SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11943B

Assigned Inspector: April

☐ 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: 2/27/26

☐ Release final hold in Winchester: _____

Comments:

Tank Replacement Only - Complete

DocuSign Envelope ID: A0152E3E-7E76-48BB-9858-1F9D49BF0876

11943B
#14640

8 MAY 24 at 5:00

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: 05315227
STREET ADDRESS: ~~861~~ By-Way Rd.
CITY: Charlotte 8617
STATE: NC ZIP: 28214
SUBDIVISION NAME: Westmoreland
LOT #: 18 LOT SIZE (acres): 0.63

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: 1,935
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 _____

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	○ 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?** 5/22/24 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Joseph Randall Realty LLC
ADDRESS: P.O. Box 38031
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: (704) 575-5674
MOBILE PHONE: (704) 575-5674
FAX: _____
E-MAIL: Joe@JosephRandallRE.com

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

Owner's Authorization form is required if legal representative is submitting application

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

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.

JB JB (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.

DocuSigned by:
Joe Brancatto for Joseph Randall Realty LLC — 5/7/2024

Property Owner's or Owner's Legal Representative Signature — 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 Email: Wellreg@MecklenburgCountyNC.gov

DocuSign Envelope ID: A0152E3E-7E76-48BB-9858-1F9D49BF0876

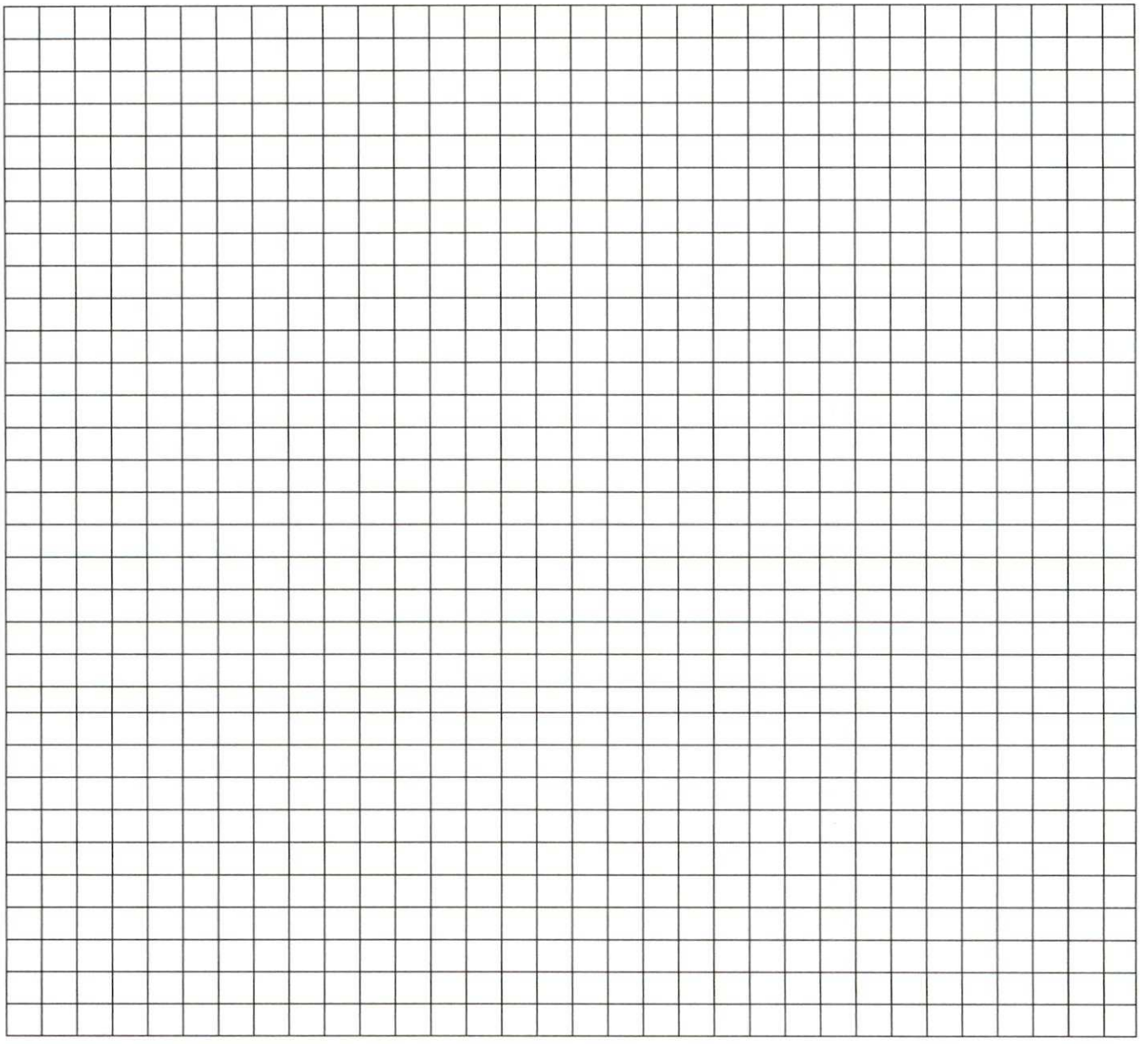
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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

Revised on: 4/20/17

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 #: 11943B Permit #: 14640 Tax Parcel #: 053-152-27

Property Owner: Joseph Randall Realty LLC

Job Location Address: 8617 By-Way Rd

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: N/A **Construction Authorization Issuance Date:** 5-21-24

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 5-21-25. 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: N/A tank only GPD/ft²

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

Drainfield Design ☒ N/A Tank only

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: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached site plan.

Comments: System Classification & Type: Tank only

Authorized Agent: April Bumgarner Signature: April Bumgarner

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



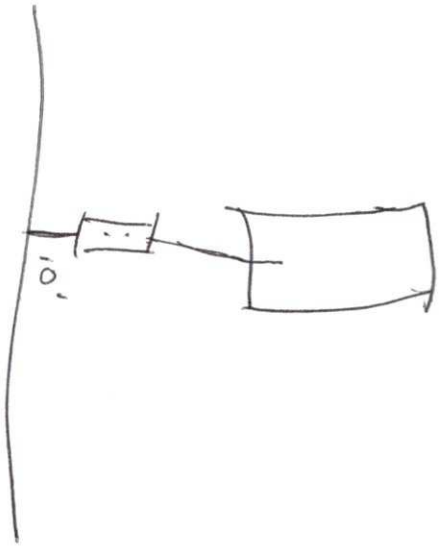
Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 14640
PID #: 053-152-27
File #: 11943B

Authorized Agent: April Bumgarner Date: 5-21-24

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 fee



Todd Freeberg
futureabodenc@
gmail.com

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 #: 11943B Permit #: 146640 Tax Parcel #: 053-152-27

Property Owner: Joseph Randall Realty LLC

Job Location Address: 8617 By-Way Rd

City: Charlotte State: NC Zip Code: 28214

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: IIa

*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: Tank only

DENR Authorized Agent: April Bumgarner Date: 5-30-24

Signature: April Bumgarner

Future Abode, Inc

8611 Concord Mills Blvd
#142
Concord, NC 28027
(980) 439-3474
www.futureabodenc.com
futureabodenc@gmail.com
Inspected By: Todd Freeberg



Inspection Report

Prepared For:

Richard Flentie, Jr

Property Address:

8617 By-Way Road
Charlotte, NC 28214

Inspected on Mon, May 6 2024 at 12:30PM

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Report Summary

Tank Lids Intact?

1) At least one tomb style lid is cracked/falling into the tank and indicates tank failure, most likely from heavy root intrusion on top of and through the tank. This creates a safety hazard as the tank can collapse, as well as a health concern as septage can leak into the yard. A licensed septic contractor should be used to replace the tank to promote safety and reduce the risk of septage leaking into the yard.



Figure 3-1



Figure 3-2

Inflow To Tank

2) Aged and corroded galvanized steel and cast iron drain pipes noted under the home, including under a poured concrete walkway. Galvanized steel corrodes from the inside out, so the condition of these pipes indicate failure. Additionally, the cast iron shows signs of seepage and can deteriorate and crack further due to the weight of the concrete walkway. A licensed plumber should be used to replace the drain pipe system to ensure proper flow away from the home and into the tank.

(Report Summary continued)



Figure 4-1

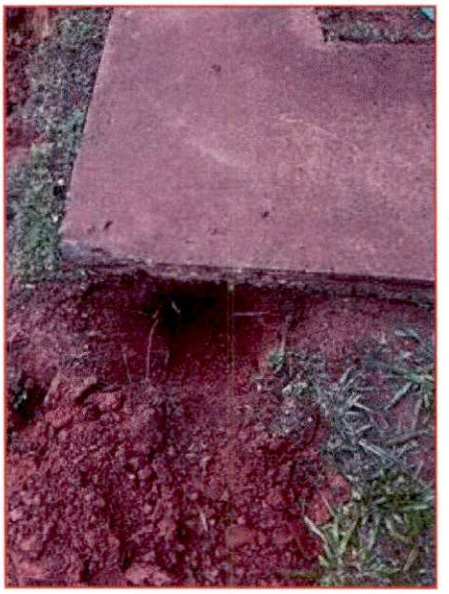


Figure 4-2



Figure 4-3

(Report Summary continued)

Roots Present In Tank

3) Heavy presence of roots around and through the tank indicate tank failure, creating health and safety hazards. As mentioned within this report already, the tank and related components should be replaced to ensure proper function, promoting health and safety.

Additionally, the drain field should be hydro jetted and cleared of roots and debris to promote proper function.



Figure 6-1



Figure 6-2

Pre-Inspection Contract

Pre-Inspection Contract Signed By Client:	Yes

System Size

Gallons Per Day For Designed System Size Or Number Of Bedrooms As Stated In Available Local Health Department Information.:	3 Bedrooms / 360 gallons per day

Inspection & System Permit

Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit.

Is Operations Permit Available From County Environmental Health Department?:	Unknown
Does System Require A Certified Subsurface Water Pollution Control System Operator Pursuant To G.S. 90A-44?:	No
Current Operators Name:	Not applicable
Most Recent Performance, Operation And Maintenance Reports Are:	Not available
Type Of Water Supply?:	Public Water

Location Of Septic Tank And Details

Tank Located?:	Yes, in rear yard.

(Location Of Septic Tank And Details continued)

Comment 1:



Figure 1-1

Comment 2:
**Not drawn to scale.

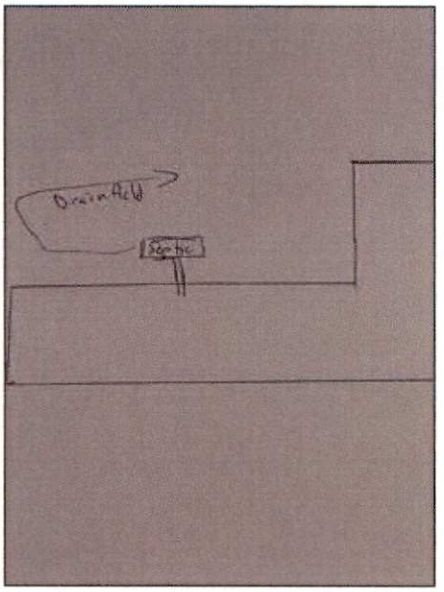


Figure 2-1

Feet From House Or Structure:	10-15' +/- from crawl door
Feet From Well, If Applicable:	Not Applicable

(Location Of Septic Tank And Details continued)

Feet From Body Of Water, If Applicable And Readily Visible:	Not Applicable
Feet From Property Line, It Said Property Lines Are Known:	Unknown
Distance From Finished Grade To Top Of Tank Or Riser?:	18" +/-
Are Access Riser(s) In Place?:	No
Tank Lids Intact?:	No

Comment 3:
At least one tomb style lid is cracked/falling into the tank and indicates tank failure, most likely from heavy root intrusion on top of and through the tank. This creates a safety hazard as the tank can collapse, as well as a health concern as septage can leak into the yard. A licensed septic contractor should be used to replace the tank to promote safety and reduce the risk of septage leaking into the yard.



Figure 3-1



Figure 3-2

Tank Has Baffle Wall?:	Unable to Observe
Inflow To Tank:	Insufficient

(Location Of Septic Tank And Details continued)

Comment 4:
Aged and corroded galvanized steel and cast iron drain pipes noted under the home, including under a poured concrete walkway. Galvanized steel corrodes from the inside out, so the condition of these pipes indicate failure. Additionally, the cast iron shows signs of seepage and can deteriorate and crack further due to the weight of the concrete walkway. A licensed plumber should be used to replace the drain pipe system to ensure proper flow away from the home and into the tank.



Figure 4-1



Figure 4-2



Figure 4-3

(Location Of Septic Tank And Details continued)

Comment 5:
Tank is mostly empty and indicates concern with the drain system into it, as well as cracking and deterioration.

Water Level In The Tank Is Relative To Tank Outlet:	No
Outlet T Present:	Did not observe
Outlet Has Filter:	Did not observe
Effluent Leaves The Outlet:	Did not observe
Roots Present In Tank:	Yes

Comment 6:
Heavy presence of roots around and through the tank indicate tank failure, creating health and safety hazards. As mentioned within this report already, the tank and related components should be replaced to ensure proper function, promoting health and safety.

Additionally, the drain field should be hydro jetted and cleared of roots and debris to promote proper function.



Figure 6-1



Figure 6-2

Evidence Of Tank Leakage: Yes

(Location Of Septic Tank And Details continued)

Evidence Of Non-Permitted Connections:	Did not observe
Connection Present From House To Tank:	Yes
Connection Present From Tank To The Next Component:	Did not observe
Percentage Of Solids In Tank:	Not measured due to tank condition

Authorization To Pump

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped.

Client Authorization To Pump Tank(s):	No. Septic tank pumping service is available upon request and is recommended to be performed at time of inspection. Client has declined to have the tank pumped at time of inspection and hereby acknowledges they have so declined and that it limits the visual inspection of the tank.
Date Tank Was Last Pumped, If Known:	Unknown

Pump Tank

Does System Have A Pump Tank?: No

Dispersal Field

Type Of System:	Conventional
Feet From Property Line Of Property Lines Are Known:	Unknown
Number Of Lines:	Unknown
Length Of Lines:	Unknown
Evidence Of Past Or Current Surfacing At Time Of Inspection:	No

(Dispersal Field continued)

Evidence Of Traffic Over The Dispersal Field:	No
Vegetation, Grading And Drainage Noted That May Affect The Condition Of The System Or System Components:	No
Affluent Reaching The Dispersal Field:	Unknown due to condition of tank

Special Conditions

Was Home Built More Than 20 Years Ago?:	Yes, a septic system, according to the USDA and when properly maintained, should operate as intended for an average of 20 years. This system is over 20 years and with no known prior history of pumping and maintenance, it is recommended that you budget accordingly for its replacement in the future.
Conditions Present That Prevented Or Hindered The Inspection?:	Yes, cracked lid/tank
Adverse Conditions Present That Require Repair Or Subsequent Observation Or Warrants Further Evaluation By The Local Health Department.:	Yes, cracked lid/tank
Client Should Contact Local County Environmental Health:	Yes
Client Should Contact Certified On-Site Wastewater Contractor:	Yes
Other Pertinent Facts Noted During Inspection:	None

Inspector Contact Information

No representation, warranties or opinions are here by given, written or expressed otherwise, as to the future performance of on-site wastewater system described here in. This on-site wastewater system is a presentation of system fax and place on date of inspection.

Inspector Name:	Todd Freeberg
Certification Number:	6934I
Address:	8611 Concord Mills Blvd. Ste 142 Concord, NC 28027
Phone Number:	(980) 439-3474
Inspector Signature:	
Date :	Monday May 6 at 01:00 PM