SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 5991

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: sm 6/27/26 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:

OK to release hold / Released 7/6 sm

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 5441
16428

EXISTING SYSTEM APPROVAL

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]

[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Kevin Brown (Southern Homes By Design, LLC)
Mailing Address: 1896 Miners Creek Dr
City: Lincolnton
State: NC Zip: 28092
Phone #: 704-507-3503
Email: southernhomesbydesign@yahoo.com

Owner: Arnold Gross
Mailing Address: 16330 Stinson Cove Road
City: Huntersville
State: NC Zip: 28078
Phone #: 516-993-1808
Email: arnoldgross@gmail.com

Parcel #: 00101330
Property Location/Address: 16330 Stinson Cove Road Huntersville NC 28078

Facility Type: ■ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: 16428 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: _____ Other: _____
Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ■ OTHER Closet/ Storage

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

☐ Yes ☐ No

IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

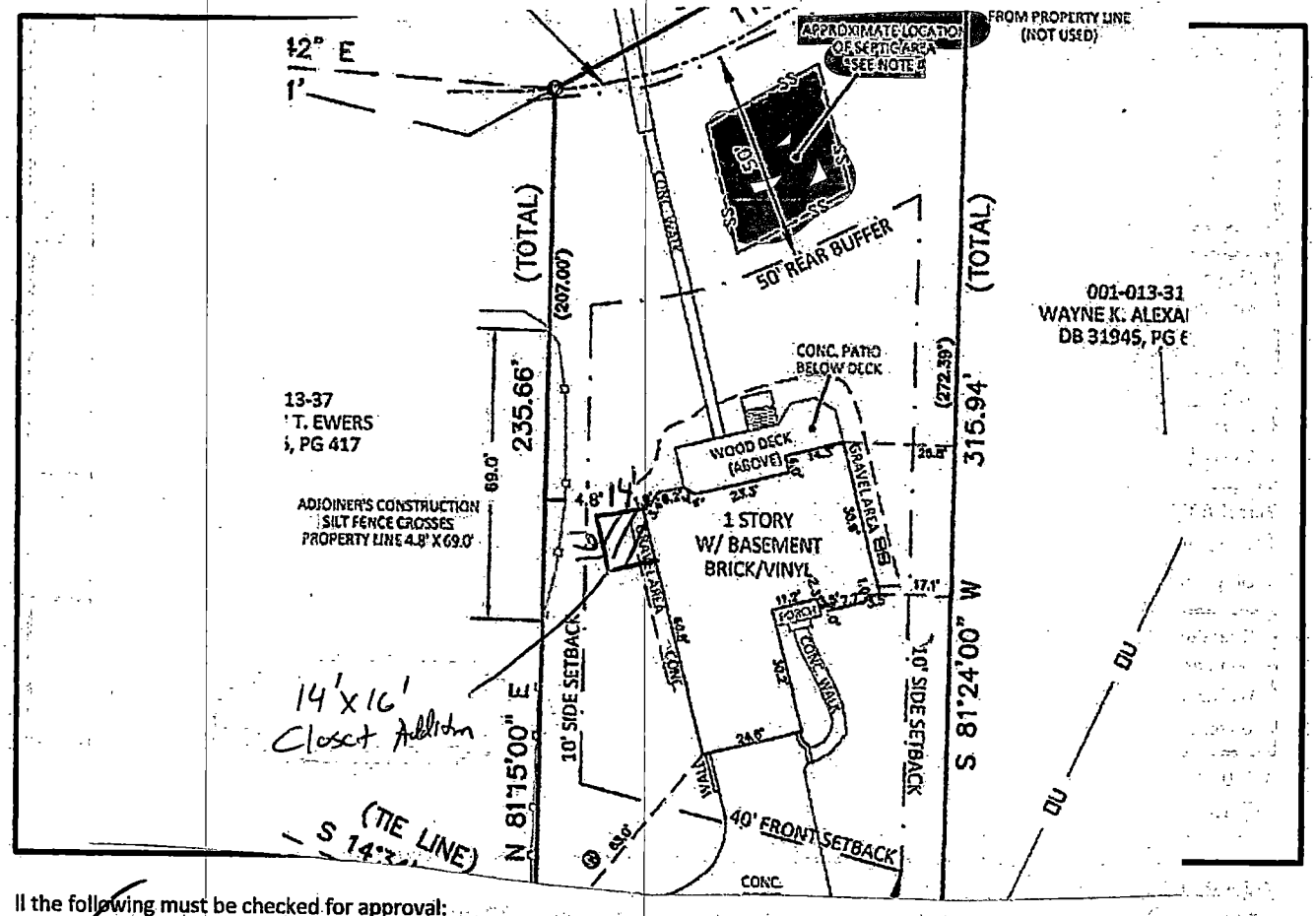
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

Property owner's signature (required) Date Applicant's signature (required) 6/29/26 Date

SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.



ll the following must be checked for approval:

- [x] No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- [x] DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- [x] Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: See Notes in Wksp

Inspector's Printed Name: Heather Woods Inspector Certification #: 2451

Inspector's Signature: Heather Woods Date: 7-6-26

The existing system approval expires one year after the date of issuance.

See attached site sketch

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 Kevin Brown (Southern Homes By Design,LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

16330 Stinson Cove Rd Huntersville .
Number Street Town
(Or Parcel Number)

ARNOLD GROSS
Property Owner (print name)

Property Owner (signature)

6/29/26
Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

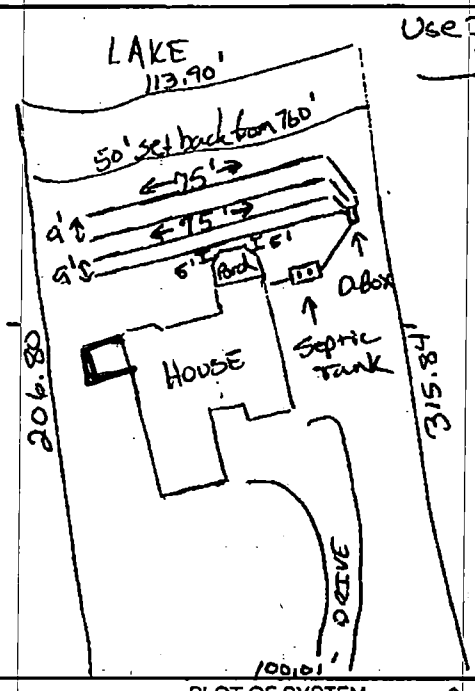
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5441 DATE: 10-7-97

TC: 001-013-30 L

SERIAL Nº 17459

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3-25-96. All work shall be completed on or before 11-7-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Hagers Ferry Road (Stinson Cone Rd)

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line min. 5 feet

Distance from Well 750 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Phillip H. Barker

LOCATION OF PROPERTY 13623 Hagers Ferry Road

Comments: Type III g innovative 3 bedrooms
(4) 3'w x 75'L x ≤ 36" sand backfill or group II or III soil
require for backfill around all chambered systems

Ramy B. Thompson, Jr. R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/29/26	**Amount:**	100.00
Receipt #:	162306	**Tendered:**	100.00
Check / Auth #:	VISA 097477	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #:	200000
Contractor:	KEVIN BROWN
Attn:	
Address:	
Address:	
City/State/Zip:	,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 16330 STINSON COVE	1	100.00	100.00

Permit#

Outstanding Balances

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