SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 14187

Assigned Inspector: Heather Ray

☐ 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:

See notes in WWS?

14187 / 15781

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL 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: 01704219
STREET ADDRESS: 10908 Mt Holly-Huntersville Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ● HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
DESCRIBE TYPE OF BUSINESS: General Contractor
● COMMERCIAL ○ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 2020 ft/2
NUMBER OF EMPLOYEES PER SHIFT: 4 MAX
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 3
TYPE OF WASTEWATER GENERATED:
● DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER

5. *IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.* ☐ N/A

6. WATER SUPPLY: ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER Existing well used for irrigation only.

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: 1
EXISTING SEPTIC IS GRAVITY/CONVENTIONAL.

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, PLEASE ● YES ○ NO
LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE _____

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1978 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ■ N/A

12. PROPERTY OWNER:
NAME: NCA of the Carolinas, Inc., Harry Baumstark
ADDRESS: 10908 Mt. Holly-Huntersville Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-727-0008
MOBILE PHONE: 704-400-5880
FAX: —
E-MAIL: hbaumstark@ncacarolinas.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Same as Owner
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

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)**

HAB (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.

N/A (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.

Harry A Bauerband
Property Owner's or Owner's Legal Representative Signature

9/26/2025
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
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

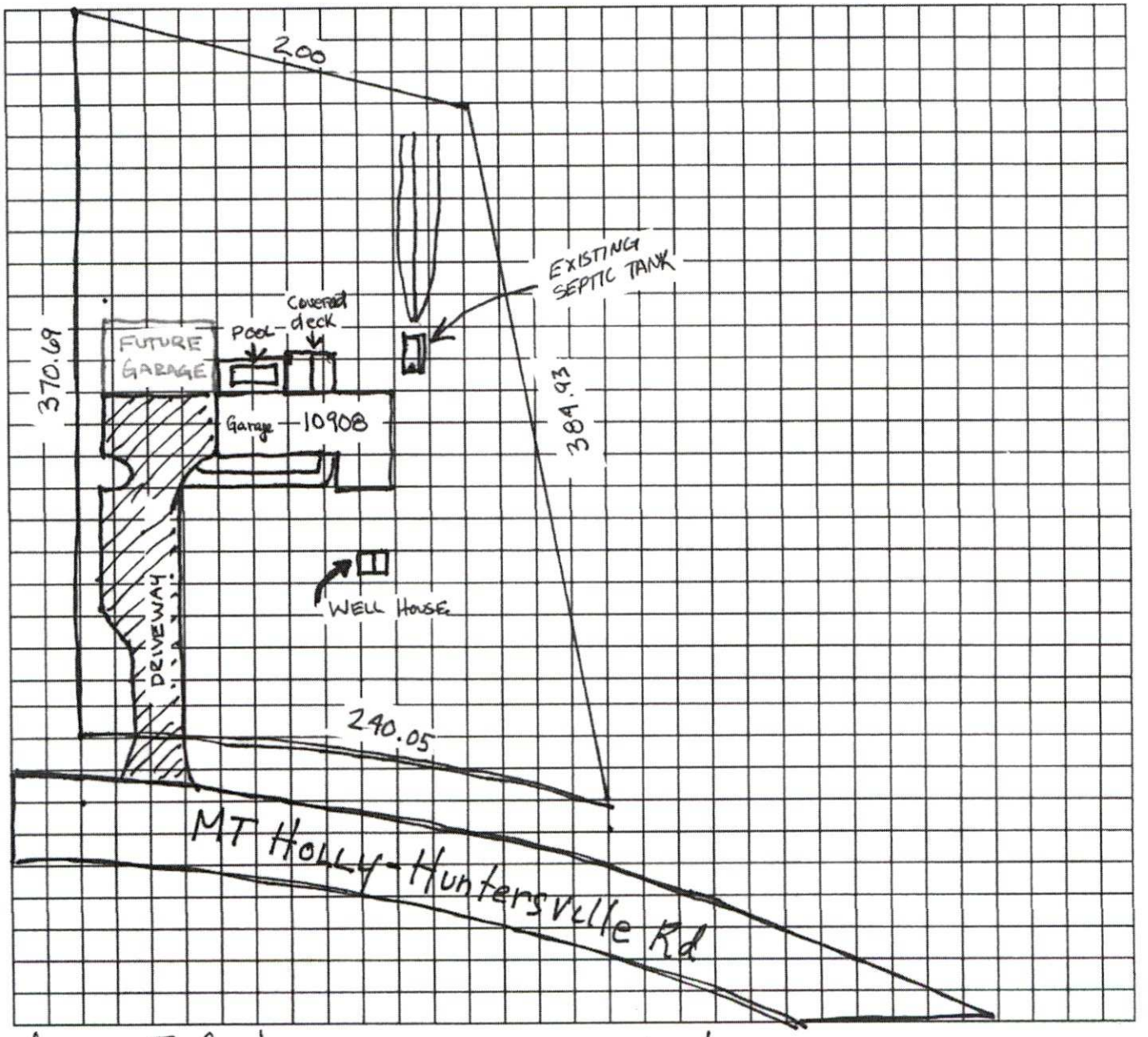
File #: _____

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: 10908 Mt Holly Huntersville Rd. Tax Parcel #: 01704219

Subdivision Name: N/A Lot #: N/A



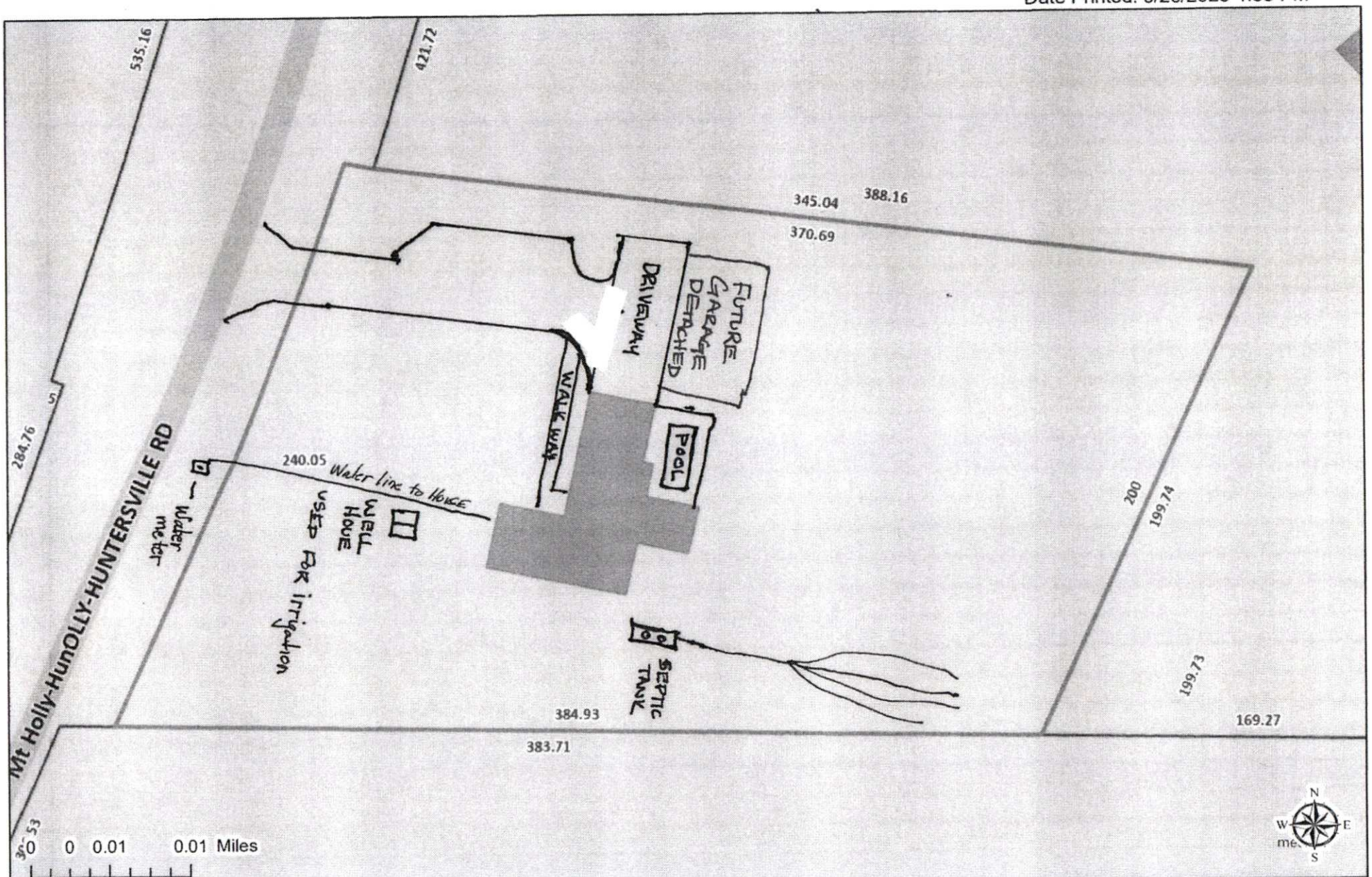
Property Owner's or Owner's Legal Representative Signature

9/26/2026
Date

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

Polaris Map – Mecklenburg County, North Carolina

Date Printed: 9/26/2025 4:36 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.

THE REPAIR IS NEEDED DUE TO DIRT BEING ADDED TOO CLOSE TO DRAIN FIELD OF EXISTING SEPTIC SYSTEM. GRADING COMPLETED WITH PERMIT OF LARGE COMMERCIAL PROPERTY BEING CONSTRUCTED BEHIND MY PROPERTY.

WHILE THE CURRENT SYSTEM REQUIRES REPAIR, I WOULD LIKE THE REPAIRED SYSTEM TO BE DESIGNED TO HANDLE WASTE WATER FOR AREA DESIGNATED AS FUTURE DETACHED GARAGE. WHEN DETACH GARAGE IS BUILT IN NEXT YEAR OR TWO, I WOULD LIKE THE DETACHED GARAGE TO HAVE A FULL BATHROOM. I ANTICIPATE ADDING A GRINDER PUMP TO PUMP TO EXISTING SEPTIC TANK.

PLEASE LET ME KNOW IF ANY QUESTIONS.

PLEASE PROCESS ASAP. EVERYTIME IT RAINS, THE ENTIRE OFFICE IS FILLED WITH HORRIBLE ODOR.

THANK YOU.

HARRY BAUMSTARK
704-400-5880