SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 52853

Assigned Inspector: 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:

5285B
162162

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: 02301123
STREET ADDRESS: 5126 Drake Cove Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .459
TOWNSHIP:
● MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

5126 Drake Cove Rd

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE WIDE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 1140
NUMBER OF BEDROOMS: 1
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: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A

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: 1

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/8/2023 ☐ UNKNOWN
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☒ N/A

12. PROPERTY OWNER: Roland & Robyn Kreke
NAME: Roland & Robyn Kreke
ADDRESS: 5126 Drake Cove Road
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: 618-975-8435 618.975.8435
FAX:
E-MAIL: roland.kreke@zoho.com

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

Roland.Kreke@zoho.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
2145 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1560, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20

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)

[signature] (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.

[signature] Ronald Hucks
Property Owner's or Owner's Legal Representative Signature

4-8-2024
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 FEE 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 Email: Wellreg@MecklenburgCountyNC.gov

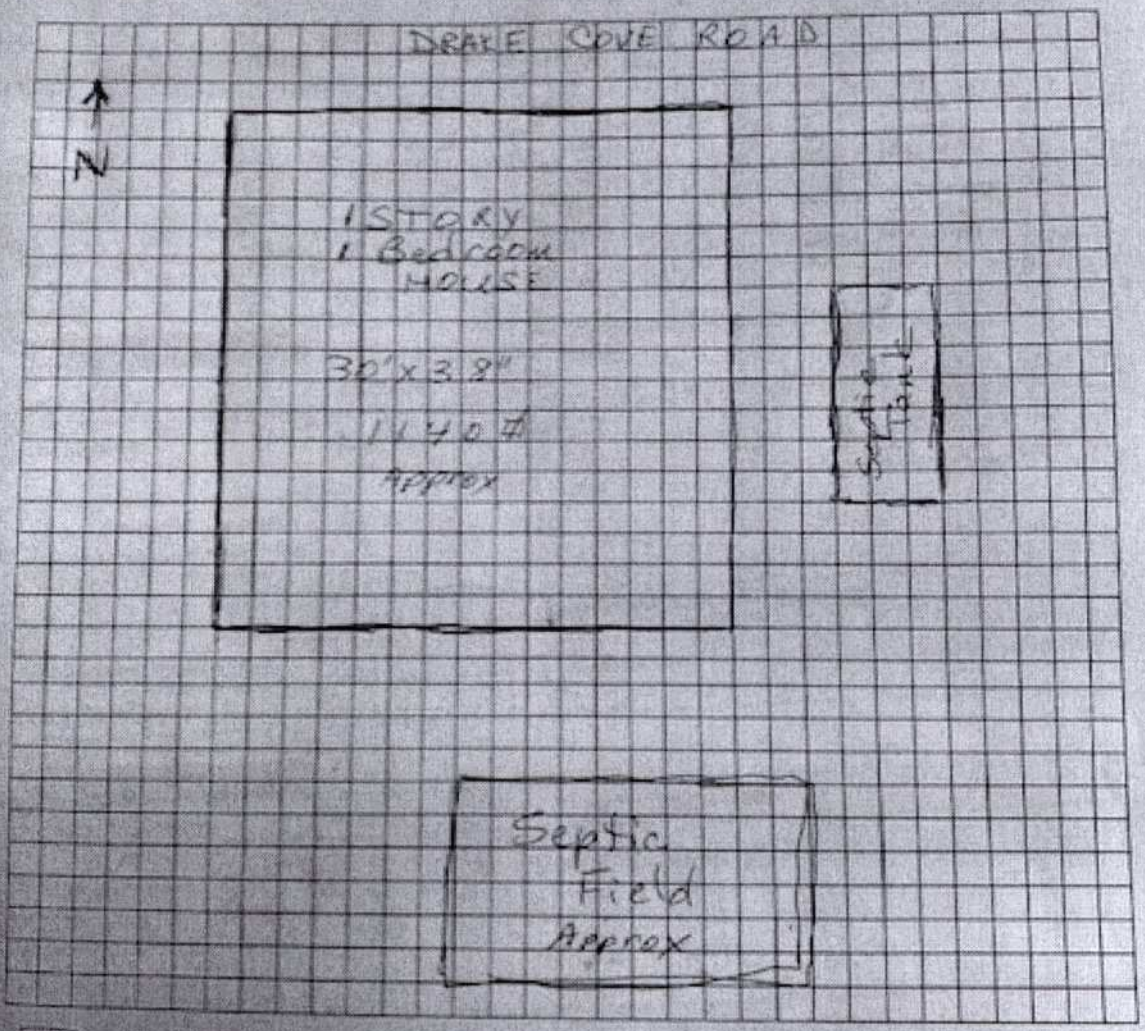
File #: _____

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: 5126 Drake Cove Road Tax Parcel #: 02301123

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

4-8-2021
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-5894 Email: Wrifreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Ray, Heather A

From: Amy Bruce <abruce@huntersville.org>
Sent: Thursday, April 9, 2026 1:29 PM
To: Eubanks, Ron; Ray, Heather A; Malone, Sarah
Cc: WQ Staff; Bogdan, Emma; Little, Kathryn; General Planning; Brian Richards
Subject: [External]RE: 5126 Drake Cove

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Ron,

Thank you for including us.

As the septic system involves a health and safety matter, we do not wish to introduce any unnecessary complications to its repair. The parcel owner may make the necessary septic system repairs without any additional steps or approvals required from our office.

GENERAL RESOURCES

Department	Planning@Huntersville.org 14704 North Old Statesville Road, 2nd Floor (704) 875-7000
Permits	Permits@Huntersville.org
Need a hold released	Request an Inspection
Land Development	PlanningIntake@Huntersville.org
Mecklenburg County	(980) 314-2633
Sign Information	Sign Permits Please send proofs to: ABruce@Huntersville.org

What is Impervious?

Regards,
Amy

Amy Bruce
Planning Department
Planning Technician

704-464-5392
ABruce@Huntersville.org
Thrive Here

From: Eubanks, Ron <Perry.Eubanks@mecklenburgcountync.gov>
Sent: Thursday, April 9, 2026 11:55 AM
To: Ray, Heather A <Heather.Ray@mecklenburgcountync.gov>; Malone, Sarah <Sarah.Malone@mecklenburgcountync.gov>
Cc: WQ Staff <WQStaff@mecklenburgcountync.gov>; Amy Bruce <abruce@huntersville.org>; Bogdan, Emma <Emma.Bogdan@mecklenburgcountync.gov>; Little, Kathryn <Kathryn.Little@mecklenburgcountync.gov>
Subject: RE: 5126 Drake Cove

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.
Hi Heather,

If sanitary sewer is not available, maintenance and repairs of an existing septic system within the buffer would typically be allowed by the Mecklenburg County Water Quality Program. Since the property is located within the Town of Huntersville's ETJ, I have copied Amy Bruce to confirm if a variance would be required by the Huntersville Zoning Board of Adjustment for the Watershed buffer disturbance. I will follow up with you when I get back in the office on Monday. Thank you.

Have a great day.

Ron Eubanks
Environmental Specialist IV
LUESA | Storm Water Services
Mecklenburg County Government
980-721-4191 | MeckNC.Gov

From: Ray, Heather A <Heather.Ray@mecklenburgcountync.gov>
Sent: Thursday, April 9, 2026 11:22 AM
To: Malone, Sarah <Sarah.Malone@mecklenburgcountync.gov>; Eubanks, Ron <Perry.Eubanks@mecklenburgcountync.gov>
Cc: WQ Staff <WQStaff@mecklenburgcountync.gov>
Subject: RE: 5126 Drake Cove

The quicker the better if possible. These people are having to pay to keep their tank pumped out. I told them Id be out Monday to take a look but I can't write anything until I get feed back from water quality.

Heather Ray
Senior Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-280-1485 | MeckNC.Gov

Mecklenburg County Confidentiality Statement

From: Malone, Sarah <Sarah.Malone@mecklenburgcountync.gov>
Sent: Thursday, April 9, 2026 11:17 AM
To: Ray, Heather A <Heather.Ray@mecklenburgcountync.gov>; Eubanks, Ron <Perry.Eubanks@mecklenburgcountync.gov>
Cc: WQ Staff <WQStaff@mecklenburgcountync.gov>
Subject: RE: 5126 Drake Cove

Heather – thanks for reaching out. How quickly do you need some answers to process this application? Ron is out until next week, but if you need a response sooner we can task another staff member to review and respond.

Thanks,

Sarah Malone
Water Quality Program Manager
Mecklenburg County Government
980-314-3217

From: Ray, Heather A <Heather.Ray@mecklenburgcountync.gov>
Sent: Thursday, April 9, 2026 9:43 AM
To: Eubanks, Ron <Perry.Eubanks@mecklenburgcountync.gov>
Cc: WQ Staff <WQStaff@mecklenburgcountync.gov>
Subject: 5126 Drake Cove

Good morning

I received an application for a septic repair at 5126 Drake Cove. The only space available to repair the system is in the 100' buffer. We would have to stay 50' from the water anyway but if we have to stay out of the 100' there only option would be a pump and haul permit.

Is it possible to install a system with in the 100' buffer.



Heather Ray
Senior Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-280-1485 | MeckNC.Gov

Mecklenburg County Confidentiality Statement

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

File/Permit Number: 5285b/16262

CONSTRUCTION AUTHORIZATION

County: Meck PIN/Lot Identifier: 02301123

Owner: Roland and Robyn Kreke Applicant: Same

Property Location: 5126 Drake Cove Rd

Facility Type: Single Family Residence

Number of bedrooms: 1 Number of Occupants: 2 Other:

☐ New ☐ Expansion ■ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ■ No

Crawl Space? ■ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* _____ (Initial) IIB (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 240 GPD Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 40 feet Trench/Bed Spacing: 3 feet on center

Trench/Bed Width: 5 to12 inches LTAR: .2 gpd/ft² Usable Depth to LC (Initial)ˣ: 50 ˣ***Limiting condition***

Soil Cover: 6 inches Slope Corrected Maximum Trench/Bed Depth‡: 40 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): na gallons Requires more than one pump? ☐ Yes ■ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ■ Other: Alternating Flo Device

Artificial Drainage Required: Yes ☐ No ■ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [Rule .0204(g)]: ☐ Yes ■ No

Easement, Right-of-Way, or Encroachment Agreement Required [Rule .0204(d)]: ☐ Yes ■ No

Declaration of Restrictive Covenants: ☐ Yes ☐ No Pre-Construction Conference Required: Yes ■ No ☐

Management Entity Required: ☐ Yes ■ No Minimum O&M Requirements:

Conditions: install new bed 5' wide at the start 12' wide at the end 40' long. 8inches of sand 24" of stone
MUST PUT UP EROSION CONTROL DURING PERIODS OF WORK. REQUIRED BY CHARLOTTE WATER
PRE CONSTRUCTION REQUIRED PRIOR TO INSTALL. best professional judgement was used to repair the malfunctioning wastewater system

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

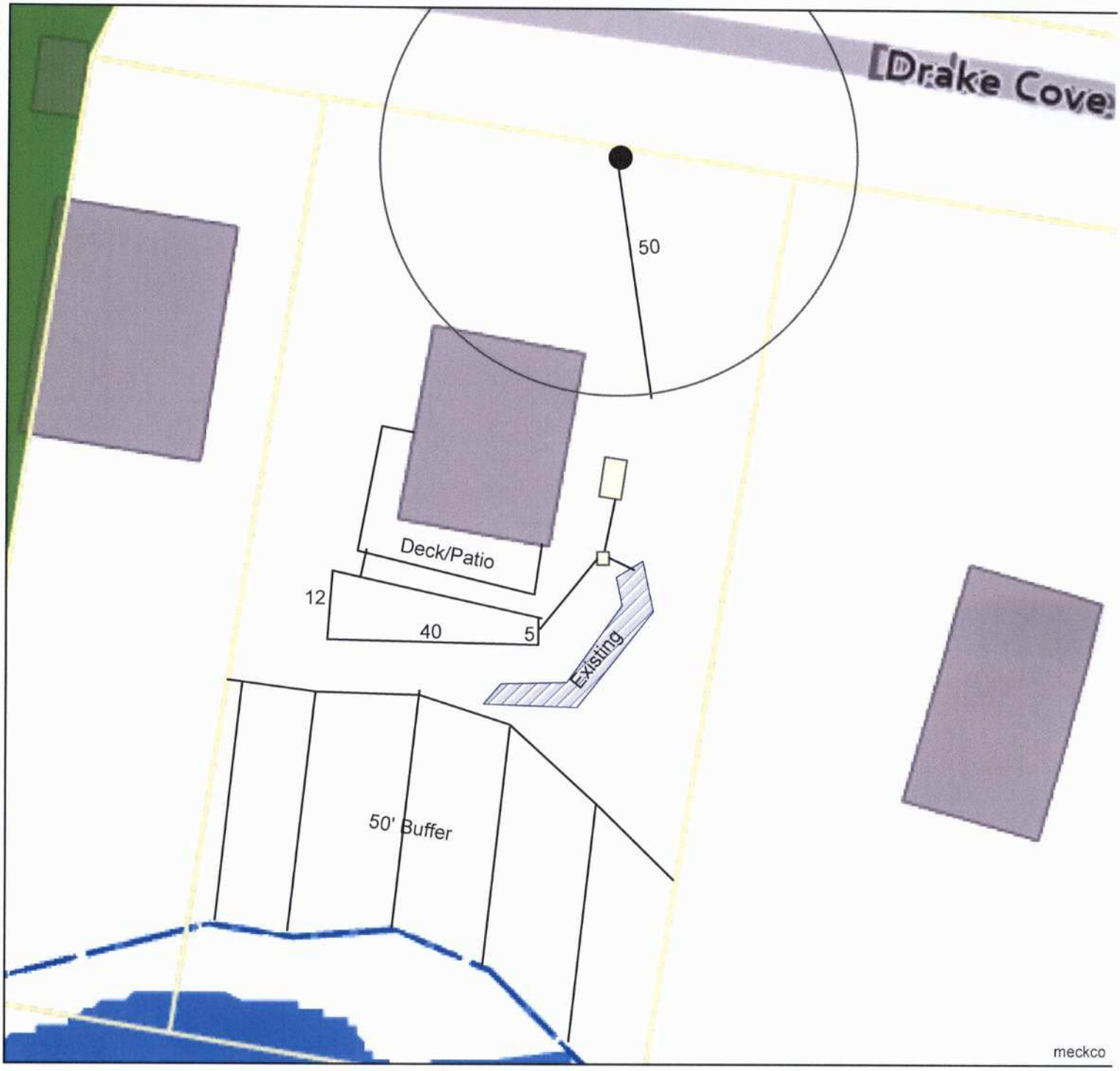
Authorized Agent's Printed Name: Heather Ray Expiration Date: 4/15/2031

Authorized Agent's Signature: _____ Date: 4/15/26

NCDHHS/DPH/EHS/OSWP

Revised January 2024
Form CA-24.1

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:16262
PID #:02301123
File #:5285B

Authorized Agent: Heath Ray Date: 4-15-26

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

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 #: 5285B Permit #: 16262 Tax Parcel #: 02301123

Property Owner: Roland & Robyn Kreke

Job Location Address: 5126 Drake Cove

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 05/05/2026 Contractor Name: MKB Plumbing

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: _____ gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Existing Effluent Pump Model: NA

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: _____

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 5/05/2026

Pump & Controls Inspected: NA

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 5 to11 feet

Total line length: 129 feet

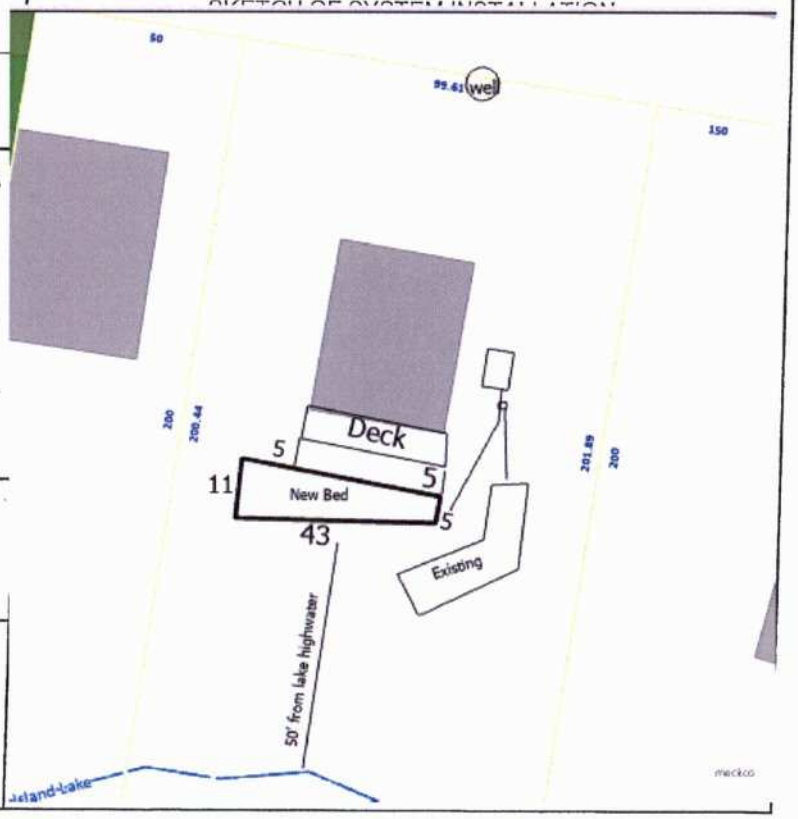
# of Lines: 3 @ 43 feet

Depth of Media: 24 inches (Type) Stone

Depth of Cover: 12 inches

Distribution Device: Bullrun Valve to Dbox

Installed additional bed with bull run valve to existing bed.



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: 50 feet

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: System was designed and repaired using best professional judgement rule

15A NCAC 18E .1306 Bullrun Valve to Dbox. Alternate existing bed and new bed as needed.

DENR Authorized Agent: Heather Woods Signature: Heather Woods

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 #: 5285B Permit #: 16262 Tax Parcel #: 02301123

Property Owner: Roland & Robyn Kreke

Job Location Address: 5126 Drake Cove

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: IIB

*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: Heather Woods Date: 05/05/2026

Signature: Heather Woods