SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: _____200A / 15018

Assigned Inspector: __Patrick/Heather_____

☒ IP $250.00: MON 10/8/24___Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☒ CA & OP $400.00: MP 12/5/24 Initial/Date

☐ Alteration Fees $300: _____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: MP 11/27/24 ☒ Signature received: MP 11/27/24

☒ Floor plans reviewed

☐ Generate CA ☒ Approve as Noted in Winchester 12/5/24 MP

☐ 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: 11/19/25

☑ Release final hold in Winchester: 11/20/25

Comments:

2008A/ 15018

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: 01[illegible]
STREET ADDRESS: 11432 Crabapple LN
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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: 2100
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
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: [illegible] 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

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: Emily Melling
ADDRESS: 13420 Pavilion Estates Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 980-722-4934
MOBILE PHONE: 980-722-4934
FAX: _____
E-MAIL: emilymelling@bellsouth.net

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct 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 either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (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.

_____ 9-4-24

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: $ 250 DATE FEE RECEIVED: 10/8/24

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 2888A

APPLICATION ID NUMBER ASSIGNED: 15018

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

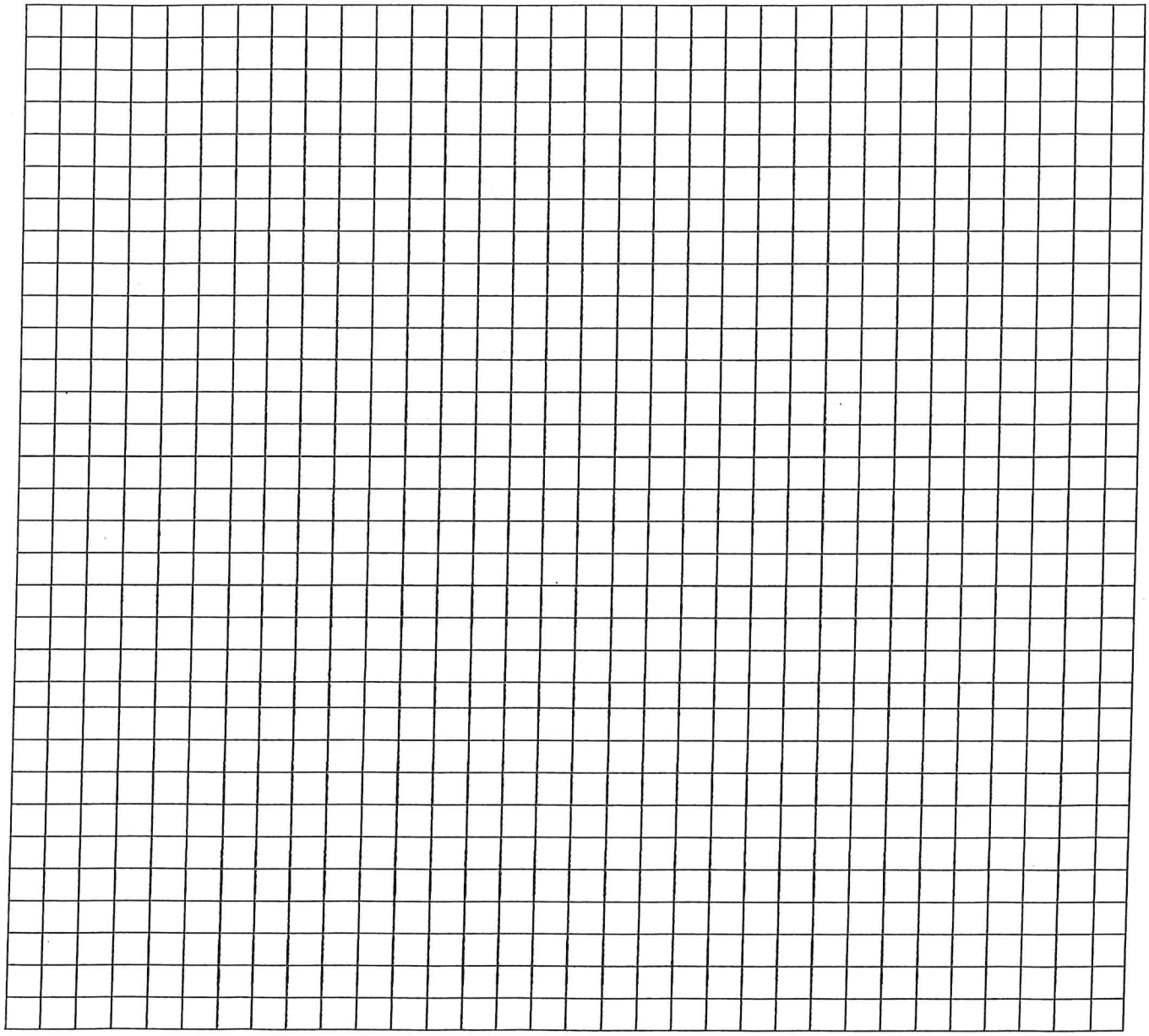
File #: 2884

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: 11932 Crabapple Ln Tax Parcel #: 015-282-44

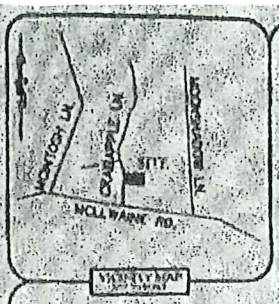
Subdivision Name: _____ Lot #: _____



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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17



NORTH PER MAP BOOK 20, PAGE 986

J. ERIC CLEMMER, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH CAROLINA PROFESSIONAL SEAL L-6315 LAND SURVEYOR J. ERIC CLEMMER

015-282-39
JEHOVAHS WITNESSES WEST
CONGREGATION OF HUNTERSVILLE
DB. 27564, PG. 961

S 02°44'01" E 146.07'
(TIE ONLY)

S 03°01'18" E 122.14'

82.67' (total)

015-282-48
RICHARD DEHMER
ISABEL DEHMER
DB. 19080, PG. 461

50' REAR SETBACK

ADJOINER'S 4' WOOD FENCE IS OFF THE PROPERTY LINE

LOT 42
30,036 Sq.Ft.
0.690 Acres
"WOODED LOT"

256.87'

S 83°45'58" E

30' SIDE SETBACK

10' SIDE SETBACK

100.04'

282.80'

N 80°12'08" W

015-282-44
EMILIO MEDINA
PATRICIA L. MEDINA
DB. 28282, PG. 523

015-282-47
LYNN E BROOKS
GLADYS R BROOKS
DB. 05282, PG. 844

50'

50'

OU

OU

OU

100.09'

40' FRONT SETBACK

WELL

015-282-46
LYNN T. MASON
DB. 26879, PG. 695

(TIE ONLY)

C2

C1

75.00'

N 09°47'52" E

OU EDGE OF PAVEMENT

CRABAPPLE LANE
60' PUBLIC R/W
(MB.20, PG. 986)
22' EP TO EP

59.99'

S 80°10'17" E
(TIE ONLY)

OU

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'.

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, *RESTRICTIONS, EASEMENTS* OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. FRONT SETBACK SHOWN PER MB. 20, PG. 986. SIDE AND REAR SETBACKS SHOWN ARE PER THE TOWN OF HUNTERSVILLE'S CURRENT "GR" ZONING.

4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.

Graphic Scale
50 25 0 50
Scale of Drawing 1 Inch = 50 Feet

CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	28.14'	452.34'	28.14'	N 08°24'29" E
C2	93.75'	452.34'	93.58'	S 00°18'08" W

LEGEND:

#4 REBAR FOUND	○
COMPUTED POINT	•
TELEPHONE PEDESTAL	≡
UTILITY POLE	⌀
SUBJECT PROPERTY LINE	———
ADJOINER PROPERTY LINE	———
BUILDING SETBACK	———
OVERHEAD UTILITIES	——— OU ———
FENCE LINE	—o—o—o—

PHYSICAL SURVEY OF LOT 42 OF APPLEWOOD, SECTION 3 REVISED

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666	Property of: EMILIO MEDINA PATRICIA L MEDINA		As Recorded in: MB. 20, PG. 986 DB. 23060, PG. 490		Site Address: 11924 CRABAPPLE LANE HUNTERSVILLE, NC 28078 MECKLENBURG COUNTY		
021819-03 Job No.	JEC Prepared By	≥ 1:10,000 Error of Closure	1"=50' Drawing Scale	015-282-45 Tax Parcel Number	11924 CRAB Drawing File Name	1 of 1 Sheet Number	02/23/2019 Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/08/24	**Amount:**	250.00
Receipt #:	151183	**Tendered:**	250.00
Check / Auth #:	VISA 00116G	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: EMILIO MEDINA
Attn:
Address: 13420 PAVILION ESTATES DR
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11932 CRABAPPLE LN	1	250.00	250.00

Permit#

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

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

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

Property ID: 01528244
Lot #:
File #: 200A
AppID: 15018

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Emilio Median
Applicant: Same
Address: 11932 Crabapple Ln.
Date Evaluated: Auger 11/7 & Pit 11/12/24
Proposed Facility: 3 BR SFR
Design Flow (.0400): 360 GPD
Property Size: 0.71 ac.
Location of Site: See file
Property Recorded:
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [X] 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	TS ~6%	0 - 3	Gr, L	Fr, SS, NP	B	C: Bl Mn concen. & F: YB deplet. @10-20"	24"	L-Sap.	N/A	Need pits eval. to confirm sap. suitability	S 0.25 (Need Pits to Confirm)	- 3" (3' w) - 2" (2' w)
		3 - 10	Wk, Sbk, SCL	Fr, SS, SP	RB							
		10 - 20	Wk, Sbk, C	Fr, SS, SP, SE	YR							
		20 - 24	Wk, Sbk, CL & L-Sap Mix	Fr, SS, SP	YR							
		24 - 44	M, L-Sap.	Fr, SS, SP	M							
2	L ~9%	0 - 8	Fill soil (CL and CL & Sap. Mix)		R	N/A	48" +	N/A	N/A	C: fine mica flakes throughout >11" F-C: Sap. inclus. @ 44-48" Clean fill soil - Use ≥26" trench depth to stay below	S 0.30	- 4" (3' w) - 3" (2' w)
		8 - 11	Wk, Sbk, L	Fr, SS, SP	B							
		11 - 35	Mo, Sbk, C	Fr, SS, SP, SE	R							
		35 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
3	L ~9%	0 - 8	Wk, Sbk, CL	Fr, SS, SP	R	N/A	48" +	N/A	N/A	C: fine mica flakes throughout >8" F: Sap. inclus. @ 33-41" <50% Sap. 41-48"	S 0.30	- 4" (3' w) - 3" (2' w)
		8 - 33	Mo, Sbk, C	Fr, SS, SP, SE	R							
		33 - 41	Wk, Sbk, CL	Fr, SS, SP	R							
		41 - 48	Wk, Sbk, CL & L-Sap Mix	Fr, SS, SP	R							
4	L / FS ~9%	0 - 9	Wk, Sbk, CL	Fr, SS, SP	R	N/A	48" +	N/A	N/A	C: fine mica flakes throughout >9" F: Sap. inclus. @ 36-40" M: Sap. inclus. @ 40-48"	S 0.30	- 4" (3' w) - 3" (2' w)
		9 - 36	Mo, Sbk, C	Fr, SS, SP, SE	R							
		36 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
P1	L ~9%	0 - 6	Wk, Sbk, CL	Fr, SS, SP	R	N/A	55" +	N/A	N/A	F-C: Sap. inclus. @ 39"+	S 0.30	- 4" (3' w) - 3" (2' w)
		6 - 39	Mo, Sbk, C	Fr, SS, SP, SE	R							
		39 - 55	Wk, Sbk, CL	Fr, SS, SP	R							

Description	Initial System	Repair System
Available Space (.0508)	5'	5'
System Type(s)	IIIc	IIIe
Site LTAR	0.30	0.25 below terrace / 0.30 above terrace
Maximum Trench Depth (low side of trench)	3'w = 32" / 2'w = 33"	area below terrace = 20" area above terrace = 32"

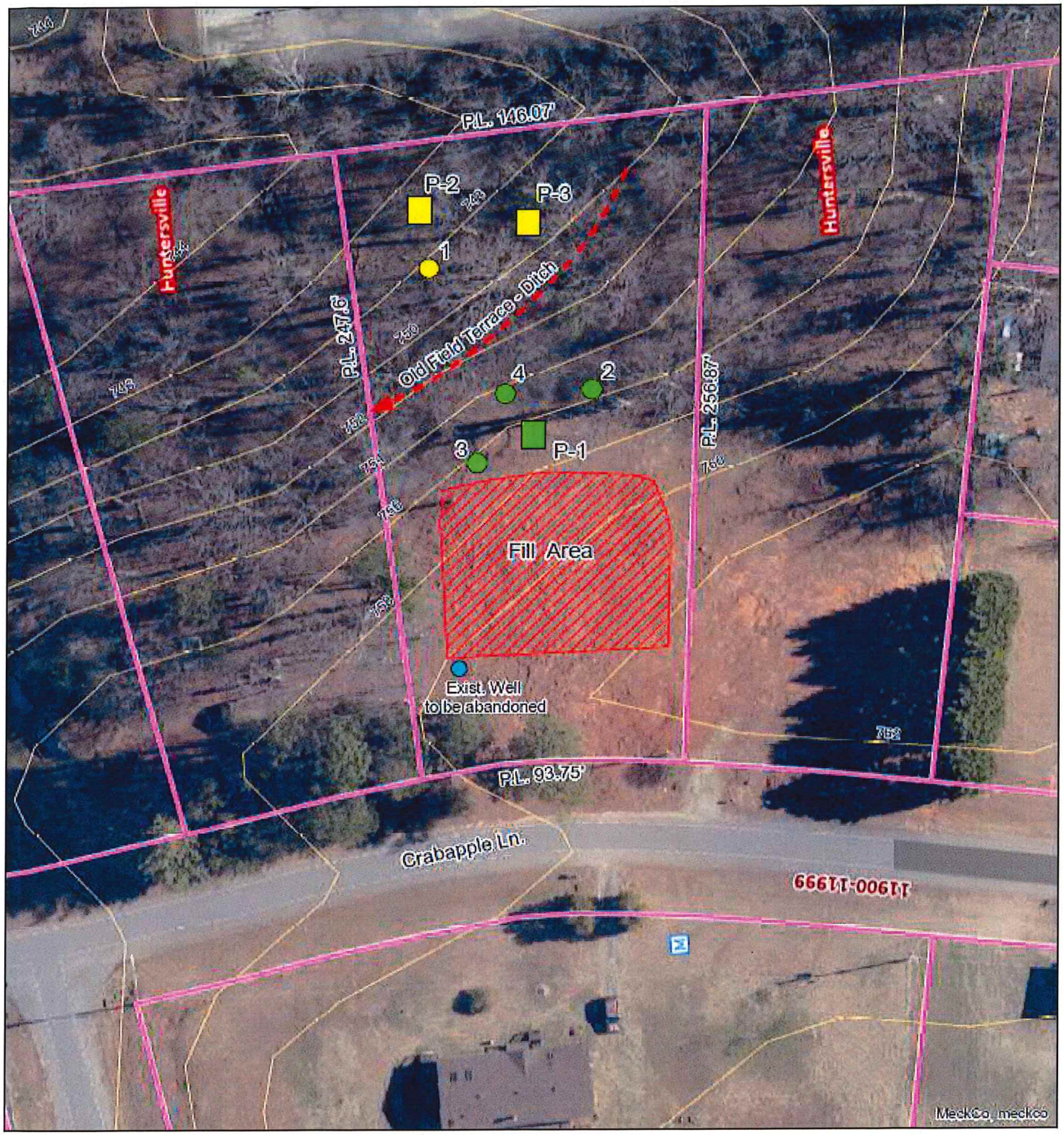
Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): S

COMMENTS: Applicant indicated they intend to have the existing well properly abandoned.
Recommend that an interceptor drain be installed in the event that the repair area below that location is utilized as part of the repair installation.

Property ID: 01528244

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 Max Trench Depth (Low Side of Trench)
P2	H ~5%	0 - 10	Wk, Sbk, CL	Fr, SS, SP	R	F-C: Bl Mn cocen. @ 19-40" C: G Chroma 2 deplet. @ 40"+	40"	US	N/A	Colluvial soils with buried A horizon F: Sap. inclus. @ 45"+	S 0.25 <28" US @ 40"	- 3" (3' w) - 2" (2' w)
		10 - 19	Mo, Sbk, L	Fr, SS, NP	B							
		19 - 40	Wk, Sbk, C-CL	Fr, SS, SP-P, SE	YB							
		40 - 55	Wk, Sbk to M, C	Fr, SS, SP, SE	YB							
P3	TS / H ~6%	0 - 8	Wk, Sbk, CL	Fr, SS, SP	R	F-C: Bl Mn cocen. @ 24-35" C: G Chroma 2 deplet. @ 35"+	≥50% Sap. @ 42"	US	N/A	Colluvial soils with buried A horizon	S 0.25 <23" US @ 35"	- 3" (3' w) - 2" (2' w)
		8 - 24	Mo, Sbk, L	Fr, SS, NP	B							
		24 - 35	Wk, Sbk, C	Fr, SS, SP-P, SE	YR							
		35 - 58	Wk, Sbk, CL & M, L	Sap. Mix Fr, SS, SP	YB							

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 11/12/2024

PROPERTY INFO
Address: 11932 Crabapple Ln.
PID No.: 01528244

1 inch = 50 feet

Mecklenburg County
Groundwater & Wastewater Services

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

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015018** GWS File #: **200A** Tax Parcel #: **015-282-44**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/27/2029

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2100 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Water Supply: Private Well

II. Initial System Type: PPBPS-V (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): ~~8~~ Absorption Area (ft^2): 600 Total Trench Length (ft): ~~300~~ 200' VPPBPS

Maximum Trench Depth (in): 32 Depth of Media (in): N/A Distribution Device: Drop Boxes/Serial

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 720 Total Trench Length (ft): 240

Maximum Trench Depth (in): 20 Depth of Media (in): N/A Distribution Device: Drop Boxes

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: ~~Heather Ray~~ Matthew Hall Owner/Legal Agent:_____
Print Name

Signature: Matt Hall Signature:_____

Date Issued: 11/27/2024

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

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015018** GWS File #: **200A**

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: ~~Heather Ray~~ Matthew Hull

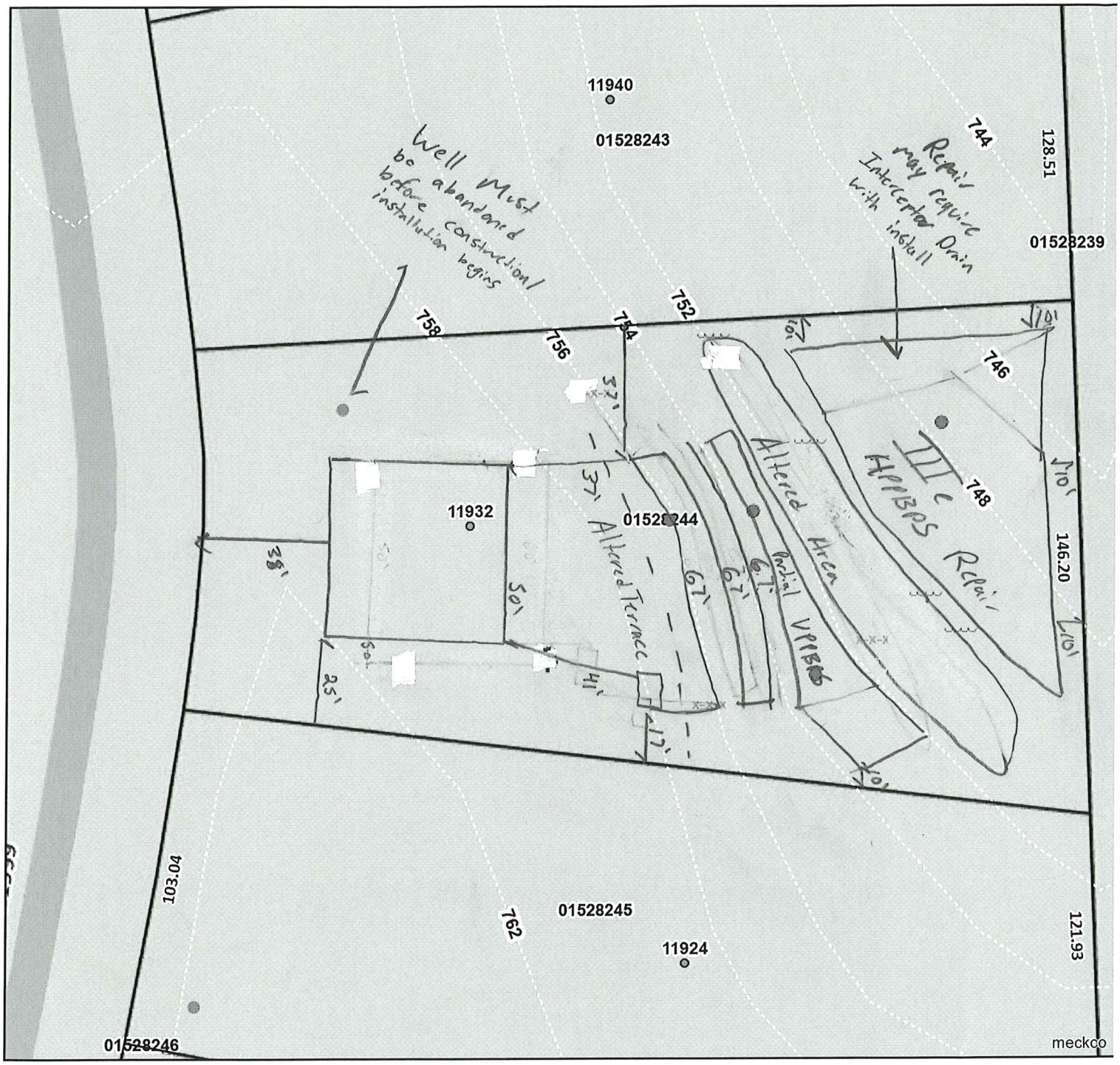
Signature: _____

Date Issued: 11/27/2024

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 300 15018
PID #: 015-282-44
File #: 200A

Authorized Agent: _____ Date: 11/27/24

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30015018 GWS File #: 200A Tax Parcel #: 015-282-44

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/27/2029

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2100 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Water Supply: Private Well

II. Initial System Type: PPBPS-V (gravity) **System Classification:** IIIe

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 2 Trench Spacing (ft): 8' Absorption Area (ft^2): 600 Total Trench Length (ft): ~~300~~ 200' VPPBPS

Maximum Trench Depth (in): 32 Depth of Media (in): N/A Distribution Device: Drop Boxes/Serial

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIe

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 720 Total Trench Length (ft): 240

Maximum Trench Depth (in): 20 Depth of Media (in): N/A Distribution Device: Drop Boxes

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: ~~Heather Ray~~ Matthew Hall Owner/Legal Agent: Emilio Medina

Signature: Matt Hall Signature:

Date Issued: 11/27/2024

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

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30015018 GWS File #: 200A

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- Proper well abandonment is required prior to receiving an Installation Approval from our office to install the septic system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- Finished grade shall provide for positive surface drainage away from all system components – 1/2% grade

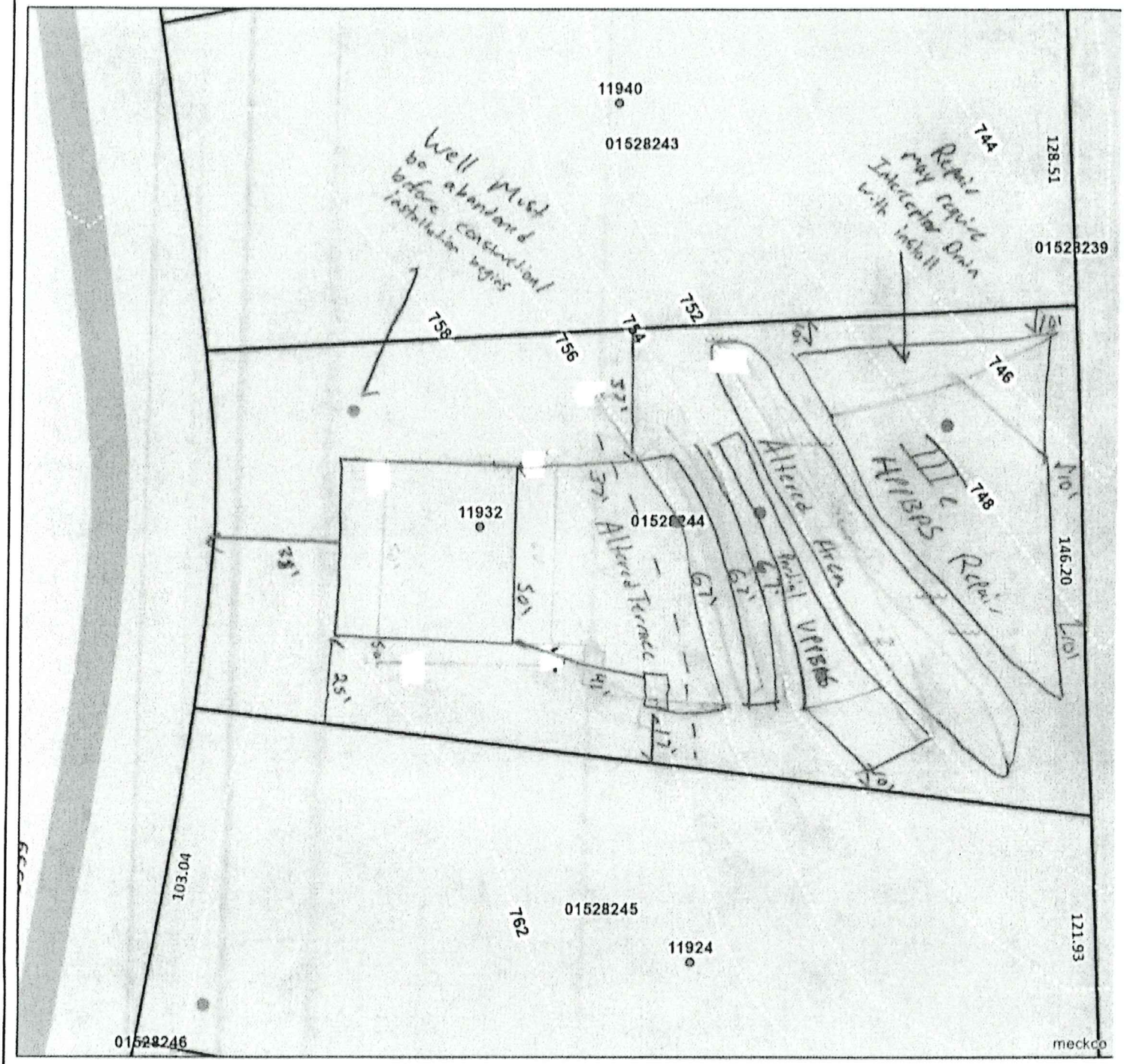
The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: ~~Heather Ray~~ Matthew Hall
Signature: Matt Hall
Date Issued: 11/27/2024

Owner/Legal Agent: Emilio Medina
Print Name
Signature: Emilio Medina

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 300 15018
PID #: 015-282-44
File #: 200A

Authorized Agent: _____ Date: 11/27/24

Owner/ Legal Agent: _____ Date: 11/27/24

1 inch = 40 fee

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/05/24	**Amount:**	200.00
Receipt #:	151885	**Tendered:**	200.00
Check / Auth #:	VISA 06692G	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #:	200000
Contractor:	EMILIO MEDINA
Attn:	
Address:	13420 PAVILION ESTATES DR
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 11932 CRABAPPLE LN	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
210.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/05/24	**Amount:**	200.00
Receipt #:	151884	**Tendered:**	200.00
Check / Auth #:	VISA 06692G	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #:	200000
Contractor:	EMILIO MEDINA
Attn:	
Address:	13420 PAVILION ESTATES DR
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 11932 CRABAPPLE LN	1	200.00	200.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
210.00					

FEE: 200.00

DATE: 12/5/2024

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 200A

PERMIT NUMBER: 30015018

PARCEL NUMBER: 01528244

JOB LOCATION INFORMATION

ADDRESS: 11932 CRABAPPLE LN

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: EMILIO MEDINA

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 12/5/2024

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30015018, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

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 # 200A App# 15018 Tax Parcel# 015-28-244

Property Owner: Emilio Medina

Job Location Address: 11932 Crabapple LN

City: Huntersville State: NC Zip Code: _____

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.**

Matt Hall — Authorized Agent

10/21/25 — Date

10/21/25 — 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 #: 200A Permit #: 15018 Tax Parcel #: 01528244

Property Owner: Emilio medina

Job Location Address: 11932 Crabapple LN

City: Huntersville State: NC Zip Code:

Operation Permit Issuance Date: 10/22/2025 Contractor Name: Hoyle Septic

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

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

Drainfield Installation ☐ N/A

Trench Depth: 32 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 200 feet

# of Lines: 3 @ 67 feet

Depth of Media: N/A inches (Type) VPPBPS

Depth of Cover: 10 inches

Distribution Device: Serial

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 (Municipal)

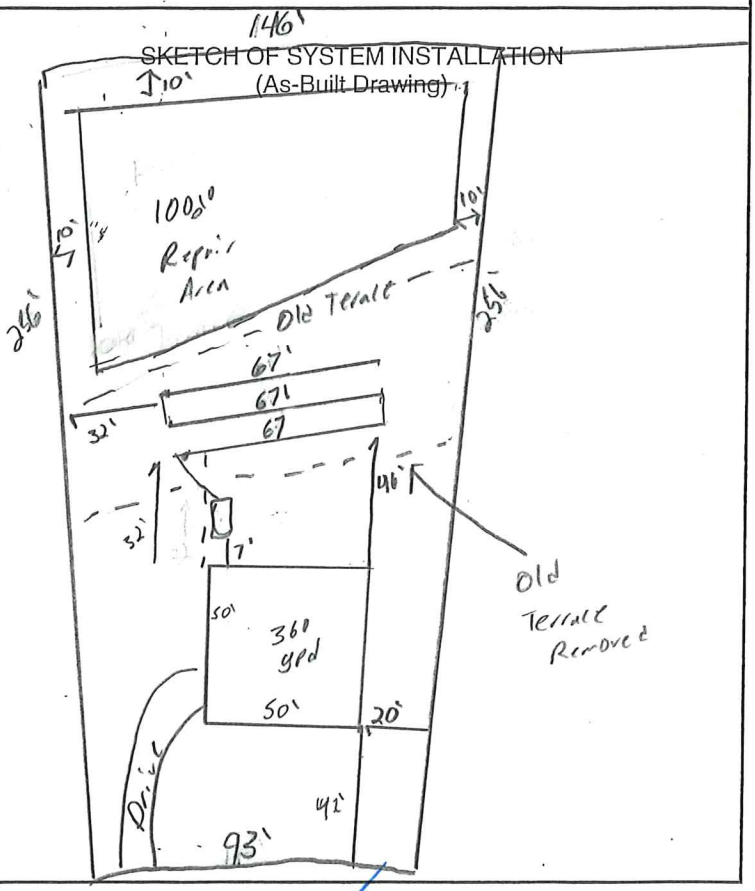
Inspection Dates

Tank(s) Inspected: 10/22/2025

Excavation Inspected: 10/22/2025

Pump & Controls Inspected: N/A

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: IIIe / gravity serial fed VPPBPS / NA / NA

DENR Authorized Agent: Matthew Hall Signature: Matthew Hall

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 #: 200A Permit #: 15018 Tax Parcel #: 015-28-244

Property Owner: Emilio Medina

Job Location Address: 11932 Crabapple Ln

City: Huntersville State: NC Zip Code: 28078

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: IIIc

*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:

DENR Authorized Agent: Matt Hall Date: 10/22/25

Signature: Matthew Hall

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 200A

Assigned Inspector: Matt/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: _____ 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:

Repair for 11432 Crabapple

200A/14903

4 SEP '24 PM 2:15

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: 015-382-44
STREET ADDRESS: 11432 Crabapple LN
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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: 2100
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
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

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: Emilio Medina
ADDRESS: 13420 Pavilion Estates Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 980-722-4984
MOBILE PHONE: 980-722-4937
FAX: _____
E-MAIL: ~~emilio m~~ emiliomedina@bellsouth.net.

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct 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 either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (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.

_____ 9-4-24

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
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

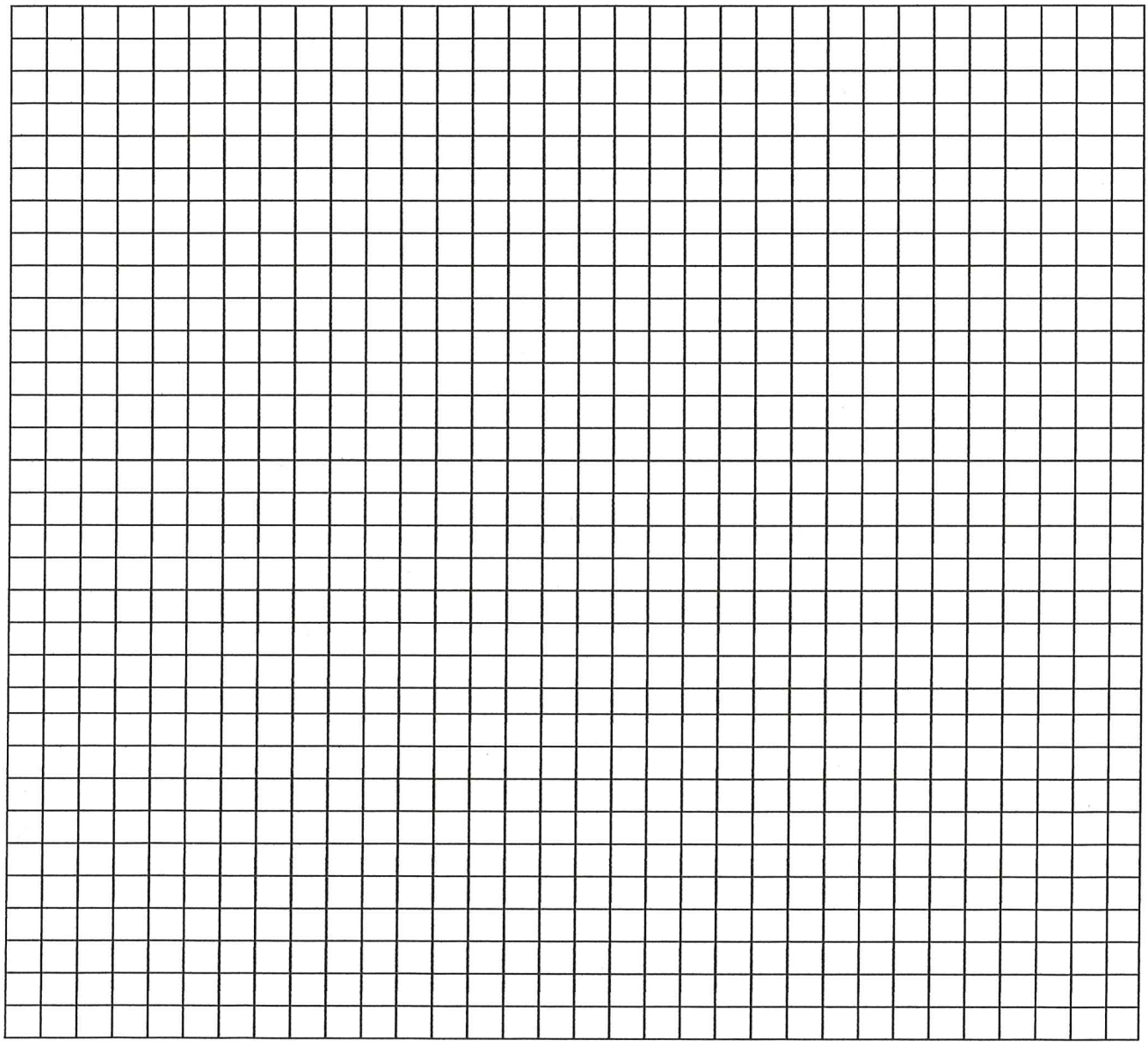
File #: _____

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 #: _____

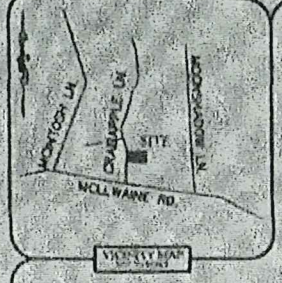


_____ _____

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17



NORTH PER MAP BOOK 20, PAGE 986

J. ERIC CLEMMER, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH CAROLINA PROFESSIONAL SEAL L-6315 LAND SURVEYOR J. ERIC CLEMMER

015-282-39
JEHOVAHS WITNESSES WEST
CONGREGATION OF HUNTERSVILLE
DB. 27564, PG. 961

S 02°44'01" E 146.07'
(TIE ONLY)

S 03°01'10" E 122.14'

015-282-48
RICHARD DEHMER
ISABEL DEHMER
DB.19080, PG. 461

82.67' (total)

50' REAR SETBACK

ADJOINER'S 4' WOOD FENCE IS OFF THE PROPERTY LINE

282.80'

N 80°12'08" W

100.04'

10' SIDE SETBACK

256.87'

S 83°45'58" E

10' SIDE SETBACK

LOT 42
30,036 Sq.Ft.
0.690 Acres
"WOODED LOT"

015-282-44
EMILIO MEDINA
PATRICIA L. MEDINA
DB. 28282, PG. 523

015-282-47
LYNN E BROOKS
GLADYS R BROOKS
DB. 06282, PG. 844

50'

50'

OU

OU

OU

100.09'

30' FRONT SETBACK

WELL

015-282-46
LYNN T. MASON
DB. 26879, PG. 696

(TIE ONLY)

C2

C1

75.00'

N 09°47'52" E

OU EDGE OF PAVEMENT

CRABAPPLE LANE
60' PUBLIC R/W
(MB.20, PG. 986)
22' EP TO EP

59.99'

S 80°10'17" E
(TIE ONLY)

OU

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'.

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, *RESTRICTIONS, EASEMENTS* OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. FRONT SETBACK SHOWN PER MB. 20, PG. 986. SIDE AND REAR SETBACKS SHOWN ARE PER THE TOWN OF HUNTERSVILLE'S CURRENT "GR" ZONING.

4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.

CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	28.14'	452.34'	28.14'	N 08°24'29" E
C2	93.75'	452.34'	93.58'	S 00°18'08" W

LEGEND:

#4 REBAR FOUND	o
COMPUTED POINT	•
TELEPHONE PEDESTAL	T
UTILITY POLE	ø
SUBJECT PROPERTY LINE	———
ADJOINER PROPERTY LINE	———
BUILDING SETBACK	———
OVERHEAD UTILITIES	OU
FENCE LINE	-o-o-o-

Graphic Scale
50 25 0 50
Scale of Drawing 1 Inch = 50 Feet

PHYSICAL SURVEY OF LOT 42 OF APPLEWOOD, SECTION 3 REVISED

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666	Property of: EMILIO MEDINA PATRICIA L MEDINA	As Recorded in: MB. 20, PG. 986 DB. 23060, PG. 490	Site Address: 11924 CRABAPPLE LANE HUNTERSVILLE, NC 28078 MECKLENBURG COUNTY

Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date
021819-03	JEC	≥ 1:10,000	1"=50'	015-282-45	11924 CRAB	1 of 1	02/23/2019