SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

☐ **A2** ☐ **EOP/AOWE**

File #: 4045B Accela Project #: SP26-074	Assigned inspector: Heather
☐ IP $250.00:	**EOP/AOWE**
☐ IP Commercial $450.00:	☐ $35 Fee Paid
☐ CA & OP $400.00:	**A2**
☑ Alteration $300: HD 9/11/26	☐ IP/CA COMBO $180:
☐ Modified Plot Plan $100.00:	☐ IP/CA COMBO OP $200:
☐ Use Existing $100.00:	☐ IP ONLY $250:
☐ Use Existing Approved ☐ Use Existing Denied	☐ CA & OP $400:
	☐ A2 IP/CA Modified Plot Plan $40:
	☐ A2 Alteration $120:
	☐ IP/CA COMBO Commercial $260:
	☐ IP/CA COMBO Commercial OP $200:
☐ Send IP permit for signature:	☐ Signature received:
☐ Release Permit Hold & Add Occupancy Hold:	☐ 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:	☐ Scanned To OnBase:

Comments: 9/11/26 Per Zineb Y. A100 collected in January

9/10/26 left msg 12:08pm
9/11/26 left msg 10:16am

- Tank Replacement Complete

4045B / SP26-074

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: 017-284-12
STREET ADDRESS: 10825 Lamesa Place
CITY: Huntersville NC
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 35 LOT SIZE (acres): 0.22
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: 1,560
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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: NA VISIT BY DATE: 9/8/26

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: DELIA & CORNEL ALBU
ADDRESS: 15460 EWART RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: (704) 604-4391
FAX:
E-MAIL: cornel_albu2007@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

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)**

CA (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.

DELIA ALBU
Property Owner's or Owner's Legal Representative Signature

9/8/26
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 200 DATE FEE RECEIVED: 9/11/26

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

APPLICATION PROCESSED BY: KW

GWS FILE NUMBER ASSIGNED: 4045B

APPLICATION ID NUMBER ASSIGNED: SP26-074

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

Revised on: 4/20/17

File #: H045B

PROPOSED PLOT PLAN

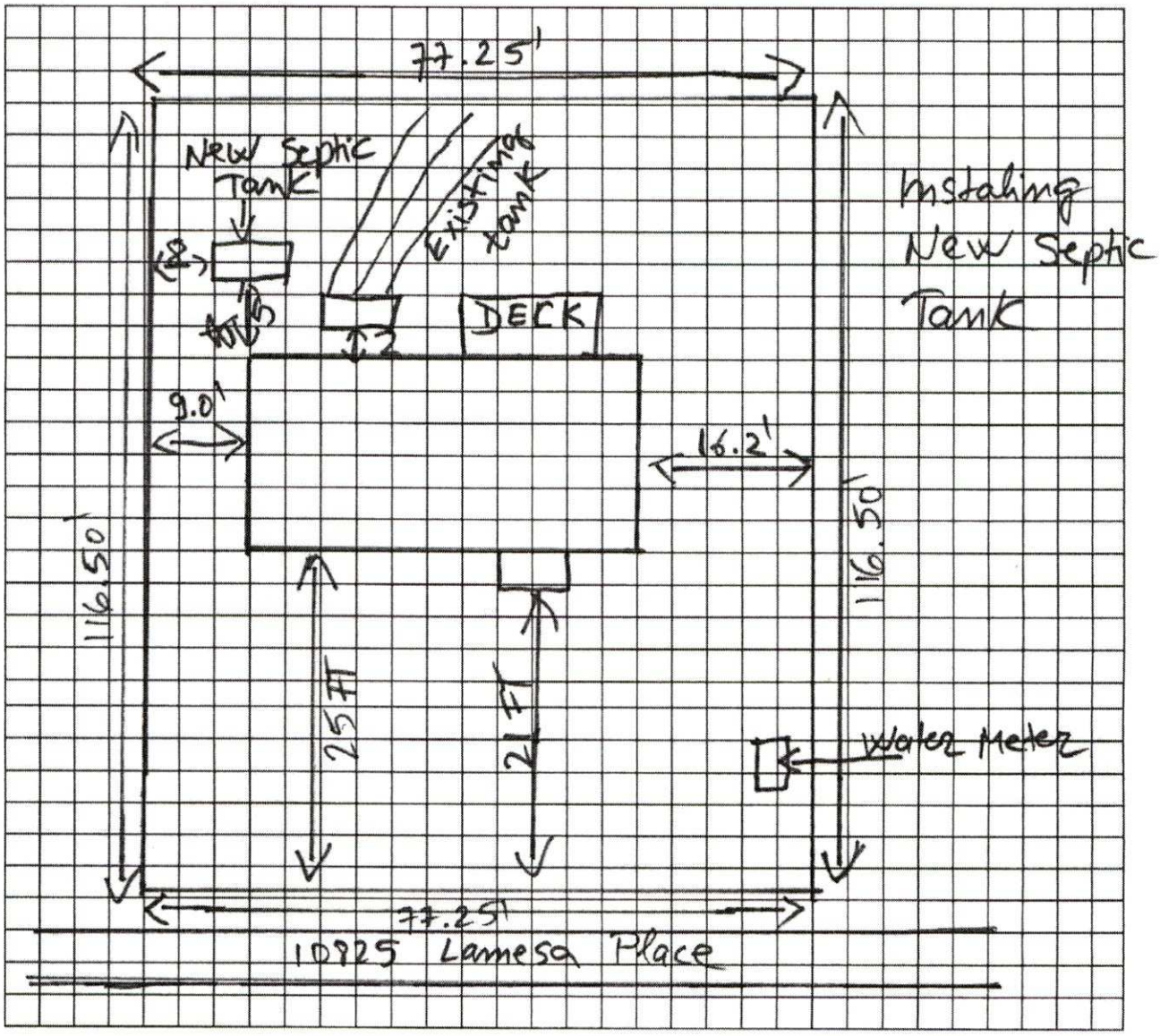
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 10825 LAMESA PLACE

Tax Parcel #: 017-284-12

Subdivision Name: _____

Lot #: 35



DELIA ALBU

Property Owner's or Owner's Legal Representative Signature

9/8/26

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:	09/11/26	**Amount:**	200.00
Receipt #:	163336	**Tendered:**	200.00
Check / Auth #:	MC 07218G	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: CORNEL ALBU
Attn:
Address: 15460 EWART RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 10825 LAMESA PL	1	200.00	200.00

Permit#

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

09/11/26	17:52:14
Merchant ID	404164
Terminal	451-778-452
Sequence #	000001
Auth Number	07218G

AMOUNT:	**$ 200.00**
CONVENIENCE FEE:	**$ 5.00**
TOTAL:	**$ 205.00**

CARD ENTRY MODE MANUAL
MasterCard 3332

x Phone Payment
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

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

File Number: 4045B
Permit Number: SP26-074

Expiration Date: 09/17/2026

CONSTRUCTION AUTHORIZATION

Parcel Number: 01728412

Owner: IOANA DELIA ALBU Applicant: DELIA & CORNEL ALBU

Property Location: 10825 LAMESA PL , HUNTERSVILLE, NC 28078

Faciltiy Type: Single Family Residence

Number of bedrooms: 3 Number of occupants: 3 Other:

☐ New ☑ Alteration ☐ Modified Plot Plan ☐ Repair

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☑ Yes ☐ No Slab Foundation? ☐ Yes ☑ No

Type of Wastewater System*: N/A (Initial) N/A (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ Domestic ☐ High Strength o Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No (if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private Well ☐ Public Well ☐ Shared Well ☑ Municipal

Installation Requirements/Conditions:

Septic Tank SIze: 1000 gallons Total Trench/Bed Length: existing feet Trench/Bed Spacing: existing feet on center

Slope Corrected Maximum Trench/Bed Depth N/A inches **‡ Measured on the downhill side of the trench**

Pump Tank SIze (if applicable): N/A gallons

Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☐ Serial ☑ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LLP

Artificial Drainage Required: ☐ Yes ☑ No if yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No Pre-Construction Conference Required: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

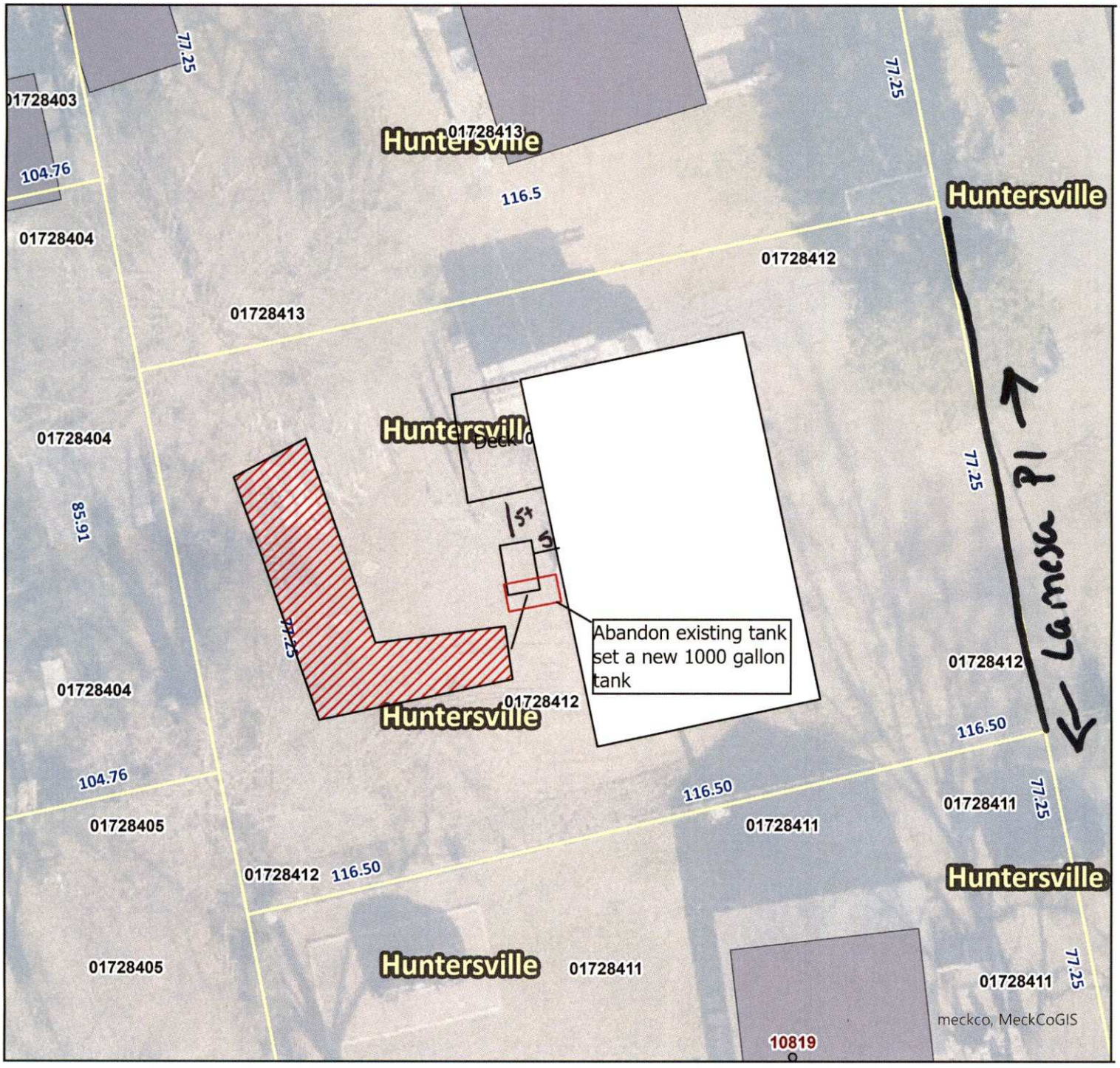
Conditions:

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Heather Woods Expiration Date: 09/17/2026

Authorized Agent's Signature: Heather Ray Date: 09/17/2026

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: SP26-074
PID #:017-284-12
File #:4045B

Authorized Agent: _____ Date: 9-17-24

Owner/ Legal Agent: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 4045B SP 26-074 App#_____ Tax Parcel# 017-284-12

Property Owner: Ioana Delia AlBv

Job Location Address: 10825 Lamesa Pl

City: Huntersville State: NC Zip Code: 28078

1. Does System design match facility, flow & wastewater characteristics?

   ☒YES ☐ NO

   Comments:_____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments:_____

   _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒YES ☐ NO

   Comments:_____

   _____

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Brad Stubbs
Authorized Agent

09/29/26
Date

Stevens Septic
Others Present

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 #: 4045B Permit #: SP 26-074 Tax Parcel #: 017-284-12

Property Owner: Ioana Delia AlBu

Job Location Address: 10825 Lamesa Pl

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 09/29/26 Contractor Name: Stevens Septic

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: N/A

Drainfield Installation ☒ N/A reconnected to existing drainfield

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: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: ≥5 feet

Distance from Property Line: ≥10 feet

Distance from Water Supply Source: ≥10 feet

Inspection Dates

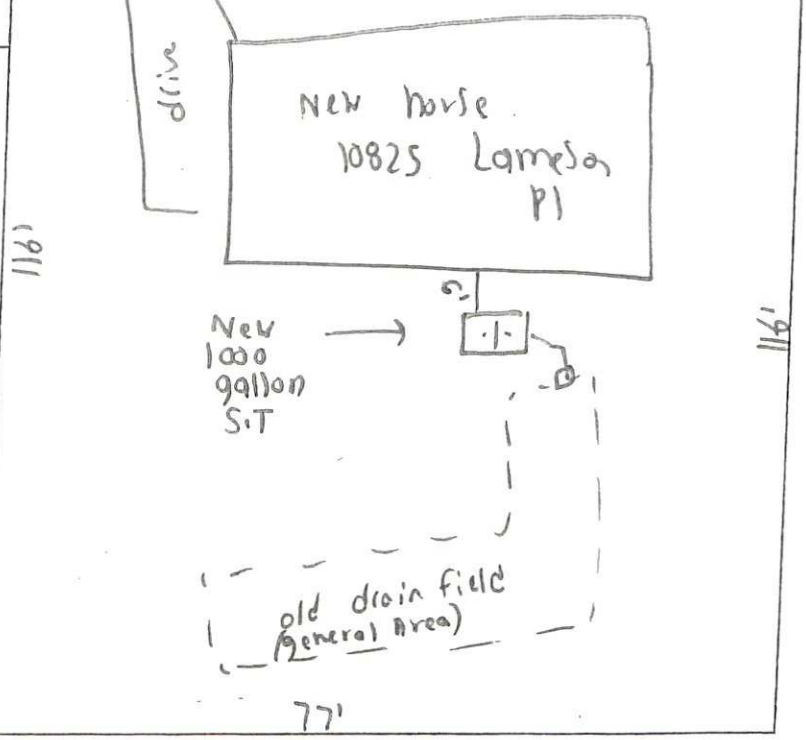
Tank(s) Inspected: 9/29/26

Excavation Inspected: –

Pump & Controls Inspected: –

← Lamesa Pl → 77'

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: TANK, N/A, N/A, reconnected to existing drain field. S.T has risers installed.

NCDENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

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 #: 4045 B Permit #: SP 26-074 Tax Parcel #: 017-284-12

Property Owner: _____

Job Location Address: _____

City: _____ State: _____ Zip Code: _____

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: TANK

*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: New Septic TANK

DENR Authorized Agent: Braedon Stratton Date: 9/29/26

Signature: Braedon Stratton