SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12049B

Assigned Inspector: Patrick

☒ IP $250.00: 9/9/24 -Jena 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:

System denied. Please send denial letter.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

IMPROVEMENT PERMIT DENIAL

November 18, 2024

Coulston Enterprises
8332 Regent Parkway
Fort Mill, SC 29715

Re: Application for improvement Permit for property located at 8006 James Query Road, Parcel #139-134-06

Health Department file # 12049B

To Whom It May Concern:

The Mecklenburg County Health Department, Environmental Health Division, on 10/8/2024 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your Improvement Permit application. According to your application the site is to serve a 5 bedroom residence with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

☐ Unsuitable soil topography and/or landscape position (Rule .0502)
☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
☒ Unsuitable soil wetness condition (Rule .0504)
☐ Unsuitable soil depth (Rule .0505)
☐ Unsuitable saprolite (Rule .0506)
☒ Presence of restrictive horizon (Rule .0507)
☐ Insufficient space for septic system and repair area (Rule .0508)
☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
☐ Other (*Cite applicable rule*):_____

_____

_____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water, or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of all possible systems approved under 15A NCAC 18E. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services' Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 11/18/2024. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Troy Kling, REHS
Registered Environmental Health Specialist
Groundwater & Wastewater Services | Public Health
Mecklenburg County Government
704-512-9831 | MeckNC.Gov

Enclosures: *(Enclose copy of Rule .0503, .0504, & .0507)*

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

Property ID: 13913406
Lot #: 6
File #: 12049B
AppID: 14946

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Coulston Enterprises, Inc.
Applicant: Earl Coulston
Address: 8006 James Query Rd.
Date Evaluated: 10/8/2024
Proposed Facility: 5 BR SFR
Design Flow (.0400): 600 GPD
Property Size: 0.93 ac.
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [ ] 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	.0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	.0504 Soil Wetness/ Color	.0505 Soil Depth (IN.)	.0506 Sapro Class	.0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth *(Low Side of trench)*
1	S 15%+	0 - 20	M, C	VFi, S, P	R	C: YB & F: G Chroma 2 deplet. @ 20-36" C: G Chroma 2 deplet. @ 36"+	>64"	N/A	0-20"	Top 20" compacted to Vfi-Rigid C: WR inclus. 36"+ F-C: Sap. inclus. @ 36"+	US	—
		20 - 36	Mo, Abk, C	Fi, S, P, SEXP	R							
		36 - 64	Wk, Sbk, CL	Fr, SS, SP	R							

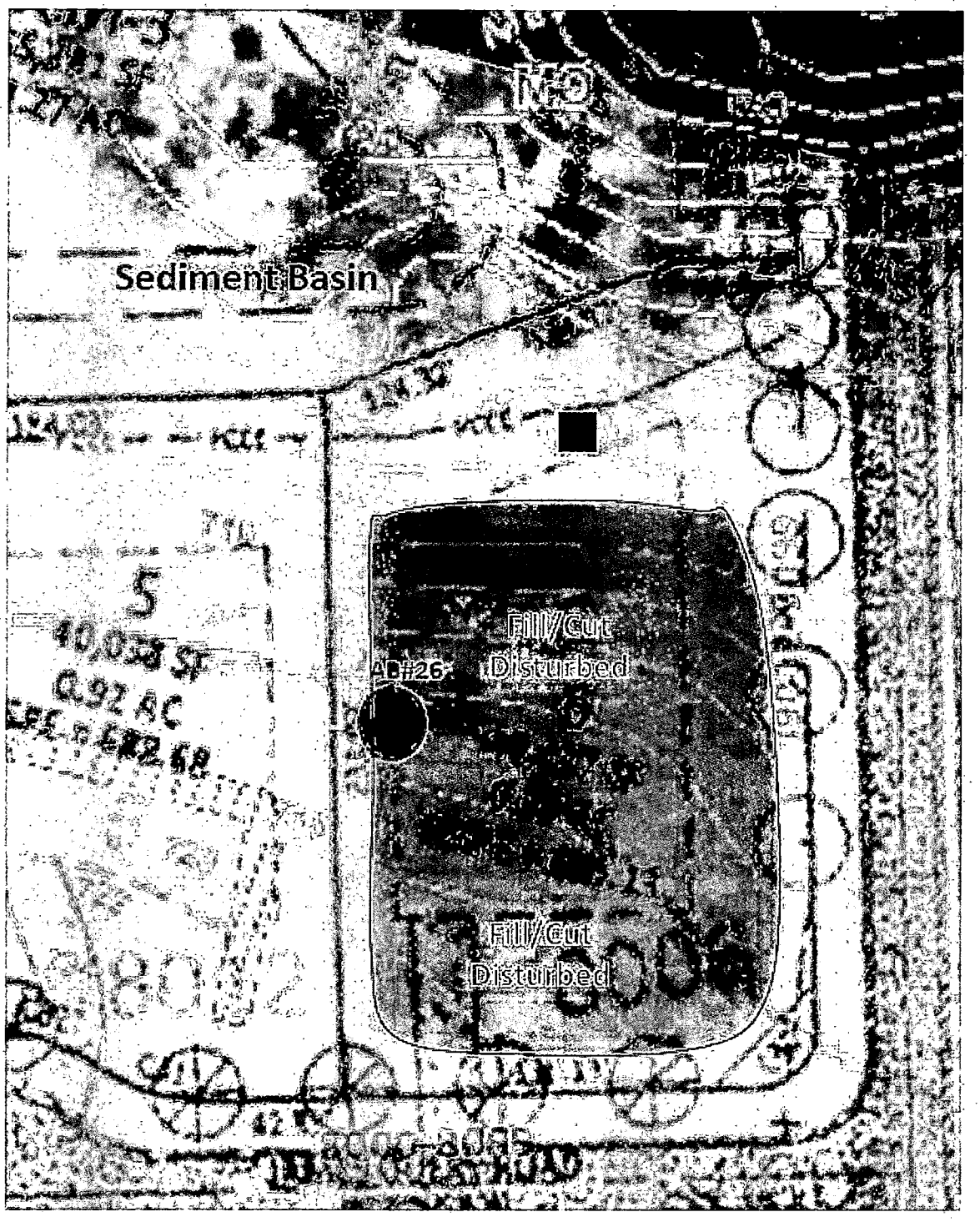
Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	N/A	
Maximum Trench Depth		

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

COMMENTS: Top 20" extreme compaction to massive clay. Soil wetness at 36". Remainder of the lot has been filled and compacted for a slab house pad.

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



Map Created by: P. Mitchell
Date: 10/08/2024

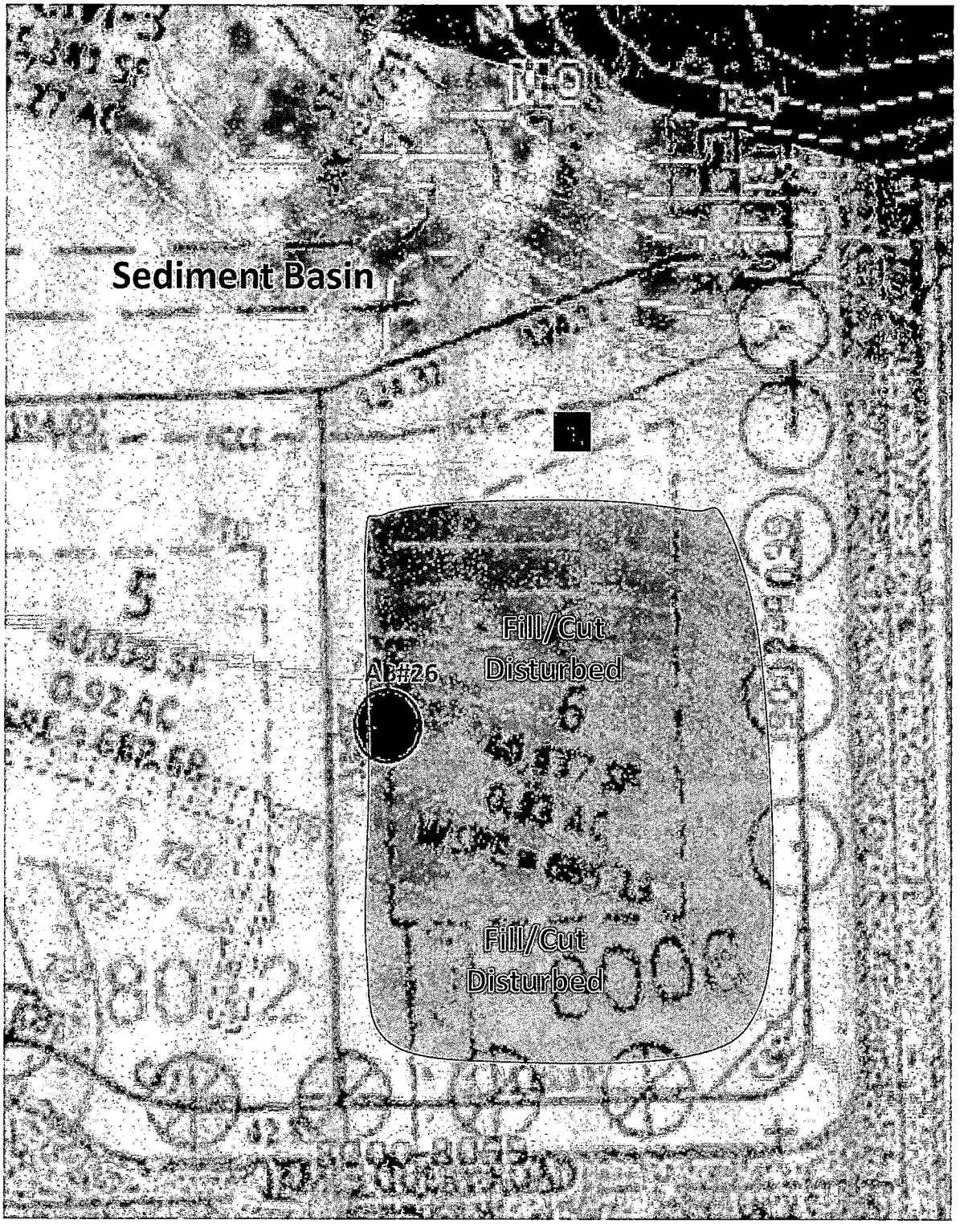
PROPERTY INFO
Address: Lot 6 – 8006 James Query Rd.
PID No.: 13913406

* Map NOT to Scale

Mecklenburg County
Groundwater & Wastewater Services

Soil & Site Evaluation Map

Overlaid Preliminary Soils Map
by Michael Athanas and Associates



Map Created by: P. Mitchell
Date: 10/08/2024

PROPERTY INFO
Address: Lot 6 – 8006 James Query Rd.
PID No.: 13913406

*** Map NOT to Scale**

Mecklenburg County
Groundwater & Wastewater Services

12 049B/14940

9 SEP '24 PM 1:16

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:** O N/A ✓ NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** O N/A ✓ NEW WELL O MAJOR REPAIR O ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 139 134 06
STREET ADDRESS: 8006 Jane Query Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Chadwood
LOT #: 6 LOT SIZE (acres): 1.22
TOWNSHIP:
O MECKLENBURG O CORNELIUS O HUNTERSVILLE
O DAVIDSON ✓ CHARLOTTE O PINEVILLE
O MATTHEWS ✓ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
O SINGLE MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
✓ HOUSE O OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
✓ CONCRETE SLAB O BASEMENT WITH PLUMBING
O CRAWL SPACE O 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:** O MUNICIPAL ● PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. **PROPOSED USE OF WELL:** O N/A O IRRIGATION ● POTABLE (DRINKING WATER) O 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	O YES ✓ NO	GRADING/SOIL REMOVAL PERFORMED	O YES ✓ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	O YES ✓ NO	JURISDICTIONAL WETLANDS	O YES ✓ NO
WELLS, SPRINGS, OR WATER LINES	O YES ✓ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	O YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	O YES ✓ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	O YES ✓ NO
CHEMICAL/PETROLEUM STORAGE TANKS	O YES ✓ NO	KNOWN UNDERGROUND CONTAMINATION	O YES ✓ NO
WASTE STORAGE	O YES ✓ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	O 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: Coulston Enterprises Inc
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: Earl Coulston
ADDRESS: 8332 Regent Parkway
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: _____
MOBILE PHONE: 704-507-2175
FAX: _____
E-MAIL: Earl@Coulstondev.com

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.

Earl Coutts
Property Owner's or Owner's Legal Representative Signature

8-27-24
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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: _____

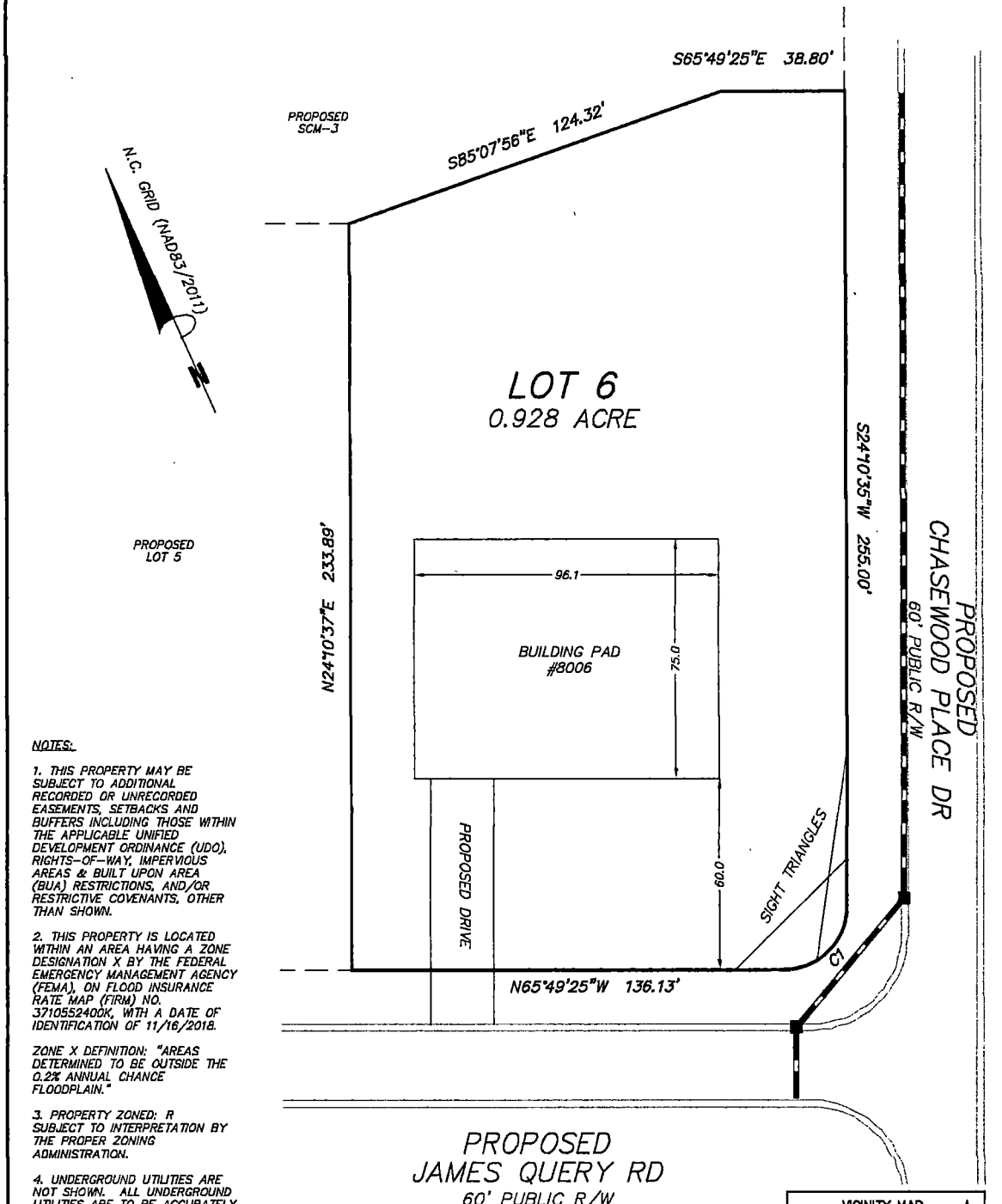
APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

PREPARED FOR SITE PLAN PURPOSES ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVYE OF PROPERTY SHOWN.

DATE OF EXHIBIT *AUGUST 12th 2024*

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	20.00'	31.42'	S69°10'35"W	28.28'



NOTES:

1. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS AND BUFFERS INCLUDING THOSE WITHIN THE APPLICABLE UNIFIED DEVELOPMENT ORDINANCE (UDO). RIGHTS-OF-WAY, IMPERVIOUS AREAS & BUILT UPON AREA (BUA) RESTRICTIONS, AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

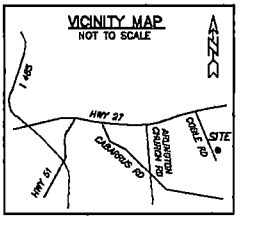
2. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710552400K, WITH A DATE OF IDENTIFICATION OF 11/16/2018.

ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

3. PROPERTY ZONED: R SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

4. UNDERGROUND UTILITIES ARE NOT SHOWN. ALL UNDERGROUND UTILITIES ARE TO BE ACCURATELY MARKED BY OTHERS PRIOR TO CONSTRUCTION OR EXCAVATION.

5. FOR SITE PLAN PURPOSES ONLY. CORNERS NOT VERIFIED. LINES PER PLAN.



SITE PLAN
OF
LOT 6 OF CHASEWOOD
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=40'

SURVEYED FOR COULSTON ENTERPRISES, INC

MAP BOOK_____ PAGE_____ DEED BOOK_____ PAGE_____

DRAWN BY MM FIELD WORK_____ FIELD BOOK #_____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX:(704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC:C-1242 SC:886

CARLSON\2024\CS\Coble Rd ~ Chasewood 2024\C\Coble Rd ~ Chasewood
PROJECT: 24-0148

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/09/24	**Amount:**	250.00
Receipt #:	150784	**Tendered:**	250.00
Check / Auth #:	CHECK 2594	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: COULSTON ENTERPRISES, INC
Attn: EARL COULSTON
Address: #6
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8006 JAMES QUERY RD	1	250.00	250.00

Permit#

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

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