MECKLENBURG COUNTY
HEALTH DEPARTMENT

10740B #11577

10 SEP '20 PM12:25

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: 001-452-21
STREET ADDRESS: 16133 NORTH POINT Rd
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: LOOKOUT POINT
LOT #: _____ LOT SIZE (acres): 1.06

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: 3700
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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 NA

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 UNSURE	○ 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?** 9/10/20 ☐ N/A – closed Today

12. **PROPERTY OWNER:**

NAME: John C. Billesdon
ADDRESS: 307 SouthRidge DR
CITY: OAK PARK
STATE: Ca ZIP: 91377
WORK PHONE: NA
MOBILE PHONE: (805) 718-5380
FAX: _____
E-MAIL: pvhsj@yahoo.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: MARLENE BILLESDON
ADDRESS: 15714 POLONIUS CT
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (704) 997-8660
FAX: NA
E-MAIL: MARLENE@BILLESDON.COM

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

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.

JCB (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.

_____ 9/10/20

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

Please see all attached info

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 Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

File #: _____

PROPOSED PLOT PLAN

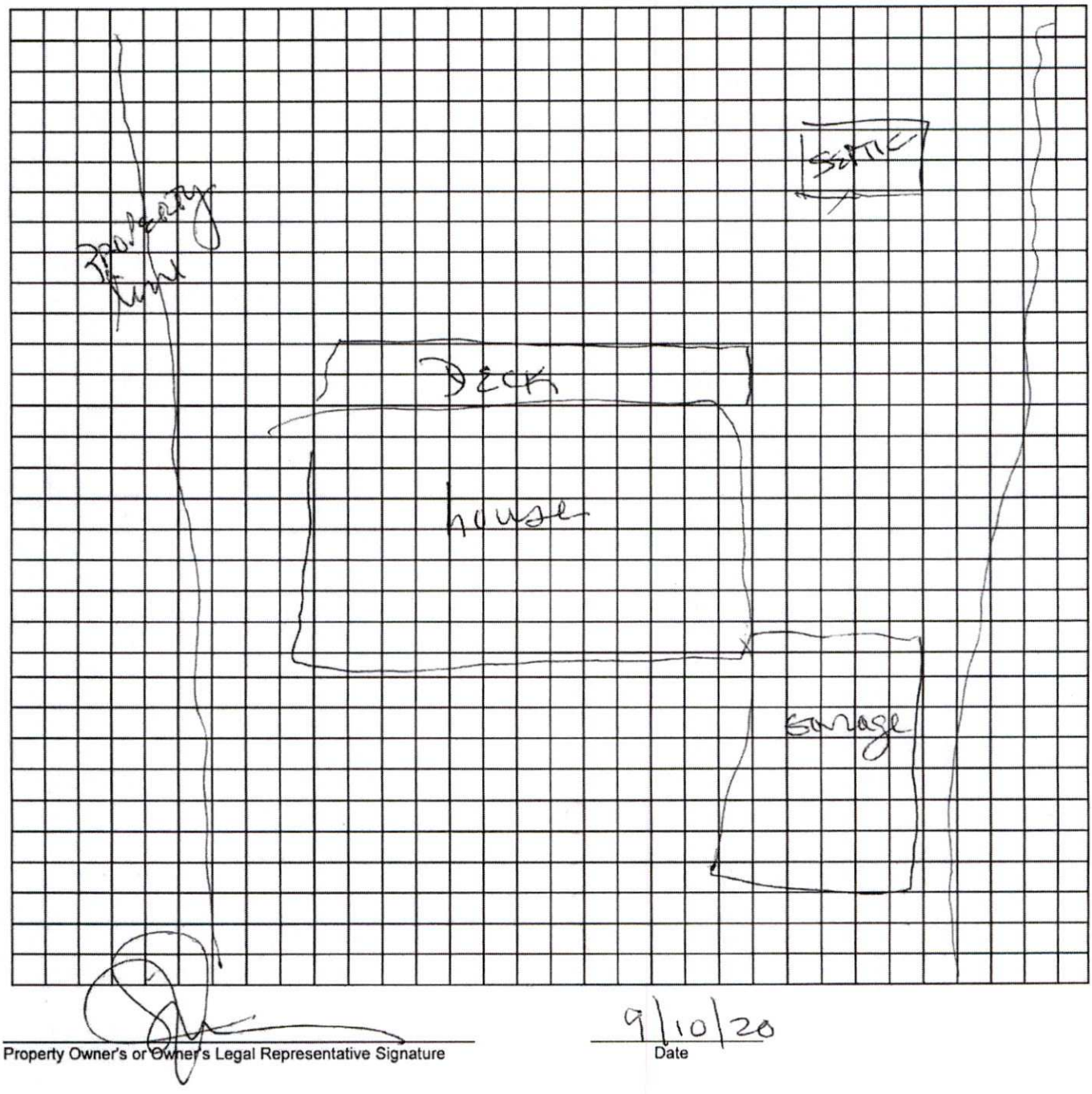
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 16133 NORTH POINT DR

Tax Parcel #: 001-452-21

Subdivision Name: LOOK OUT POINT

Lot #: LOT M21-47



Property Owner's or Owner's Legal Representative Signature

9/10/20
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

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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:

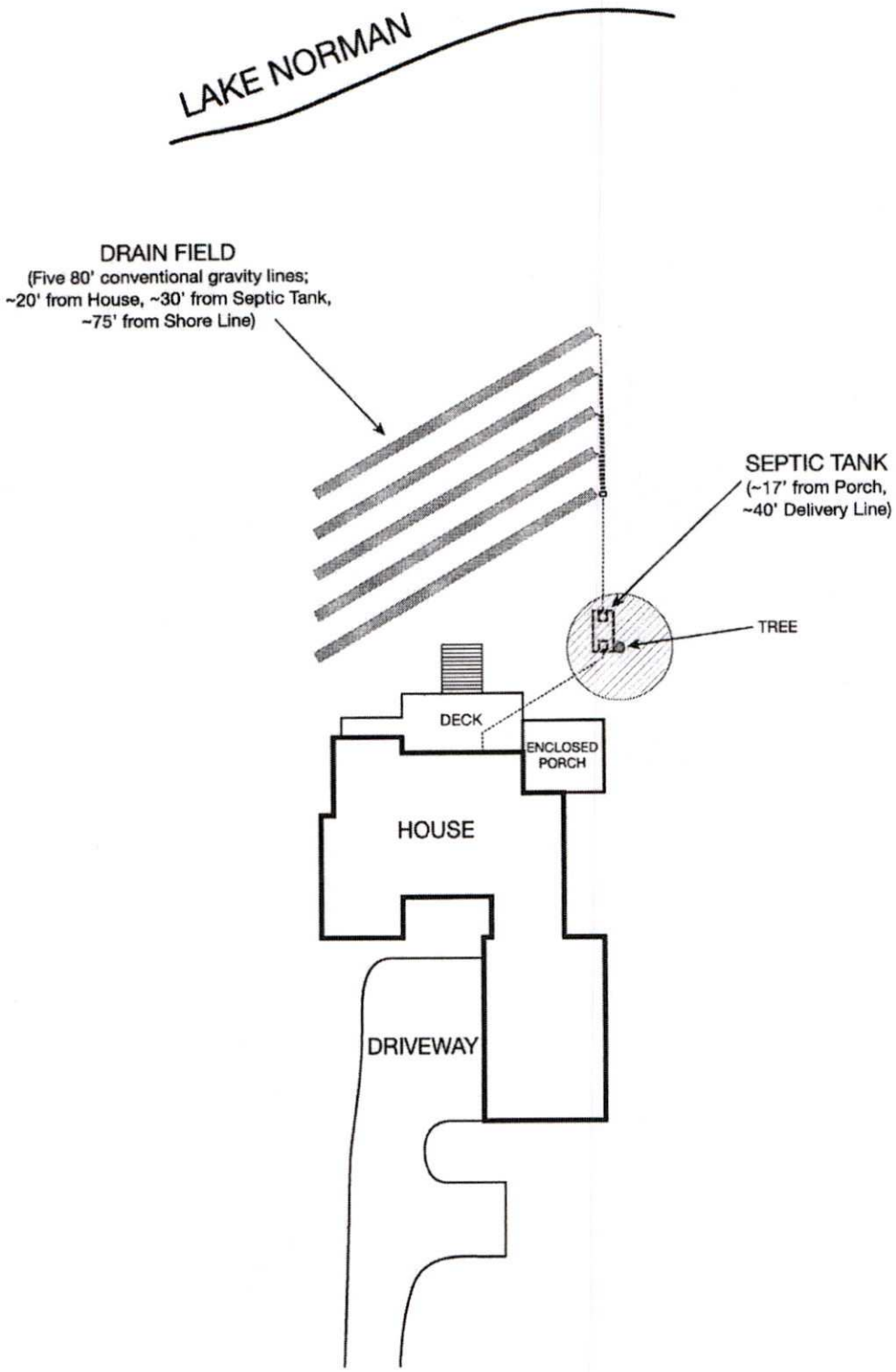
1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that MARLENE BILLESDON is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

16133 NORTH POINT DR. HUNTERSVILLE, N.C. 28078
Number Street Town
(Or Parcel Number)

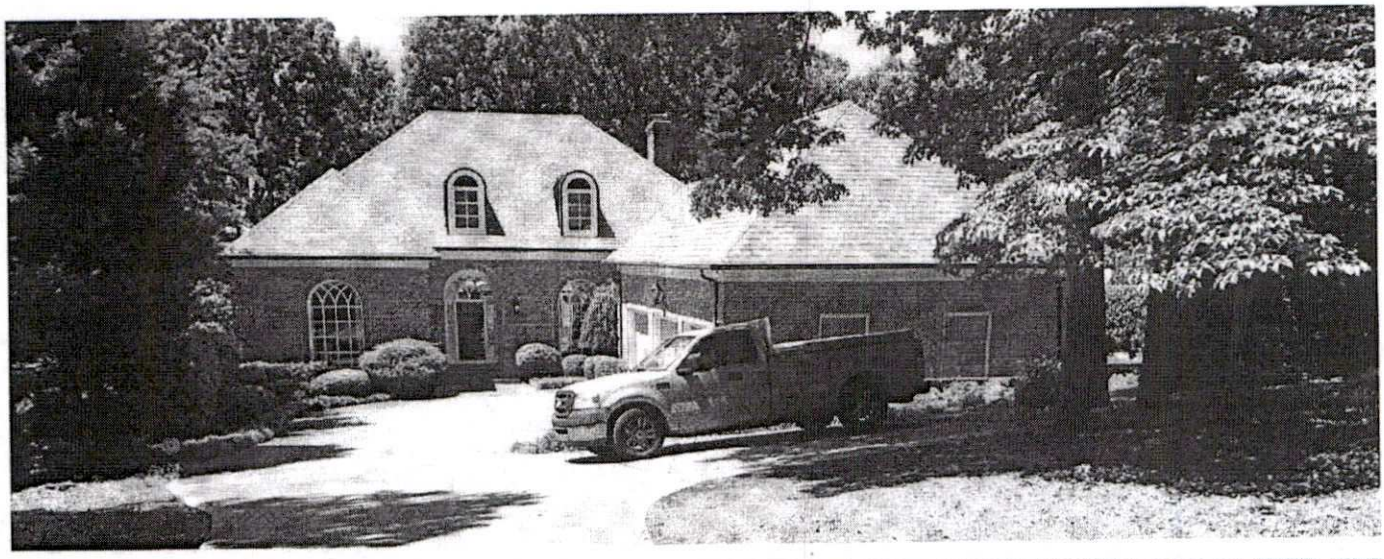
John Billesdon
Property Owner (print name)

Property Owner (signature)

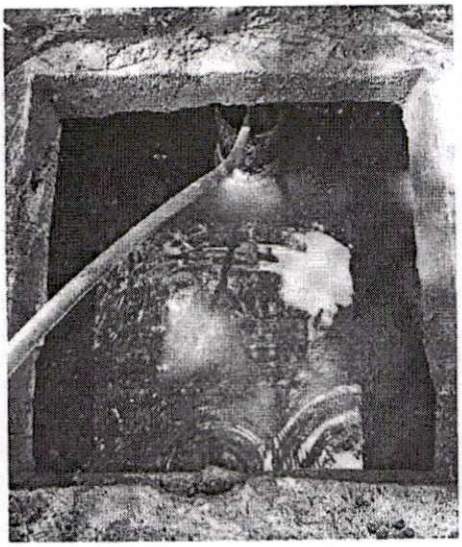
9/10/20
Date

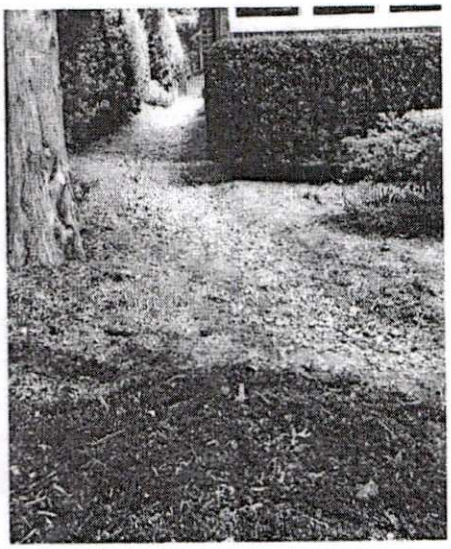


16133 North Point Rd
Huntersville, NC 28078
2020 August 04
(Not to scale)









WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4711 Rocking Horse Dr
Maiden, NC 28650
ph. 980-429-1580
fax, 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

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.

Property Address: 16133 North Point Rd (Street)
Huntersville (City) NC (St) 28078 (Zip)

Current owner of Record: Yount

Inspection requested by: ☐ Owner of record ☒ Other Name: Buyer. Kristen. + Chuck Mather
Company: c/o Kara West
Phone: _____

Date of Inspection: 8-11-17 **# bedrooms or design flow:** 4 br **MLS #:** _____

☒ Copy of Operations permit from Mecklenburg County Environmental Health attached
☐ Operations permit not available No OP.

Type of water supply ☐ Well ☐ Public Water ☒ Community Water ☐ Other: _____

1. **System components setbacks:**

15	ft. from house or structure	Required separation: 5	ft.
NA	ft. from well if applicable	Required separation: 50	ft.
?	ft. from water line if applicable	Required separation: 10	ft.
?	ft. from property line	Required separation: 10	ft.
50+	ft. from surface water	Required separation: 50	ft.
NA	ft. from swimming pool	Required separation: 15	ft.
—	ft. from OTHER: _____	Required separation: —	ft.

2. **Septic tank details:**

Able to locate tank:	☒ yes	☐ no	If no, explain:	
Approximate depth from ground surface to tank access:	12 inches			
Access riser(s) present:	☐ yes	☒ no	N.A.___	
Tank lids intact:	☒ yes	☐ no	If no, explain:	
Tank has baffle wall:	☒ yes	☐ no	N.A.___	
Influent from facility to tank confirmed:	☒ yes	☐ no	If no, explain:	
Outlet T is present:	☒ yes	☐ no	If no, explain:	PVC
Effluent screen present:	☐ yes	☐ no	N.A. X	
Effluent exits the tank through the outlet:	☒ yes	☐ no	If no, explain:	
Roots present in tank:	☐ yes	☒ no	If yes, describe:	
Evidence of infiltration:	☐ yes	☒ no	If yes, describe:	
Evidence of exfiltration:	☐ yes	☒ no	If yes, describe:	

Structural integrity (Check all that apply): ☒ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other: _____

Date tank was last pumped _____ ☒ unknown

Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 35 % 1500 gal Tank

This septic tank **was** or **was not** opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank ,the tank should be pumped.

3. System includes a dosing tank: ☐ yes (complete this section) ☒ no
Approximate depth from surface to top of tank _____ inches
Access risers: ☐ yes ☐ no If no, explain: _____
Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion
☐ Cracks ☐ Deformation ☐ Other: _____

NA 4. Dosing device: ☐ pump ☐ siphon

NA 5. Control panel: ☐ yes ☐ no If no, explain: _____
Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion
☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____
Panel working: ☐ yes ☐ no If no, explain: _____
Pump or siphon working ☐ yes ☐ no If no, explain: _____
☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☒ no
If yes, Operator Name _____ Cert. #: _____ Phone _____
Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☒ Trench ☐ Bed ☐ Other: _____
Nature of media: Stone - ?-(5)-3'x50' Lines
Type of distribution: ☒ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip
☐ Other: _____
Evidence of past or current surfacing at time of inspection: ☐ yes ☒ no If yes, describe: _____
Large trees or other vegetation noted over or near drainfield area: ☒ yes ☐ no If yes, describe: Shrubs & Tree all in yard.
Encroachments: ☐ yes ☒ no If yes, describe: _____
Evidence of traffic over drainfield: ☐ yes ☒ no If yes, describe: _____
Designated repair/reserve area free of encroachments: If no, describe: ? - Pump to front yard

8. Advanced pretreatment: ☐ yes ☒ no If yes, describe: _____
Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____
Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: ✓

10. Proper surface and subsurface water diversion over and around system components: ☒ yes ☐ no If no explain: _____

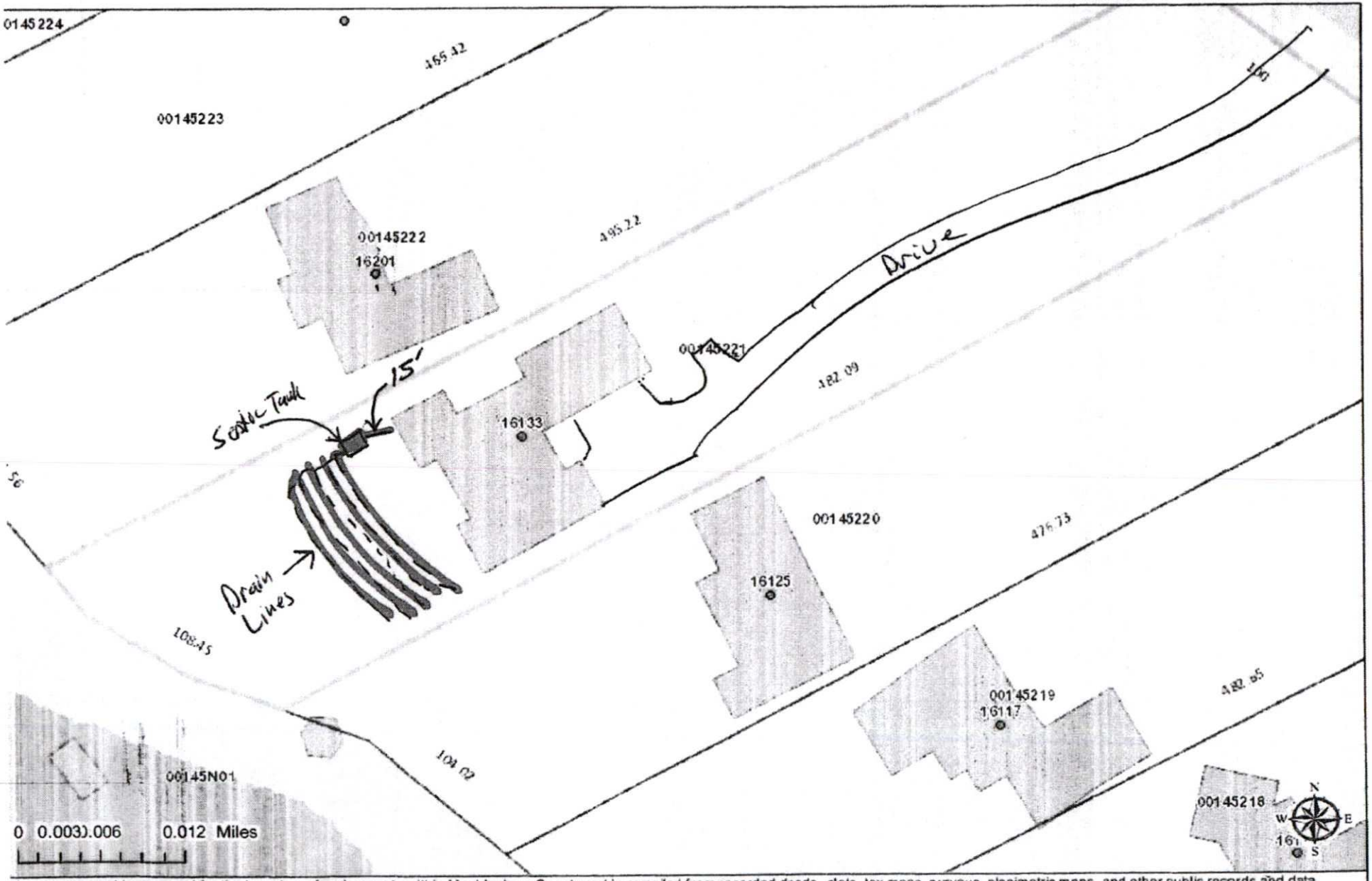
11. Other pertinent facts noted during inspection (attach additional sheets as needed): System is functioning as designed - Tank should be pumped.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4711 Rocking Horse Dr. Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 8-11-17

Polaris 3G Map – Mecklenburg County, North Carolina

Septic System Site Plan

Date Printed: 8/14/2017 7:36:14 AM



his 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. sers 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

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/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 107403 Permit #: 11577 Tax Parcel #: 001-452-21

Property Owner: John Billesdon & Carol Gordon

Job Location Address: 16133 North Point Rd

City: Huntersville State: NC Zip Code: 28078

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 9-22-20

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 9-22-21. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 360 GPD Site LTAR: — GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☑ 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) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Tank only

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

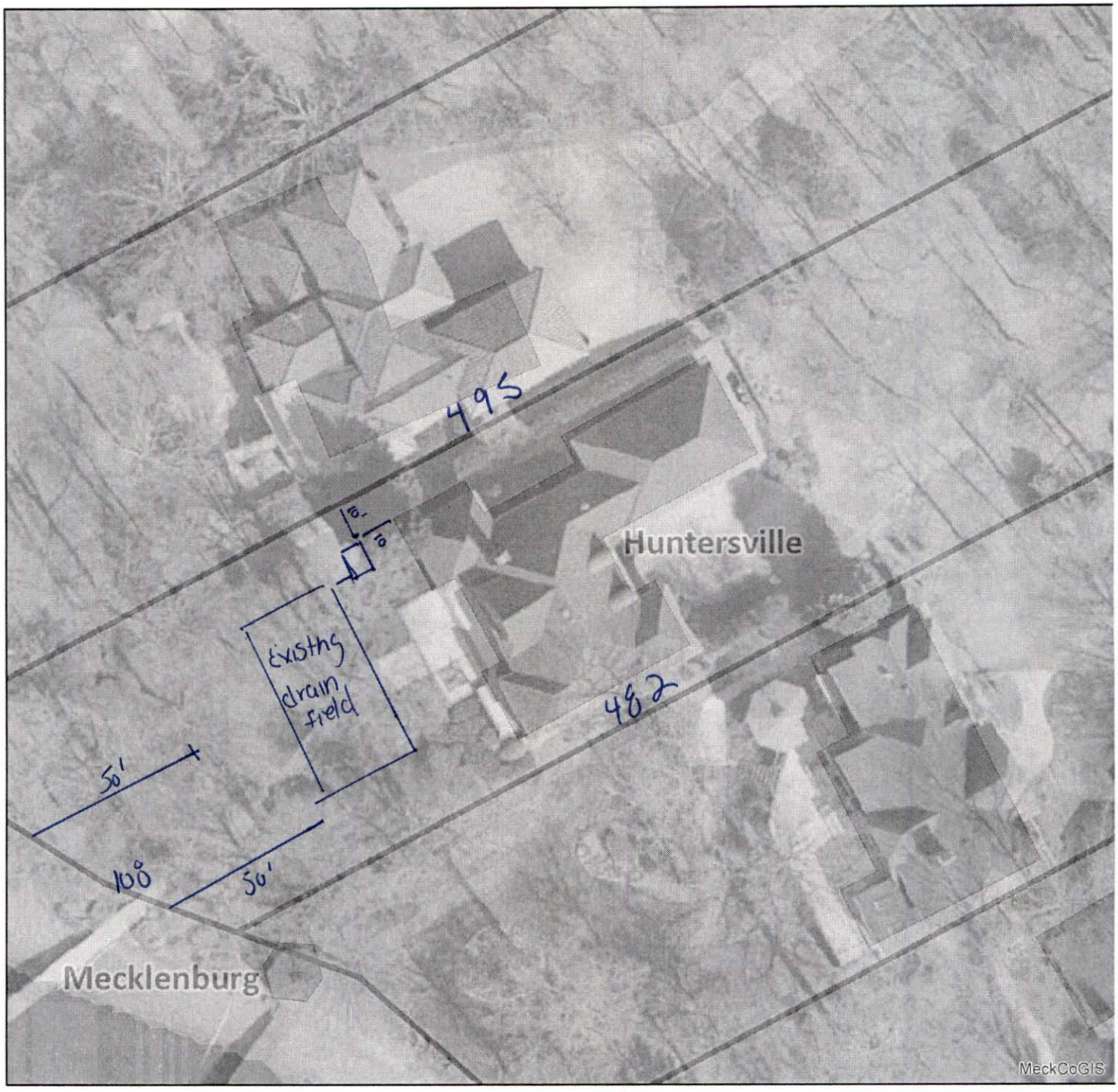
See attached Site Plan

Comments: System Classification & Type: Pump & crush old tank. Set new 1000 Gallon

Authorized Agent: Heather Reny Signature: _____

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 11577
PID #: 001 452 21
File #: 10740B

Authorized Agent: Heather Ray Date: 9-22-20

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 f

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 #: 10740B Permit #: 11577 Tax Parcel #: 00145221

Property Owner: John Billesdon & Carol Gordon

Job Location Address: 16133 North Point Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 10-19-20 Contractor Name: Lentz Septic

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

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

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: _____

Tank Only

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: _____

Tank Only

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 10 feet

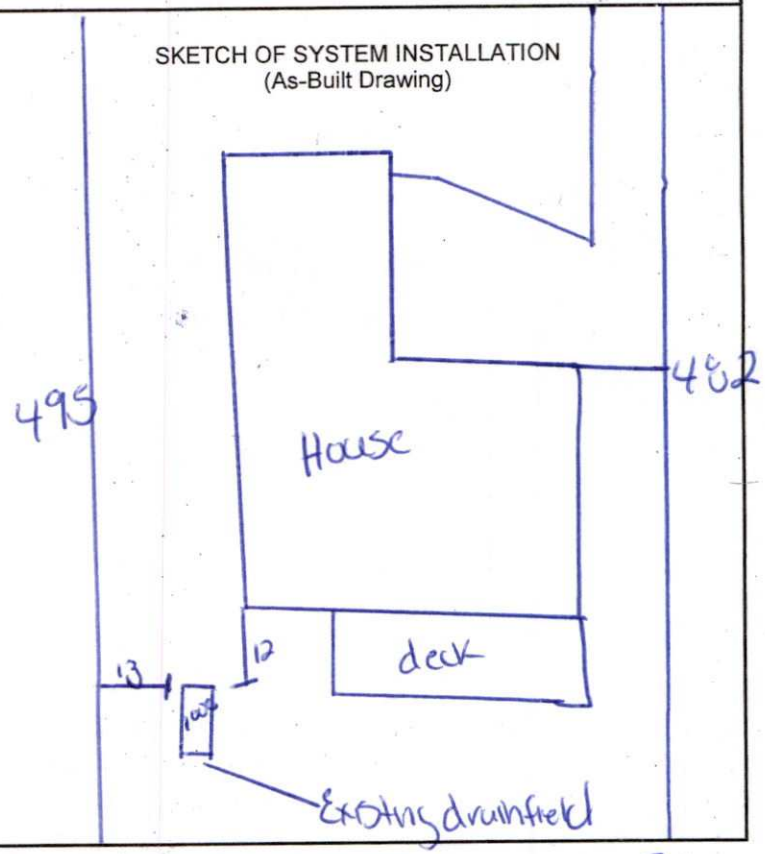
Inspection Dates

Tank(s) Inspected: 10-19-2020

Excavation Inspected: 10-19-2020

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

DENR Authorized Agent: Heather Ray Signature: Heather Ray