Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	112008
WASPS App #:	12654
Primary ES assigned to project:	Matt Hall
Secondary ES assigned to project:	Heather Ray
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	N/A
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	N/A
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	N/A
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes

Repair Complete

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	Repair
IA issued date:	
OP Issued date:	5/31/2023
Review performed by:	Michelone
Date performed:	6/14/2023

Created at 6/14/2023 9:28 AM by Michelone, Jeremy
Last modified at 6/14/2023 9:28 AM by Michelone, Jeremy

Close

16 NOV '21 AM 8:57

MECKLENBURG COUNTY
HEALTH DEPARTMENT

11200B #12654

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

Drainfield surfacing near tank

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 02324148
STREET ADDRESS: 6709 Mt. Holly Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1.27
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: 2,656
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
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 ☑ 1 CONVENTIONAL ☑ 2 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: Kathy Stoudemayer
ADDRESS: 6709 Mt. Holly Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP 28216
WORK PHONE:
MOBILE PHONE: 704-806-7700
FAX:
E-MAIL: no email

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: All Pro Enviro
ADDRESS: 518 Lakeview Dr.
CITY: McAdenville
STATE: NC ZIP 28101
WORK PHONE:
MOBILE PHONE: 704-502-1263
FAX:
E-MAIL: Cfoust@allproenviro.com

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.

C.L.F. (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.

Property Owner's or Owner's Legal Representative Signature

11/15/2021
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:

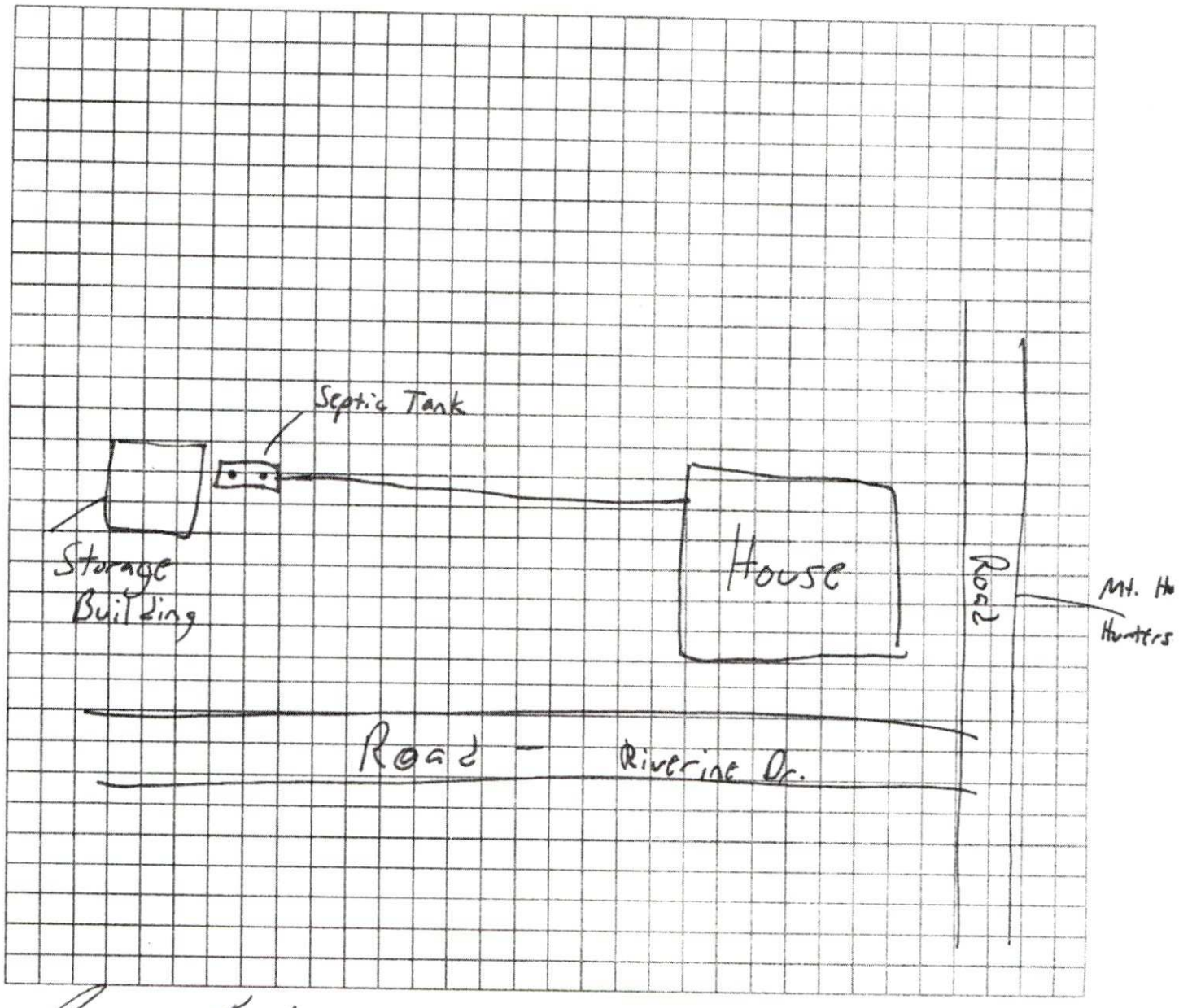
File #: _____

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: 6709 Mt. Holly Huntersville Rd. Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

11/15/2021
Date

11200B

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 All Pro Enviro is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

6709 Mt. Holly Huntersville Rd, Charlotte, NC
Number Street Town
(Or Parcel Number)

Kathy Stoudemayer
Property Owner (print name)

Kathy Stoudemayer
Property Owner (signature)

11/16/2021
Date

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

Sheet: 1 of 2
Property ID:
Lot #: NA
File #: 112005
AppID: 12654

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: kathy stoudemeyer
6709 Mt Holly Huntersville
Proposed Facility: 4 Design Flow (.1949): 480
Location:6709 Mt Holly Huntersville
Water Supply: [ ] Public [] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Kathryn Stoudemeyer
Date Evaluated: 11/22/21
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
Boring #1	15%	0-8	gr L	ss/sp/fr/sexp	>48	48			saprolite inclusions 20-48'	.3	34
		8-36	sbk sCL	s/p/fr/sexp							
		37-48	gr l	ss/sp/fr/sexp							
Boring #2	15%	0-6	gr L	ss/sp/fr/sexp	>48	48			saprolite inclusions 20-48'	.3	34
		6-48	sbk SCL	ss/sp/fr/sexp							
Boring #3											
Boring #4											
Boring #5											
Boring 6											

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		lia
Site LTAR (gpd/sq ft)		.3

Other Factors (.1946):
Soil Evaluation By: Matthew Hal
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Matthew Hall
Others Present:

COMMENTS:

Sheet:
File:
AppID:

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	
	Silt	
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

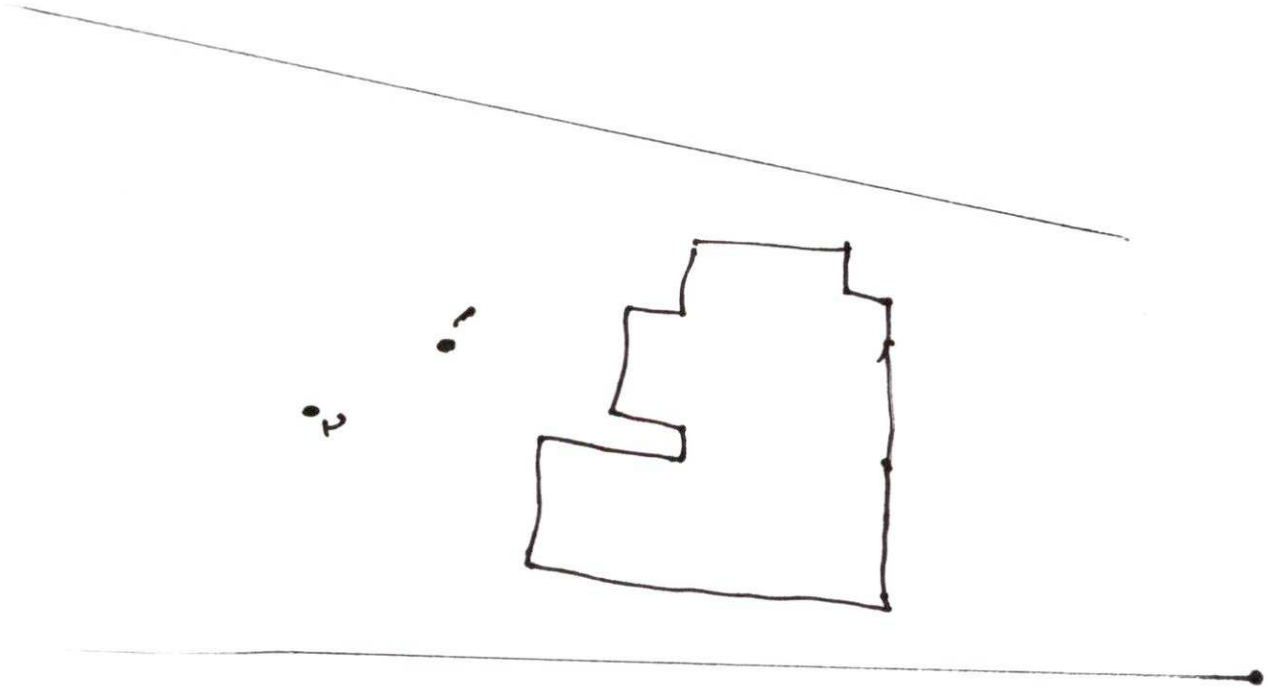
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

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

Soil Boring Location Sketch



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 #: 11200B Permit #: 12654 Tax Parcel #: 02324148

Property Owner: Kathy Stoudemeyer

Job Location Address: 6709 Mt Holly Huntersville

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: 11/22/21 **Construction Authorization Issuance Date:** 11/22/21

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 ASAP. 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: 480 GPD Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: _____ 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: 36 inches

Bed Width: 12 feet

Total line length: 70 feet

# of Lines: 4 @ 70 feet

Depth of Media: 24 inches (Type) washed stone

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

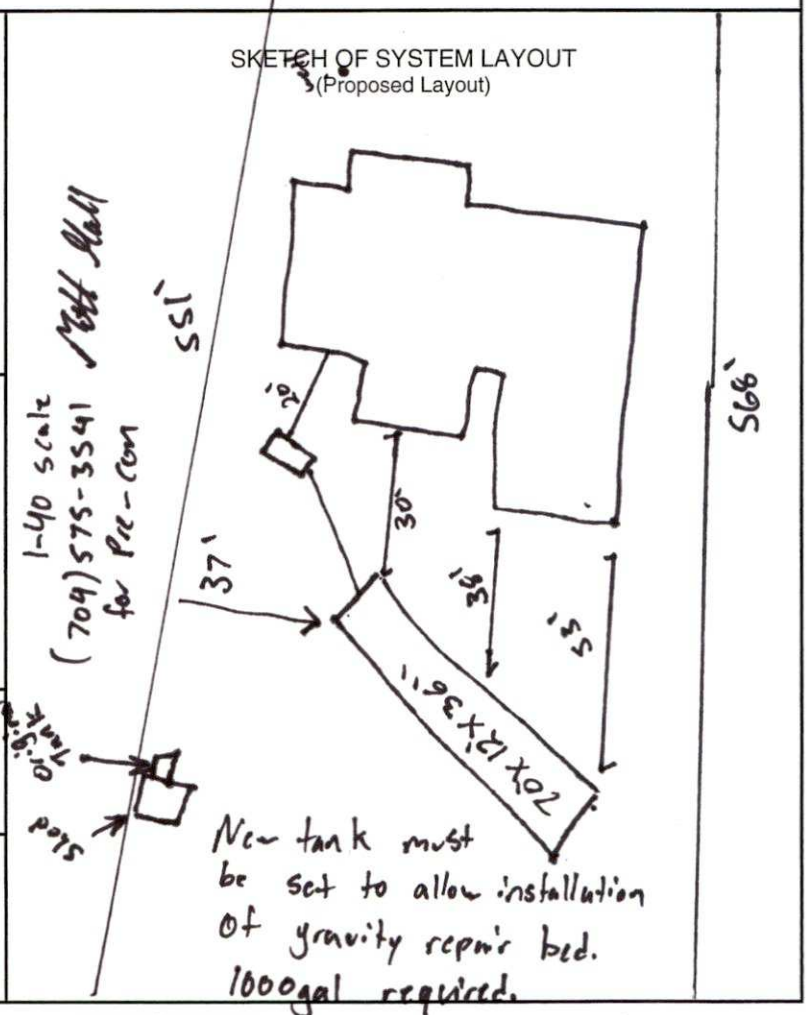
Minimum System Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 7100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa repair bed, new tank installed for gravity flow

Authorized Agent: Matt Hall Signature: Matt Hall

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

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

File #: 11200b Permit #: 12654 Tax Parcel #: 02324148

Property Owner: Kathy Stowe

Job Location Address: 6709 MT Holly Huntersville Rd

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 5/31/23 Contractor Name: Carolina All Pro

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: NA gallons

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

Drainfield Installation ☑ 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) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: 5/31/23

Excavation Inspected: 5/31/23

Pump & Controls Inspected: na

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 12x 70 feet

# of Lines: 4 @ 70 feet

Depth of Media: 24 inches (Type) Stone

Depth of Cover: 6+ inches

Distribution Device: Dbox

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10+ feet

Distance from Property Line: 32 feet

Distance from Water Supply Source: 50+ feet

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: Bed typeII/g/na/na

DENR Authorized Agent: Heather 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
On-Site Wastewater Section

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

File #: 11200b Permit #: 12654 Tax Parcel #: 02324148

Property Owner: Kathy Stowe

Job Location Address: 6709 MT Holly Huntersville Rd

City: Charlotte State: NC Zip Code: 28216

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: IIA

*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: Heather Ray Date: 5/31/23

Signature: Heather Ray