SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 17776

Assigned Inspector: Matt Hall

☐ 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: 8/14/25 LP 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:

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17776
#15687

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: Aaron Swart
ADDRESS: PO Box 22
CITY: Concord
STATE: NC ZIP: 28026
PHONE: 818.921.6137
ALTERNATE PHONE:
E-MAIL: aaronjswart@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 01918148
STREET ADDRESS: 14205 Asbury Drive
CITY: Huntersville
STATE: NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
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: 6

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 New House

*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.

Aaron Swart
Owner's/Agent's Signature

8/13/2025
Date

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

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

Revised on: 03/27/19

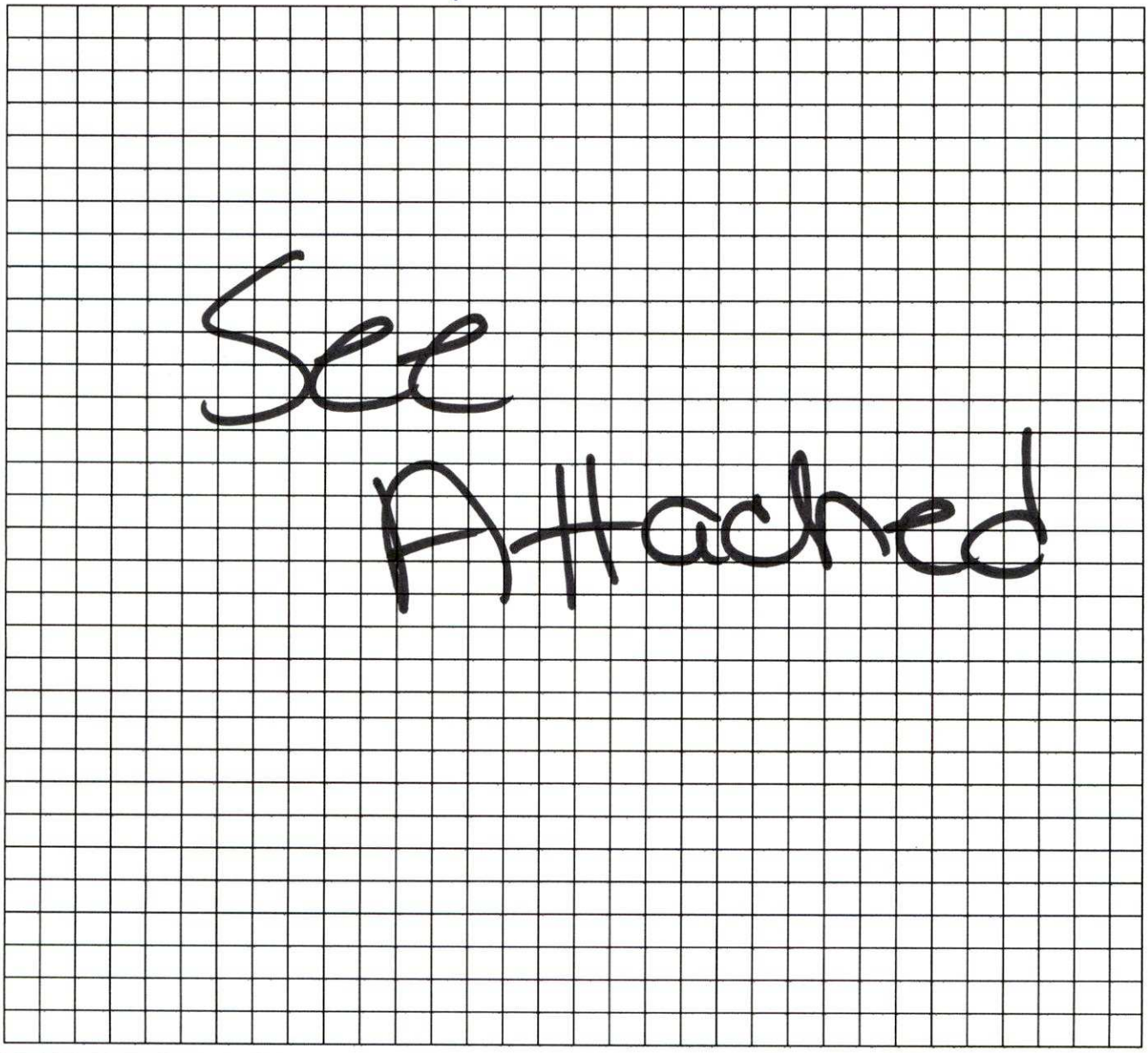
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File #: _____

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: 14205 Asbury Dr Tax Parcel #: 019 181 48



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

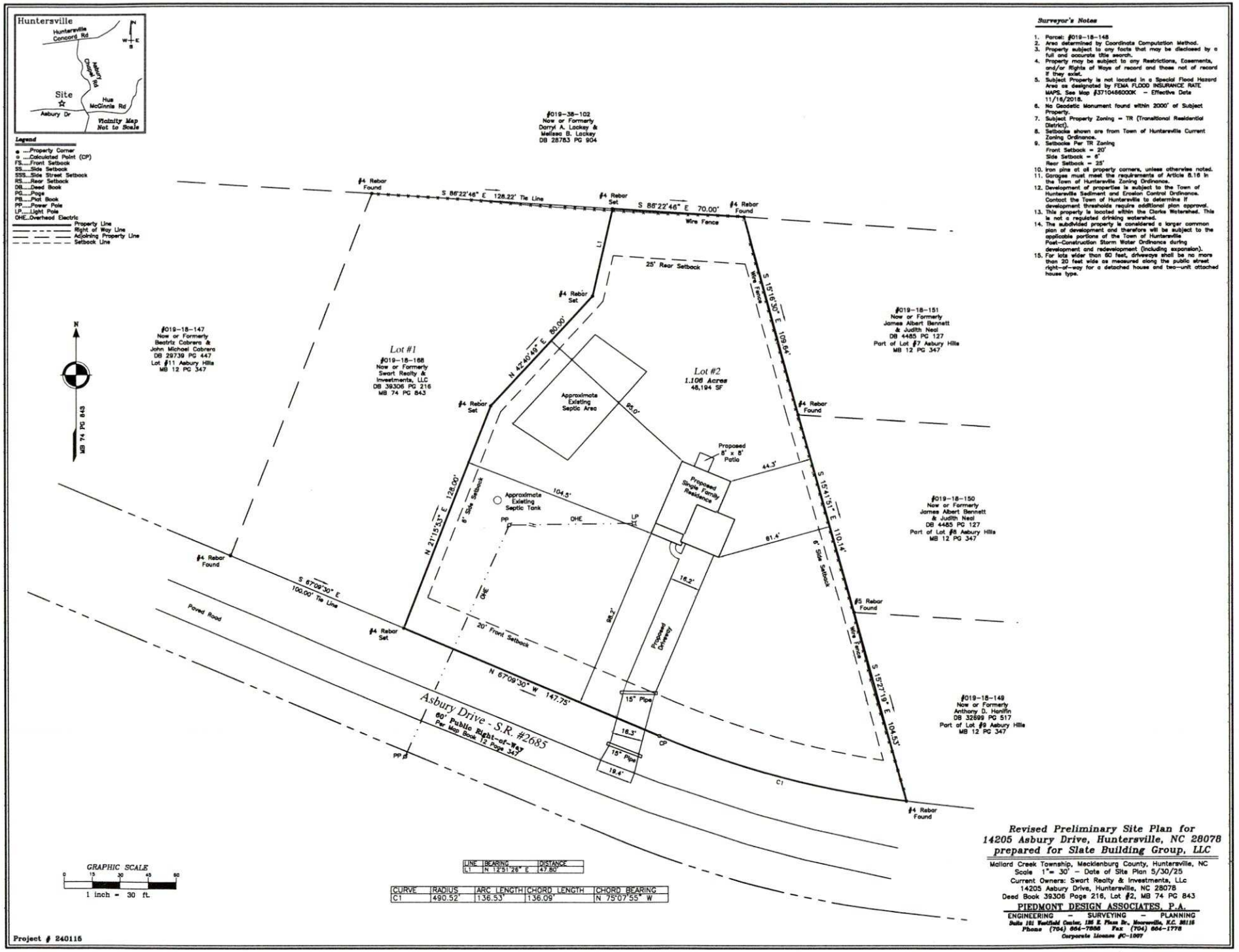
Meets setbacks in field

REHS Signature

8/18/25
Date

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

Revised on: 03/27/19



Surveyor's Notes

1. Parcel: #019-18-148
2. Area determined by Coordinate Computation Method.
3. Property subject to any facts that may be disclosed by a full and accurate title search.
4. Property may be subject to any Restrictions, Easements, and/or Rights of Ways of record and those not of record if they exist.
5. Subject Property is not located in a Special Flood Hazard Area as designated by FEMA FLOOD INSURANCE RATE MAPS. See Map #3710456000K - Effective Date 11/16/2018.
6. No Geodetic Monument found within 2000' of Subject Property.
7. Subject Property Zoning = TR (Transitional Residential District).
8. Setbacks shown are from Town of Huntersville Current Zoning Ordinance.
9. Setbacks Per TR Zoning
   Front Setback = 20'
   Side Setback = 6'
   Rear Setback = 25'
10. Iron pins at all property corners, unless otherwise noted.
11. Garages must meet the requirements of Article 8.16 in the Town of Huntersville Zoning Ordinance.
12. Development of properties is subject to the Town of Huntersville Sediment and Erosion Control Ordinance. Contact the Town of Huntersville to determine if development thresholds require additional plan approval.
13. This property is located within the Clarks Watershed. This is not a regulated drinking watershed.
14. The subdivided property is considered a larger common plan of development and therefore will be subject to the applicable portions of the Town of Huntersville Post-Construction Storm Water Ordinance during development and redevelopment (including expansion).
15. For lots wider than 60 feet, driveways shall be no more than 20 feet wide as measured along the public street right-of-way for a detached house and two-unit attached house type.

Revised Preliminary Site Plan for
14205 Asbury Drive, Huntersville, NC 28078
prepared for Slate Building Group, LLC

Mallard Creek Township, Mecklenburg County, Huntersville, NC
Scale 1"= 30' - Date of Site Plan 5/30/25
Current Owners: Swart Realty & Investments, LLc
14205 Asbury Drive, Huntersville, NC 28078
Deed Book 39306 Page 216, Lot #2, MB 74 PG 843

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
Suite 101 Westfield Center, 136 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664-7866 Fax (704) 664-1778
Corporate License #C-1507

Project # 240115

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 #: 17776 Permit #: 14731 Tax Parcel #: 019 181 48

Property Owner: Aussie Landscape LLC

Job Location Address: 14205 Asbury Dr.

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/13/24 Contractor Name: Lago Vista

Permitted Design Flow: Existing GPD Liquid Capacity of Dosing Tank: _____ gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: —

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: _____

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: 35 feet

Distance from Property Line: 310 feet

Distance from Water Supply Source: ≥50 feet

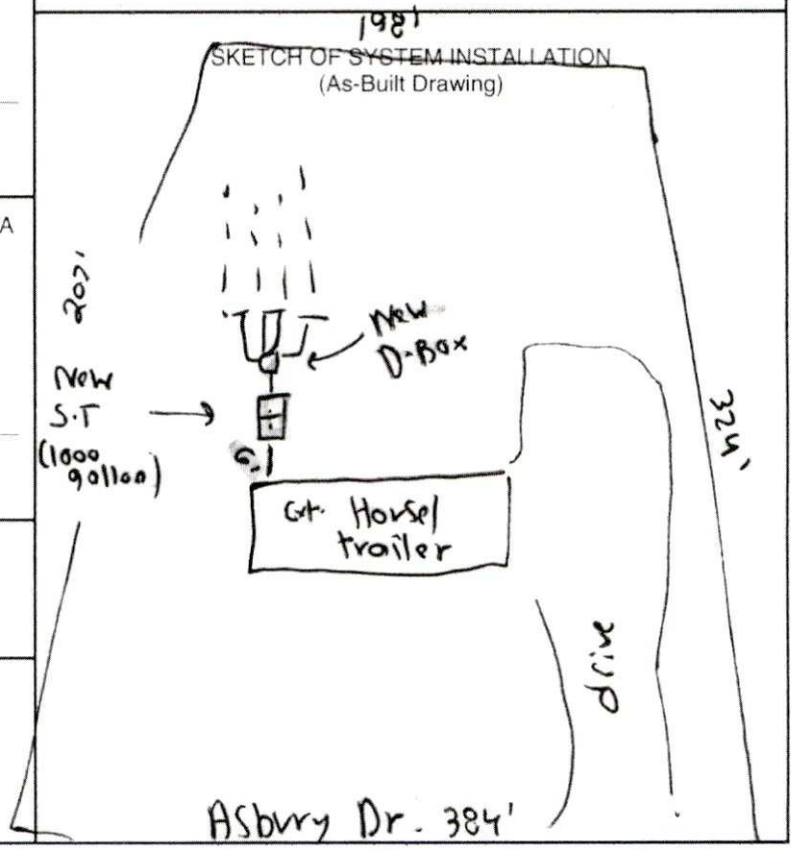
Inspection Dates

Tank(s) Inspected: 9/13/24

Excavation Inspected: —

Pump & Controls Inspected: —

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 ONLY, 9/N/A/N/A New D-Box, re-connected to 4 existing Lines. Old S.T abandoned.

DENR Authorized Agent: Braedon Shelton Signature: Braedon Shelton

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/14/25	**Amount:**	100.00
Receipt #:	156635	**Tendered:**	100.00
Check / Auth #:	MC 392583	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: SLATE BUILDING GROUP
Attn: PAMELA M KELLY
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 14205 ASBURY DR	1	100.00	100.00

Permit#

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

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