MECKLENBURG COUNTY
HEALTH DEPARTMENT

7828B #11351

15 JUN '20 AM10:02

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ⊘ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Residential Services Nationwide
ADDRESS: 3160 Hwy 21 N
CITY: Fort Mill
STATE: SC ZIP: 29715
PHONE: 803-517-8010
ALTERNATE PHONE:
E-MAIL: residentialservices.brenda@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Dave Merriman
ADDRESS: 9944 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 13903370
STREET ADDRESS: 9944 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Stonebridge of Mint Hill
LOT #: 1

WATER SUPPLY:
⊘ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
⊘ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Brenda Arnold
Owner's/Agent's Signature

6/9/2020
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

* Deck is sufficiently off the septic system
Braedon

E. Winters Mabry, MD
Director

MECKLENBURG COUNTY
Health Department

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

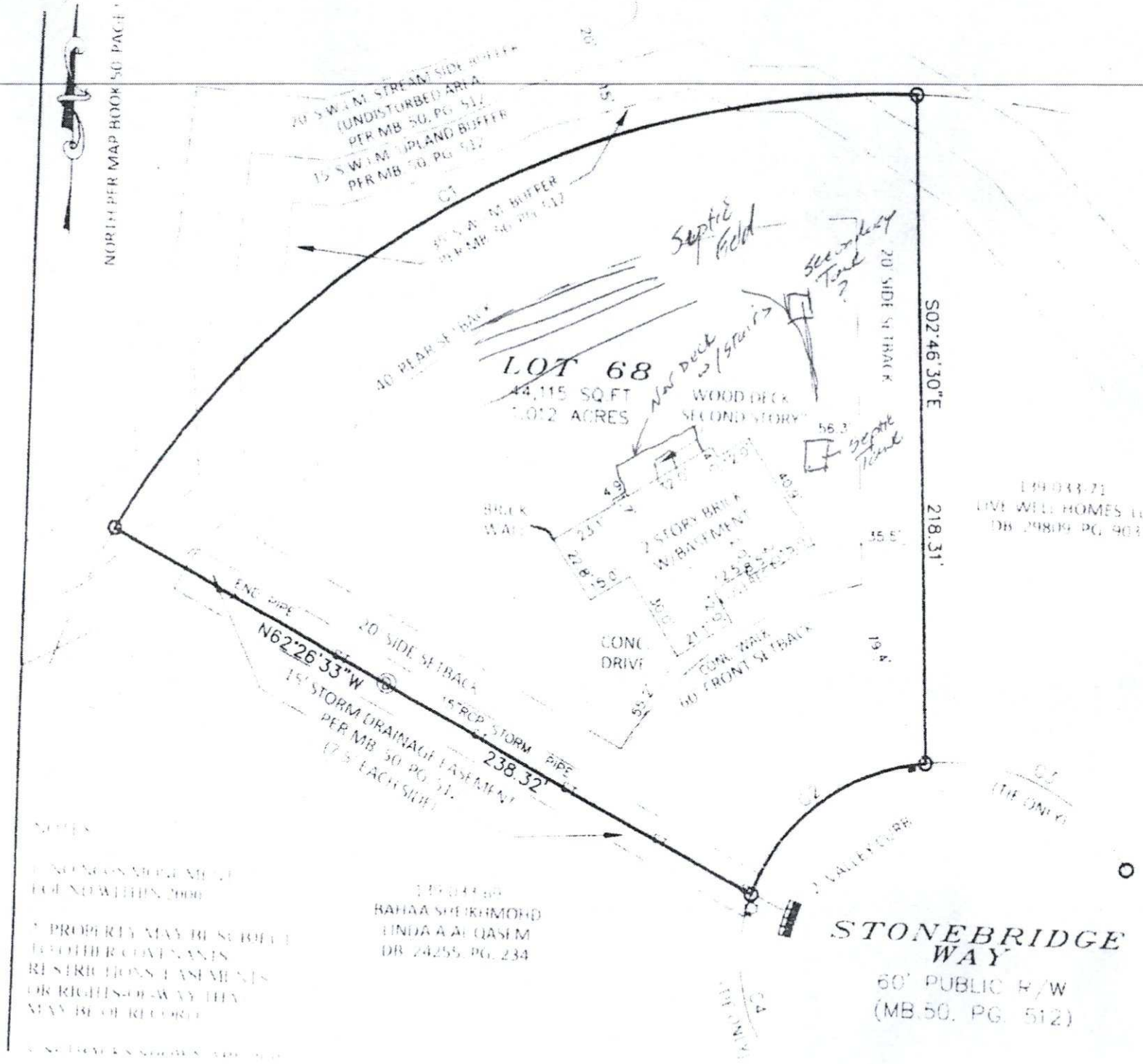
Your signature below confirms the following:

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 Residential Services is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 9944 Stonebridge Way Mint Hill, NC
   Number Street Town
   (Or Parcel Number)

David Merriman
Property Owner (print name)

Property Owner (signature)

6/9/2020
Date


NORTH PER MAP BOOK 50 PAGE 1
20' S.W.I.M. STREAM SIDE BUFFER
(UNDISTURBED AREA
PER MB 50, PG. 512)
15' S.W.I.M. UPLAND BUFFER
PER MB 50, PG. 512
40' REAR SETBACK
Septic Field
Secondary Tank ?
20' SIDE SETBACK
LOT 68
44,115 SQ.FT
1.012 ACRES
New Deck w/stairs
WOOD DECK
SECOND STORY
Septic Tank
S02°46'30"E
218.31'
BRICK WALK
2 STORY BRICK
W/BASEMENT
CONC DRIVE
COMB. WALK
60' FRONT SETBACK
ENC. PIPE
20' SIDE SETBACK
15" RCP STORM PIPE
N62°26'33"W
238.32'
15' STORM DRAINAGE EASEMENT
PER MB 50, PG. 51.
(7.5' EACH SIDE)
DB 24255, PG. 234
BAHAA SHEIKHMOHD
LINDA A AL QASEM
DB 29809, PG. 903
DIVE WELL HOMES LLC
STONEBRIDGE WAY
50' PUBLIC R/W
(MB 50, PG. 512)
NOTES
PROPERTIES MAY BE SUBJECT TO OTHER COVENANTS RESTRICTIONS EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/15/20
Receipt #: 122795
Check / Auth #: VISA 015712
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BRENDA ARNOLD
Attn: RESIDENTIAL SERVICES
Address: 3160 HWY 21 SOUTH
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9944 STONEBRIDGE WAY		1	100.00	100.00

Mecklenburg
Environmental Health
5845 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314 1651
06/15/20 10:08

Sale

Merchant ID: 153629
Sequence #: 002
Card Type: VISA
Auth Code: 015712
Acct. No: **********5987

Amount : 100.00

APPROVED

OP

Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

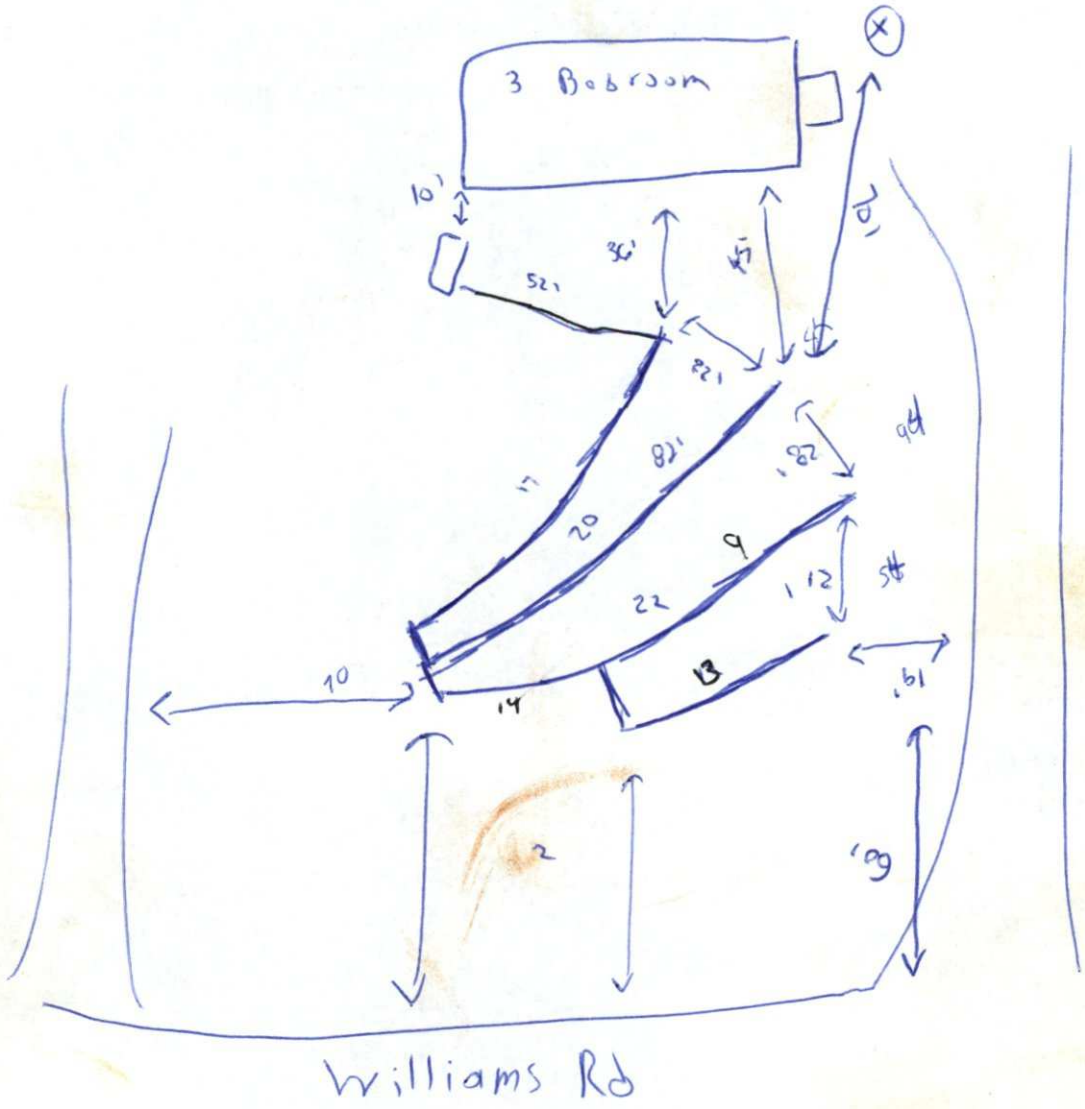
Merchant Copy

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

* Need Filter
* Supply Line

* Repair



Sch. 40
2"

Infiltrator Quick-4

* 300' ft
* 20 inches deep