# MECKLENBURG COUNTY
## Health Department

**Marcus Plescia, MD, MPH**
**Health Director**

(704) 336-4700

May 31, 2017

Frank Mowitz
8509 Aspen CT
Mint Hill NC 28227

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 8509 Aspen CT
Health Department File Number: **9182B**

Dear Property Owner or Owner's Agent:

On May 31, 2017 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated May 19, 2017, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,
April Bumgarner
April Bumgarner, REHS
Environmental Specialist

Encl: (1) Application

22 MAY '17 AM 8:56

# 8948

9182 B

**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: A Deck Above
ADDRESS: 1201-H Technology DR.
CITY: Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-821-3269
ALTERNATE PHONE: 704-201-5582
E-MAIL: Beamoffice@aol

JOB LOCATION INFORMATION
TAX PARCEL #: 13928217
STREET ADDRESS: 8509 Aspen Ct.
CITY: Mint Hill
STATE: NC ZIP: 28227

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Frank Mowitz
ADDRESS: 8509 Aspen Ct.
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 386-290-7939
ALTERNATE PHONE:
E-MAIL:

SUBDIVISION OR MOBILE HOME PARK NAME: Oakbridge at Waterleaf
LOT #: 27

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: 4
NUMBER OF OCCUPANTS: 4

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

5-19-2017
Date

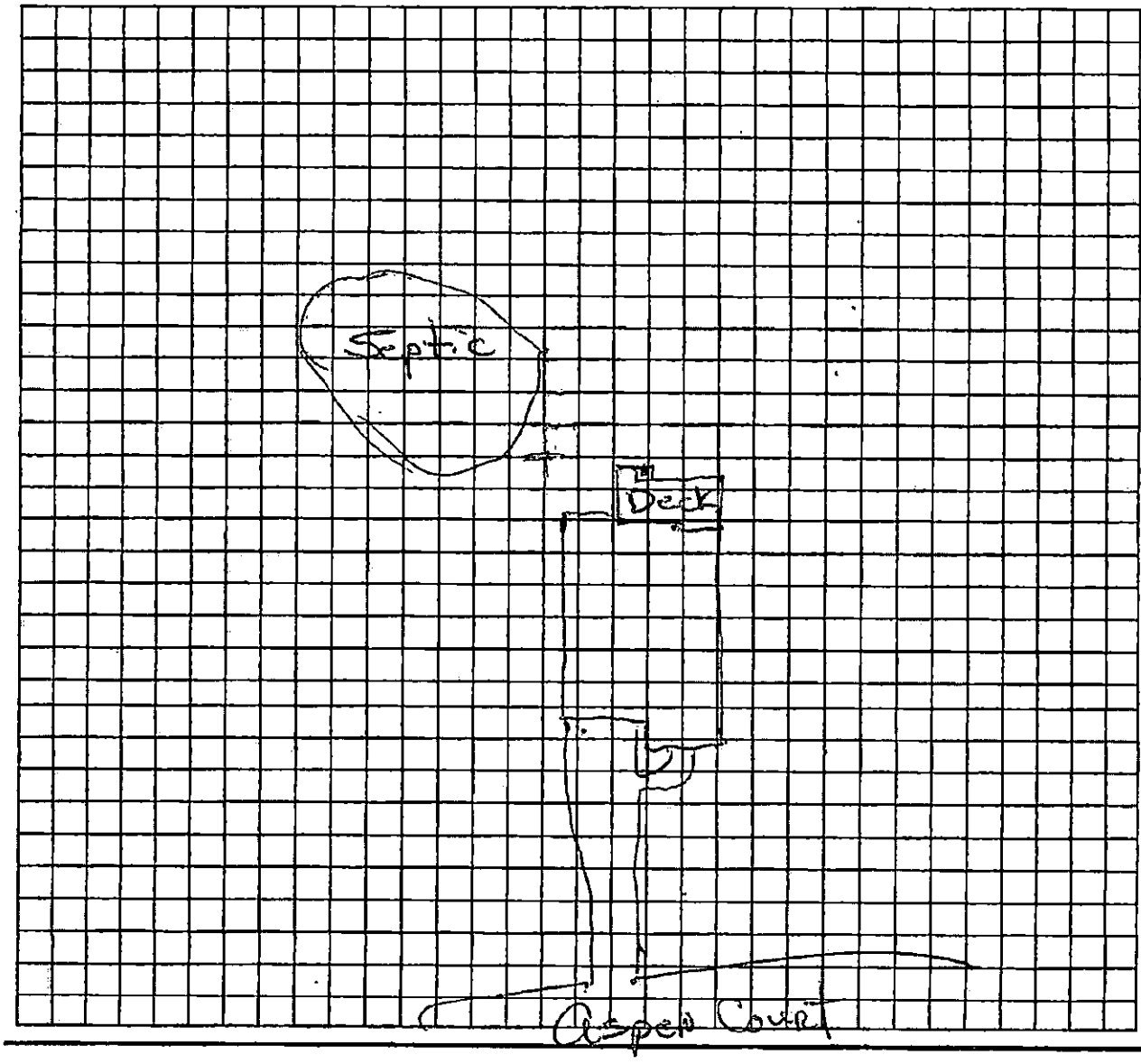
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 8509 Aspen Court Tax Parcel #: 13928217




*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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Denied due to space + setbacks to tanks + supply lines.
April Baumgarner 5-31-17
REHS Signature Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/22/17 | **Amount:** | 100.00 |
| **Receipt #:** | 105952 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** X30960
**Contractor:** A DECK ABOVE INC
**Attn:**
**Address:** 1201-H TECHNOLOGY DRIVE
**Address:**
**City/State/Zip:** INDIAN TRAIL, NC 28079

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>8509 ASPEN CT | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 296.61 | | | | | |

E. Winters Mabry, MD
Director

# MECKLENBURG COUNTY
## Health Department

(704) 432-3199

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 John Thevaos is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

8509 Aspen Ct. Mint Hill N.C.
Number Street Town
(Or Parcel Number)

FRANCIS K MOWITZ, JR
Property Owner (print name)

Property Owner (signature)

5/22/17
Date

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 918213 Permit #: 7464 Tax Parcel #: 139-282-17

Property Owner: True Homes

Job Location Address: 4509 Aspen Ct.

City: Mint Hill State: NC Zip Code: 28227

**Operation Permit Issuance Date:** 1/15/16 Contractor Name: Stevens Septic

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger Effluent Pump Model: Liberty 1/2hp

## Drainfield Installation ☐ N/A

Trench Depth: 36" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 448 feet

# of Lines: 4 @ 112 feet

Depth of Media: 12" inches (Type) IIIb

Depth of Cover: 12" inches

Distribution Device: P. Manifold

## 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: 9' feet

Distance from Property Line: 14' feet

Distance from Water Supply Source: 10' not Installed feet

## Inspection Dates

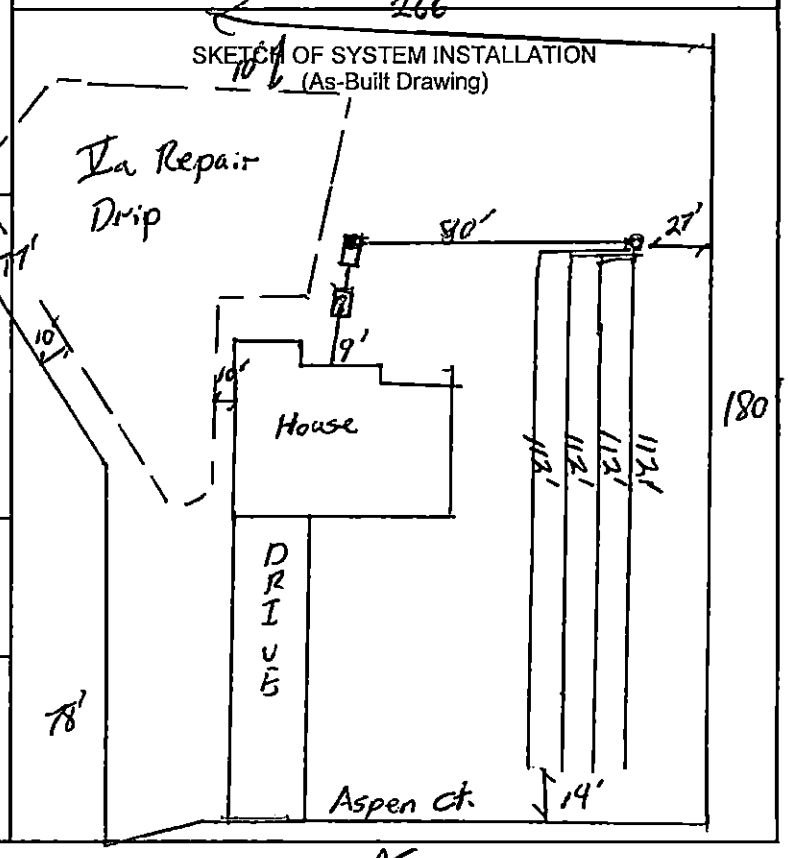
TTB-794 10/19/15 PT 8/24/15

Tank(s) Inspected: 12/15/15

Excavation Inspected: 12/15/15

Pump & Controls Inspected: 12/15/15

## 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: IIIb Arc 36/P/NA/NA

Draw Down 52.5gal for 2min run.

DENR Authorized Agent: Bradley W. Hallman Signature: _____

**[redacted]lis, Loretta**

**From:** John Thevaos <johnthevaos@gmail.com>
**Sent:** Thursday, May 18, 2017 9:08 AM
**To:** Ellis, Loretta
**Subject:** Re: USE EXISTING SYSTEM APPLICATION
**Attachments:** Mowitz septic.pdf

x30960 is our account number. I am sending back the form you sent, we are just adding on to existing deck. Let me know if there is anything else. Johnny A Deck Above 704-201-5582

On Wed, May 17, 2017 at 9:37 AM, Ellis, Loretta <Loretta.Ellis@mecklenburgcountync.gov> wrote:

I could not find your account in the system if you can get me the account number I will be more than happy to take the funds out of your account.

Loretta W. Ellis

Administrative Assistant III

Environmental Health Services

Mecklenburg County Health Department

Office 980-314-1680

Fax 704-336-6894

Email Loretta.Ellis@MecklenburgCountyNC.gov

http://Groundwater.charmeck.org

http://Meckpools.charmeck.org

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