SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 9550

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: GR 9/26/24 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:

9550

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14992

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ☑ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
☑ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: JERED KING
ADDRESS: 104 CAMBRIDGE RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 407-923-1378
ALTERNATE PHONE:
E-MAIL: JLKING6795@YAHOO.COM

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #:
STREET ADDRESS:
CITY:
STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: SHERWOOD FOREST
LOT #:

WATER SUPPLY:
☑ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☑ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☑ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature _____ Date _____

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

detached garage approved
No increase in bedroom

On-site Wastewater Inspection

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

Property Address 104 Cambridge Rd, Huntersville, NC 28078
Street

City St Zip

Client Name: Joy Modrich-King

Current owner of Record _____

Date of Inspection: 6/1/21

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

_____ 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 Mecklenburg 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:

- 21-22 ft from house or structure
- NA ft from well if applicable
- NA ft from water line if applicable
- NA ft. from property line if said property lines are known or marked
- 14-18in distance from finished grade to top of tank or access riser
- NA Access riser(s) ☐yes ☐no Describe _____
- Yes Tank lids intact ☐ yes ☐ no
- Yes Tank has baffle wall ☐yes ☐no Describe condition of baffle wall: Cement Intact
- Yes Inflow to tank is noted as sufficient
- NA Inflow to tank is noted as insufficient or blocked
- Yes Water level in tank is relative to tank outlet
- Yes Outlet T is present ☐ yes ☐ no Describe condition of Outlet T: Plastic
- NO Outlet has filter ☐yes ☐no Describe condition of filter: _____
- Yes Effluent leaves the outlet ☐yes ☐no
- NA Roots present in tank ☐yes ☐no Describe extent of roots: _____
- NA Evidence of tank leakage Describe: _____
- NA 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
- 40% Percentage of solids in tank
- NA Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped NA ☐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

NA 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 or marked
____ Distance from finished grade to top of tank or access riser
____ Access risers in place ☐yes ☐no
____ ft from septic tank
____ Access risers in place Describe type: ____
____ Describe condition of tank lids ____
Location of control panel: ____
____ Electrical connections are in place and properly grounded
____ Audible and visible alarms (as applicable) work
____ Pump turns on and effluent is delivered to next component
NA 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 Gravity w/ Gravel

NA ft. from property line if property lines are known or marked
74 ft from septic/pump tank
Bed # of lines
1800 sq ft length of lines L 89' E 3 17' H 25'
NA Evidence of past or current surfacing at time of inspection
Briefly describe: ____
NA Evidence of traffic over the dispersal field
NA Vegetation, grading and drainage noted that may effect the condition of the system or system components
Yes Effluent is reaching the dispersal field

☐ 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: ____

Consequences of the adverse condition: ____

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

Other pertinent facts noted during inspection: • Tank @ 40% solids
• house gutter exits over drainfield

Inspector Name: Michael Benfield Certification # 5440I

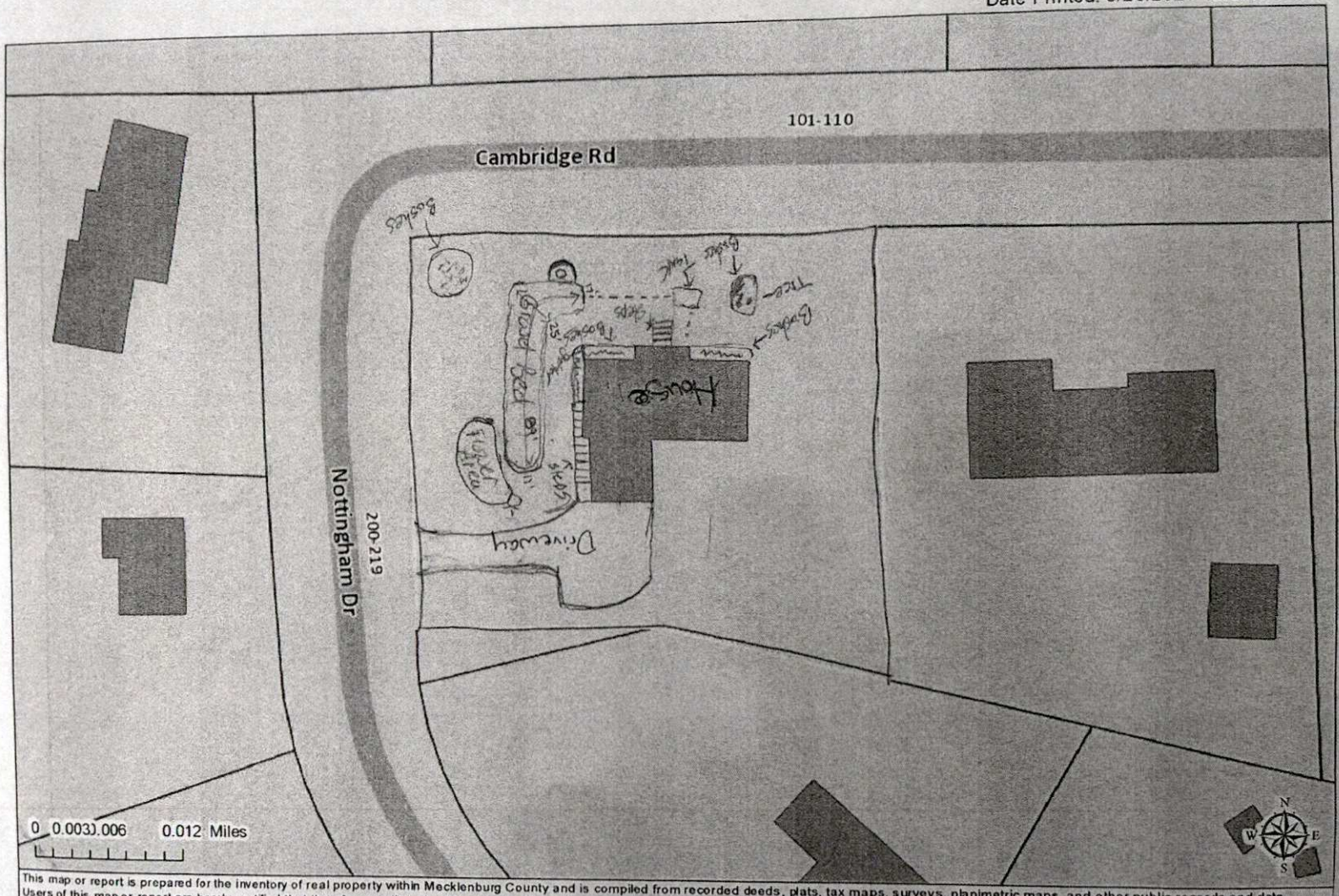
Address 939 Brawley School Rd, Mooresville, NC 28117

Phone 704-360-0376

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: Michael Benfield Date 5/25/21

Date Printed: 5/25/2021 12:56:33 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/26/24	**Amount:**	100.00
Receipt #:	151054	**Tendered:**	100.00
Check / Auth #:	VISA 017243	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: JERED KING
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 104 CAMBRIDGE RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
			2,737.50		