SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 126193 **Accela Project #**_____

Assigned Inspector: Braedon

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: JM 7/20 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 ☐ Add Condition in Accela

☐ 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 Accela: _____

Comments: IP Denied - Please Email

emailed 8/4/26 - LP
Amanda@closingbydesign.com

DigiSign Verified - 121851dd-bb40-4748-aef9-65902d7faab2

12619B

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: 055-072-10
STREET ADDRESS: 9202 Elgin Drive
CITY: Charlotte
STATE: NC **ZIP:** 28214
SUBDIVISION NAME: Walden Park
LOT #: 0&10 **LOT SIZE (acres):** .34

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: 1359
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ◉ YES ○ NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: 7/14/2026

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: Dawn E Rikard
ADDRESS: 9202 Elgin Dr
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704-604-4417
FAX: _____
E-MAIL: dawn022389@yahoo.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

DigiSign Verified - 121851dd-bb40-4748-aef9-65902d7faab2

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)**

DR (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.

Dawn Rikard 07/17/2026, 03:10:21 PM EDT

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

---

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

DigiSign Verified - 121851dd-bb40-4748-aef9-65902d7faab2

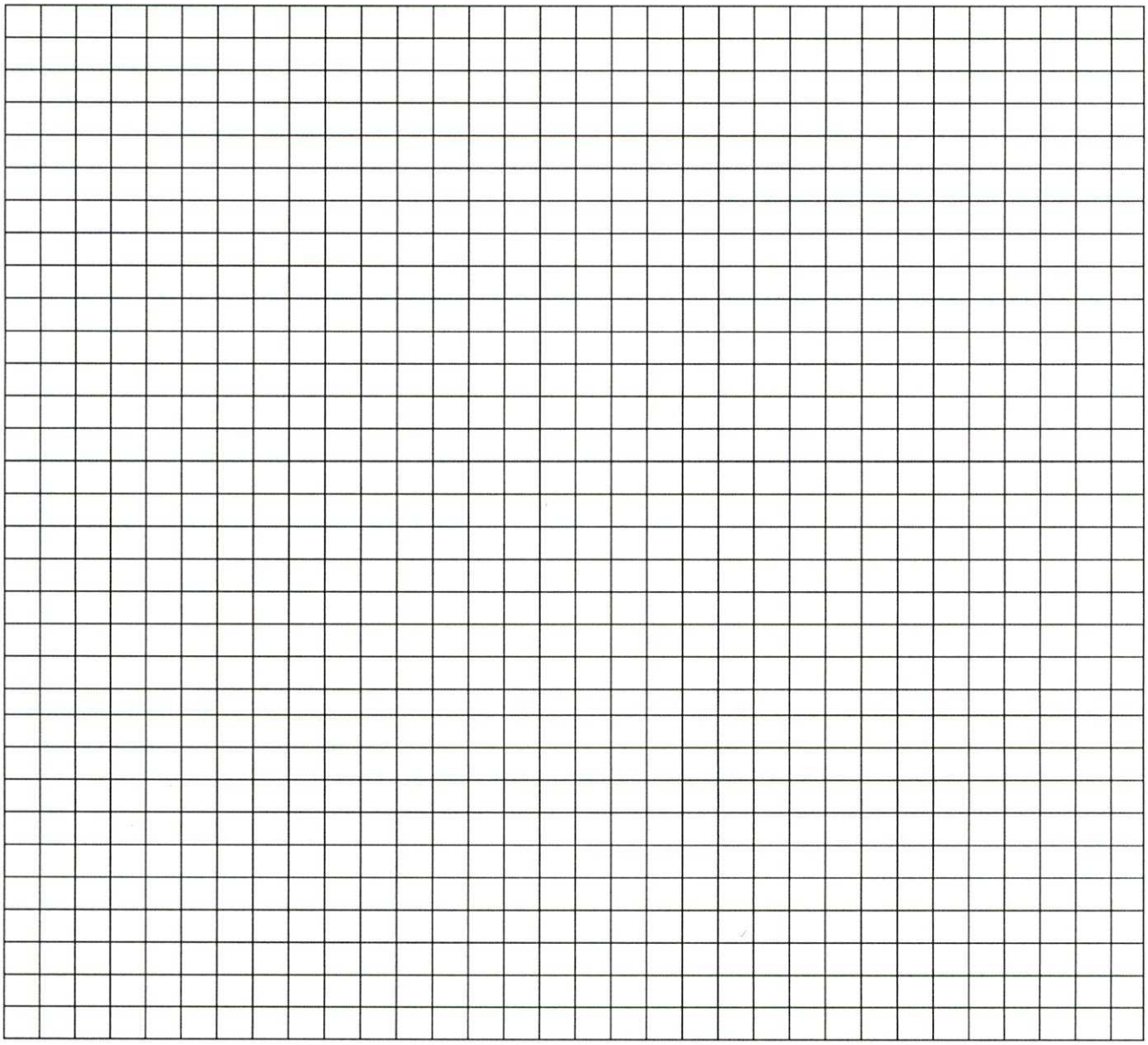
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/20/26
Receipt #: 162615
Check / Auth #: VISA 020888
Received By: MOORES

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAWN RIKARD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 9202 ELGIN	1	300.00	300.00

Permit#

SALE
Mecklenburg Co Permit
2145 Suttle Avenue
4th Floor
Charlotte, NC 28208
980-314-2971

07/20/26	17:09:36
Merchant ID :	404164
Terminal :	451-778-581
Sequence # :	000001
Auth Number :	020888

AMOUNT:	$ 300.00
CONVENIENCE FEE:	$ 7.50
TOTAL:	$ 307.50

CARD ENTRY MODE	MANUAL
Visa	************9470

X _____
SIGNATURE

I agree to pay above total amount in accordance with card issuer's agreement (merchant agreement if credit voucher) Retain this copy for statement verification

Thank you!

MERCHANT COPY

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

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

AUTRY BACKHOE & SEPTIC SERVICE

1309 CULP ROAD, PINEVILLE, NORTH CAROLINA, 28134
{704-504-8830} - autryseptic@yahoo.com - INSP. 10151

ON-SITE WASTEWATER INSPECTION REPORT

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.

On-site Wastewater Inspection

Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address: 9202 Elgin Drive
Street

Charlott NC 28214
City St Zip

Client Name: Dawn Rickard

Current owner of Record _____

Date of Inspection: 16 July 2016

3 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

360 Gallons per day for designed system size or number of bedrooms as stated in available local health department information

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

Copy of Operations permit from _____ County Environmental Health Attached

(Operations permit not available)

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

Type of water supply Well (Public Water) Community Water Spring

Location of Septic Tank and septic tank details:

10 ft from house or structure
— ft from well if applicable
+10 ft from water line if applicable and readily visible
+5 ft. from property line if said property lines are known
12" distance from finished grade to top of tank or access riser
_____ Access riser(s) (yes) no Describe Good
_____ Tank lids intact (yes) no
_____ Tank has baffle wall (yes) no Describe condition of baffle wall: _____
Yes Inflow to tank is noted as sufficient
No Inflow to tank is noted as insufficient or blocked
No Water level in tank is relative to tank outlet water level high
_____ Outlet T is present (yes) no Describe condition of Outlet T: Good
_____ Outlet has filter yes (no) Describe condition of filter: _____

_____Effluent leaves the outlet yes (no) Running back
_____Roots present in tank yes (no) Describe extent of roots: _____
No Evidence of tank leakage Describe: _____
No Evidence of non-permitted connections, such as downspouts or sump pumps
Yes Connection present from house to tank
_____Connection present from tank to next component Straight to Field
10 Percentage of solids in tank
_____Unable to locate tank. System inspection cannot be completed until tank is located
Date tank was last pumped During inspection unknown
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.

Client Signature _____ Date_____

Does system have pump tank? yes (complete blanks below) (no)
_____ft from house or structure
_____ft from well or spring if applicable
_____ft from water line if applicable
_____ft. from property line if property lines are known
_____ft from septic tank
_____Distance from finished grade to top of tank or access riser
_____Access risers in place yes no
_____Describe type of access risers: _____
_____Describe condition of tank lids _____
Location of control panel: _____
Condition of control panel: _____
_____Audible and visible alarms (as applicable) work
_____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 NA
Brief Description of System Type Gravity fed
15 ft. from property line if property lines are known
3 ft from septic/pump tank
Both # of lines
12x25 length of lines
No Evidence of past or current surfacing at time of inspection
Briefly describe: _____
No Evidence of traffic over the dispersal field
No Vegetation, grading and drainage noted that may affect the condition of the system or system components
Yes Effluent is reaching the dispersal field

Distribution Box: _____ system has distribution box(es) X system does not have distribution box(es)
_____distribution box(es) located
_____ unable to locate distribution box(es)
_____ describe condition of distribution box (es) _____
_____ inflow to distribution box(es) is noted as sufficient
_____ inflow to distribution box(es) is noted as insufficient or blocked
_____ outflow from distribution box(es) is noted as sufficient
_____ outflow from distribution box(es) is noted as insufficient or blocked
_____ water level in distribution box(es) is noted as normal
_____ water level in distribution box(es) is noted as above normal
_____ water level in distribution box(es) is noted as below normal

Conditions present that prevented or hindered the inspection

Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: None

Consequences of the adverse condition: None

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Water level in tank was high and field was running, work when was pumped it

Inspector Name: Thomas Adey Certification # 1015 I

Address _____

Phone _____

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.

Inspector Signature: _____ Date 16 July 2016



Road








MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

IMPROVEMENT PERMIT DENIAL

August 4, 2026

DAWN E RIKARD
9202 ELGIN DR
CHARLOTTE, NC 28214

Re: Application for Improvement Permit for property located at 9202 ELGIN DR , CHARLOTTE, NC 28214
Parcel No.: 05507210
Health Department File No.: SEP-016455

To Whom It May Concern:

The Mecklenburg County Health Department, Environmental Health Division, on evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your Improvement Permit application. According to your application, the site is to serve a 3 bedroom residence with a design wastewater flow of 360 gallons per day. The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .0502)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- ☒ Unsuitable soil wetness condition (Rule .0504)
- ☒ Unsuitable soil depth (Rule .0505)
- ☐ Unsuitable saprolite (Rule .0506)
- ☐ Presence of restrictive horizon (Rule .0507)
- ☒ Insufficient space for septic system and repair area (Rule .0508)
- ☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
- ☐ Other (Cite applicable rule):_____

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, as well as use of all possible systems approved under 15A NCAC 18E. 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 such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). 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 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 Department of Health and Human Servicesâ€™ Regional Soil Scientist. 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, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

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 **8/4/2026**. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

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

Sincerely,

Patrick Mitchell, REHS
Soil Scientist
Groundwater & Wastewater Services | Public Health
Mecklenburg County Government
9802298666 | MeckNC.Gov

Enclosures: (Enclose copy of Rule .0502 & .0508)

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 05507210
Lot #: 9 & 10
File #: 12619b
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Dawn Rikard
Applicant:
Address: 9202 Elgin Dr.
Date Evaluated: 7/30/2026
Facility: Exist. 2 BR - Adding 1 BR
Design Flow (.0400): adding 120 GPD (360 GPD total)
Property Size: 0.34 ac.
Location of Site: See file
Property Recorded: 9/25/1978
Water Supply: [X] Public [ ] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction *(Low Side of trench)*
1	L ~2%	0 - 10	Fill?	mixed soil w/ rocks	M	M: Bl mottles @ 10"+	32"+	N/A	N/A	1st two attempts nearby had AR @ 8" & 10" C: rocks, WR, & Sap. inclus. @ 16"+	US	N/A
		10 - 21	Wk, Abk, C	Fi, S, P, SE-Mixed	YB							
		21 - 32	Wk, Abk, C	VFi-Fi, VS, VP, Exp	G / B							
		32	Boring terminated									
2	L ~2%	0 - 6	Wk, Sbk, CL	Fr, SS, SP	B	F: Chroma 3-4 @ 6-18" M: Chroma 2 mottles @ 18"+	23"	US *Exp clay inclus. in veins of Sap.*	N/A	C: Sap. inclus. @ 11-18" Sap. may improve w/ depth. Need pits to determine.	S 0.10 Drip	6" Max
		6 - 18	Wk, Abk, C	Fi, S, P, SE-Mixed	YB							
		18 - 23	Wk, Abk, C & Sap.	mix Fi, S, P	YB / M							
		23 - 30	M, L/CL-Sap.	Fi, S, P	M							
		30	Boring terminated									

Description	Initial System	Repair System
Available Space (.0508)	US	
System Type(s)	N/A	
Site LTAR	0.10	
Maximum Trench Depth (low side of trench)	6"	

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): US
Other(s) Present:
Site Classification (.0509): US

COMMENTS: Due to the presence of unsuitable soil characteristics (soil wetness, exp. clay, US saprolite) and shallow allowable depth in the one boring that was suitable (boring #2), there is insufficient space to accommodate an addition for a 3 BR SFR system. Furthermore, the private inspector reported backflow from the drainfield into the septic tank during inspection.

Lot recorded in 1978.

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 7/30/2026

PROPERTY INFO
Address: 9202 Elgin Dr.
PID No.: 05507210

1 inch = 40 feet

N

Mecklenburg County
Groundwater & Wastewater Services