tank? ☑yes (complete blanks below) ☐no

10 ft from house or (structure) PATIO

>100 ft from well or spring if applicable

_____ ft from water line if applicable

_____ ft. from property line if property lines are known

2 ft from septic tank

18" Distance from finished grade to top of tank or access riser

_____ Access risers in place ☐yes or ☑no

_____ Describe type of access risers: NOT PRESENT

_____ Describe condition of tank lids FAIR

Location of control panel: ABOVE GROUND IN AREA OF PUMP TANK

Condition of control panel: FAIR "PIGGY BACK"

NO Audible and visible alarms (as applicable) work

YES Pump turns on and effluent is delivered to next component

_____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field:

Type of system: ☑Conventional ☐Accepted ☐Innovative ☐Experimental ☐Controlled

Demonstration ☐Pretreatment; Type of Pretreatment _____

Brief Description of System Type TYPE III PUMP TO

_____ ft. from property line if property lines are known

EST 200'-250' ft from septic/pump tank

BED # of lines

EST 10' x 90 length of lines

NO Evidence of past or current surfacing at time of inspection

Briefly describe: _____

YES Evidence of traffic over the dispersal field

YES (Vegetation) grading and drainage noted that may affect the condition of the system or system components

YES Effluent is reaching the dispersal field

Please review PERMIT from county (if available) and/or contact your local county **Environmental Health Department** directly to verify that the # of bedrooms advertised (MLS, etc.) matches:
# of bedrooms/tank size/# of drainlines/etc. that the home was permitted for.

CAROLINAS SEPTIC SERVICES 980-313-0244

Revised 5/8/2020

ON-SITE WASTEWATER INSPECTION- Page 2

HOUSE

Date of Inspection: ~~4-2-2021~~ 4/8/2021

Property Address: **16515 Capps Rd Charlotte NC** County: **MECKLENBURG**

Client Name: _____ Realtor/Contact Name: _____

☐ **System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44. Current Operator's Name:** _____

Most recent performance, operation and maintenance reports are ☐ Attached ☐ Not Available

☐ **Conditions present that prevented or hindered the inspection**

_____

Adverse conditions present 1. ☑ **that require repair and/or 2.** ☐ **subsequent observation and/or 3.** ☐ **warrants further evaluation by the local HEALTH DEPARTMENT.**

Description of adverse condition: ROOTS IN SEPTIC TANK AROUND INLET AND OUTLET PIPES. ROOTS INFILTRATING THROUGH MID-SEAM OF PUMP TANK. NO ALARM ON PUMP TANK. PUMP TANK DOES NOT HAVE A RISER WITH ACCESS ATLEAST 6 INCHES ABOVE FINISHED GRADE. METAL AND VEGETATION OVER DRAINFIELD. OUTLET TEE IS CORRODING.

Consequences of the adverse condition: CONTINUED ROOT INTRUSION. CONTINUED PUMP TANK LEAKAGE. NO WARNING IN THE EVENT OF PUMP TANK COMPONENT FAILURE.

☑ **Contact County Environmental Health for evaluation***

☑ **Contact a Certified Onsite Wastewater Contractor for SEPTIC Repairs***

☐ **Schedule additional observation***

***Additional fees may be incurred**

Other pertinent information noted during inspection:

INLET, OUTLET, AND PUMP TANK RISER LIDS WERE REMOVED FOR THE INSPECTION. THE SEPTIC TANK AND PUMP TANK WAS PUMPED AT THE TIME OF THE INSPECTION. PUMP CUTS ON AT THE APPROPRIATE LEVEL AND PUMPS EFFLUENT TO DRAINFIELD. SEPTIC TANK AND PUMP TANK MARKED WITH ORANGE FLAGS. CONTACT ENVIRONMENTAL HEALTH FOR PUMP TANK REPLACEMENT.

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein.
This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

- North Carolina ON-SITE WASTEWATER INSPECTOR STANDARDS OF PRACTICE:
  21 NCAC 39.1006 (6) If a client declines to allow a tank to be pumped, the inspection form shall contain the statement:
  "Client requesting this inspection has been advised that for a complete inspection to be performed, the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined"
  ☑ Yes – Pump-Out Ordered ☐ NO – Pump Out Declined (SEE PRE-INSPECTION FORM for Signature)

Inspector/Certified Onsite Wastewater Contractor: [signature] #5190T

Date 4-8-2021

INVOICE



CAROLINAS SEPTIC SERVICES

carolinassepticservices@gmail.com PO Box 404 Monroe, NC 28111 Phone: 980-313-0244

Date of Service:	Invoice #:	Expected Closing Date
4-8-2021	3742	*

INSPECTION ADDRESS	COUNTY
16515 Capps Rd Charlotte NC	MECKLENBURG

Customer Information	Realtor/Contact Information
	Sarah Martin

Job Information	
Septic Inspection 1	$225
Septic Inspection 2	$175
Pump Out 1	$375
Pump Out 2	~~$300~~ $100

Please mail payment to:

Carolinas Septic Services
PO Box 404
Monroe, NC 28111

We accept Check payments
(Please include Inv # and/or service address in the info line)

MC, VISA, AMEX and Discover by phone

THANK YOU FOR YOUR BUSINESS!

Total Amount Due:
~~$1075~~ $875
-$675 VISA 3252
~~400~~ $200



We LOVE Facebook Reviews!

Carolinas (with an "s") Septic Services

Our name is very similar to a few other businesses in the Carolinas. We are working hard to separate ourselves!