FEE: 100 CK 1814
DATE: 7/1/09
CRT [ ] 1

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 10801

TYPE APPLCATION: JAM 4279

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Scott E Jeffers
ADDRESS: 11632 Bain School Road
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-545-6760
ALTERNATE PHONE: 704-562-4327

PROPERTY OWNER:
NAME: Scott E Jeffers
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 19701124
STREET ADDRESS: 11632 Bain School Rd
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1978

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [X] 7-MINT HILL

WATER SUPPLY:
- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [X] BEDROOM
- [X] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [X] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [X] OTHER - OFFICE

ADDITION 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.

Owner's/Agent's Signature — Date: 07/01/2009

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

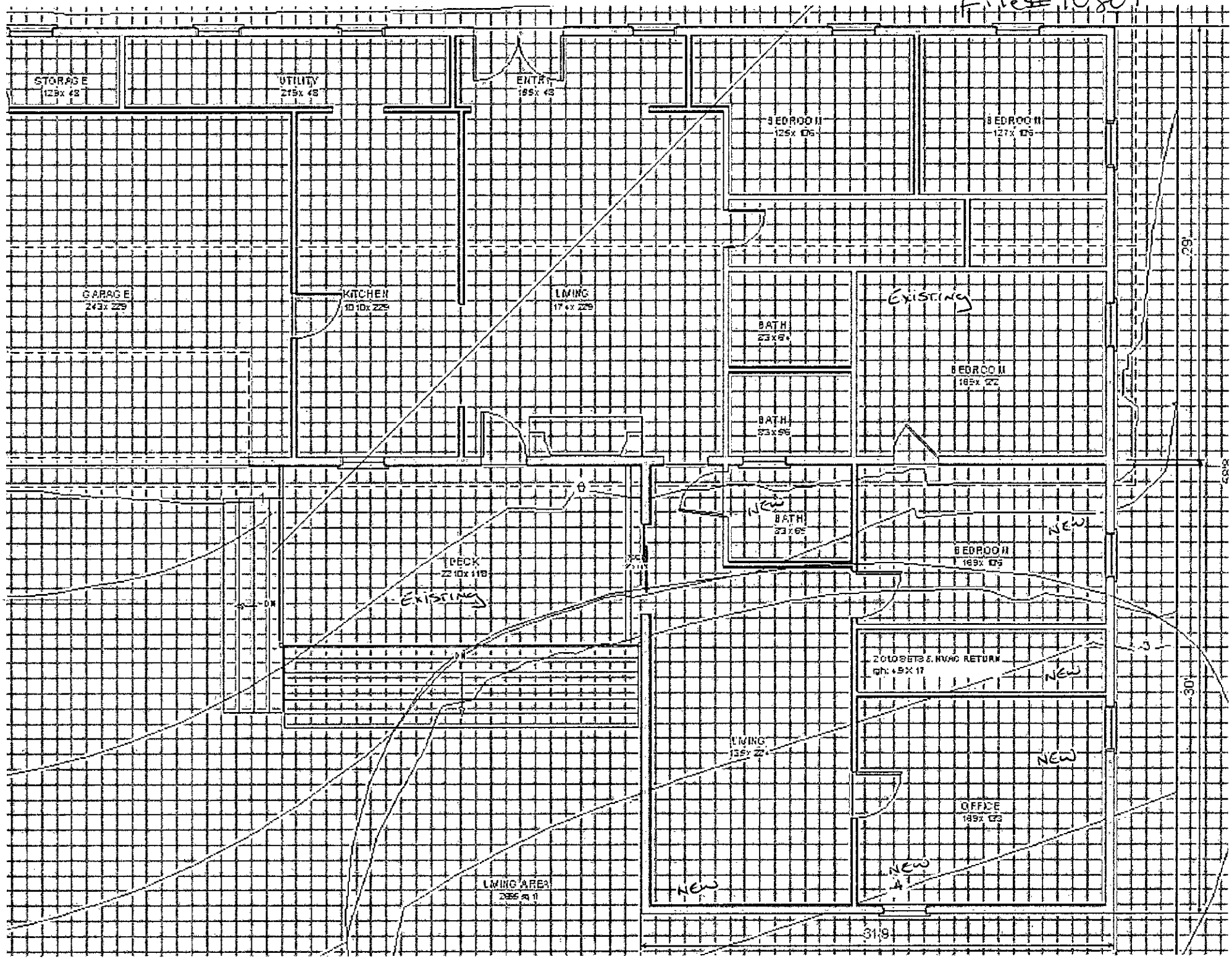
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

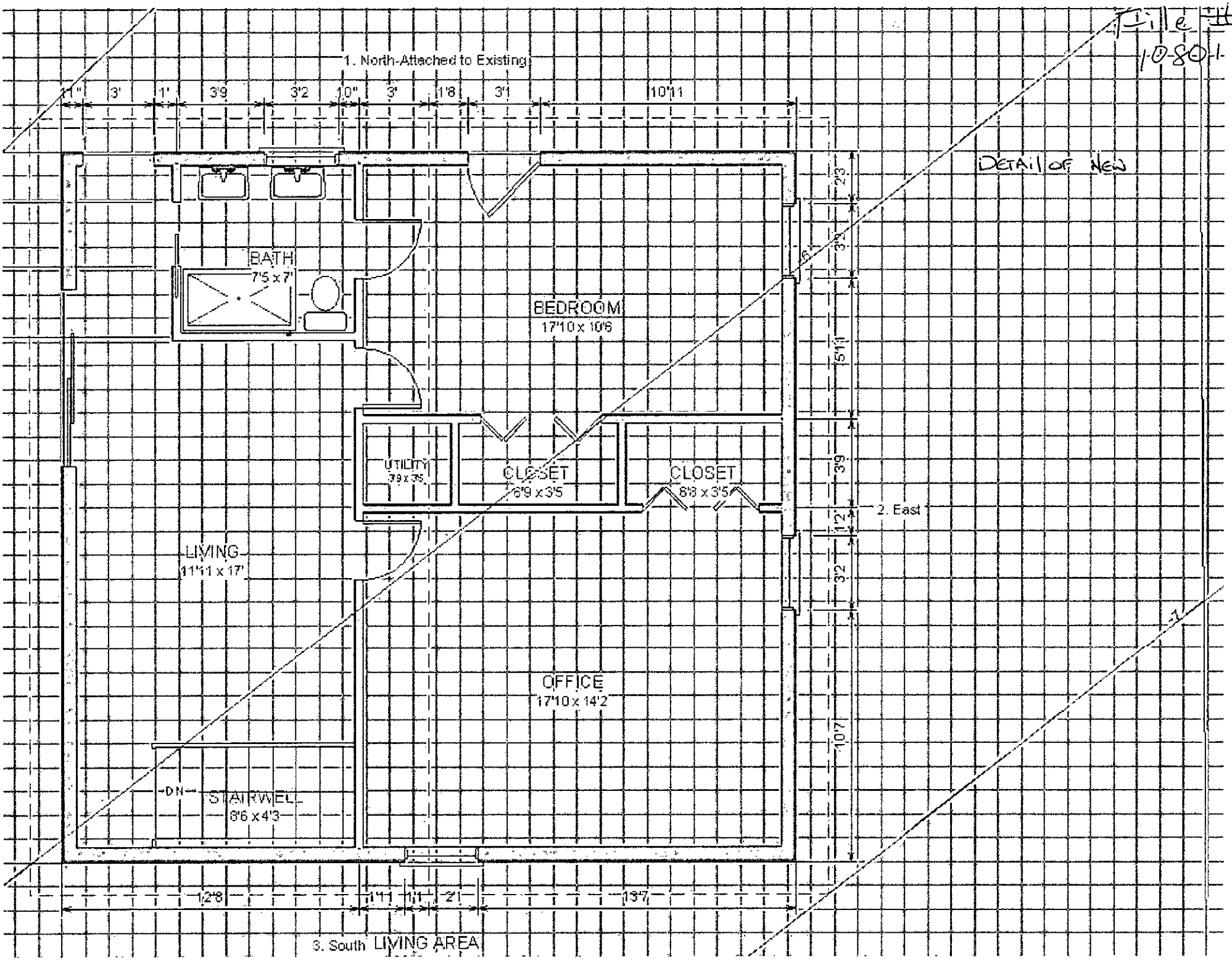
- [ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

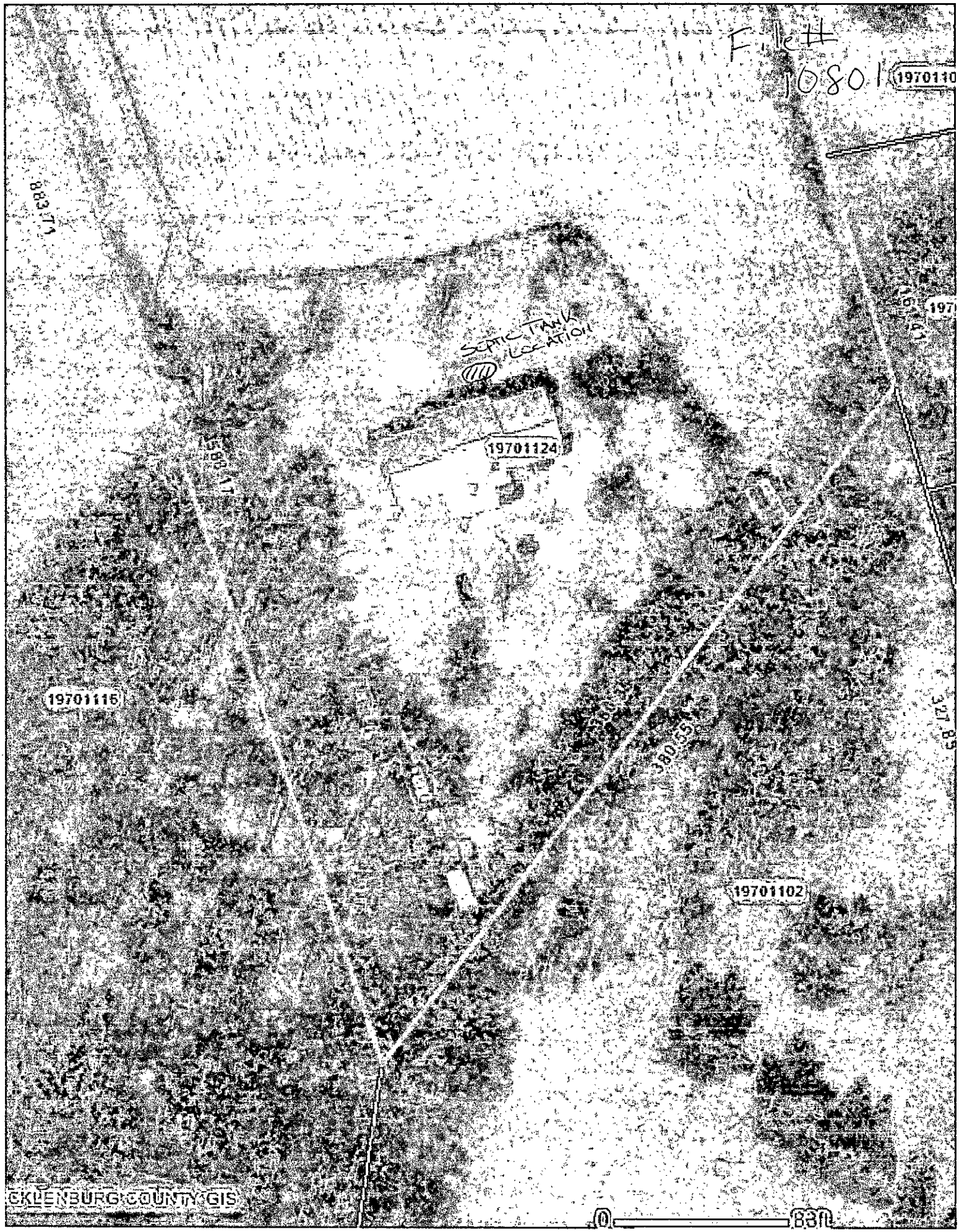
Addition meets required setbacks off septic. Septic big enough to accomodate 6 more bedrooms

Jeremy Michael 7/06/09
EHS Signature — Date

File # 10801


STORAGE
UTILITY
ENTRY
BEDROOM
BEDROOM
GARAGE
KITCHEN
LIVING
EXISTING
BATH
BEDROOM
BATH
NEW
BATH
NEW
BEDROOM
DECK
EXISTING
NEW
LIVING
NEW
OFFICE
NEW
NEW
LIVING AREA
29'
30'
31'9"


1. North-Attached to Existing
1'1"
3'
1'
3'9
3'2
1'0"
3'
1'8
3'1
10'11
BATH
7'5 x 7'
BEDROOM
17'10 x 10'6
UTILITY
3'9 x 3'5
CLOSET
6'9 x 3'5
CLOSET
6'8 x 3'5
2. East
LIVING
11'11 x 17'
OFFICE
17'10 x 14'2
DN
STAIRWELL
8'6 x 4'3
1'2'8
1'11
1'1
2'
13'7
3. South LIVING AREA
2'3
3'9
5'11
3'9
1'2'
3'2
10'7
Detail of New
Title
1080-1


File #
10801
19701101
SEPTIC TANK LOCATION
19701124
19701116
19701102
883.71
380.55
327.85
MECKLENBURG COUNTY GIS
0
83ft

CharMeck.ORG

Mecklenburg County Geospatial Information Services

A Service Provided by Mecklenburg County Government

Choose Map Type

◎ 8 1/2"x11" Map Only

◎ 8 1/2"x11" Map with Legend and Area Map

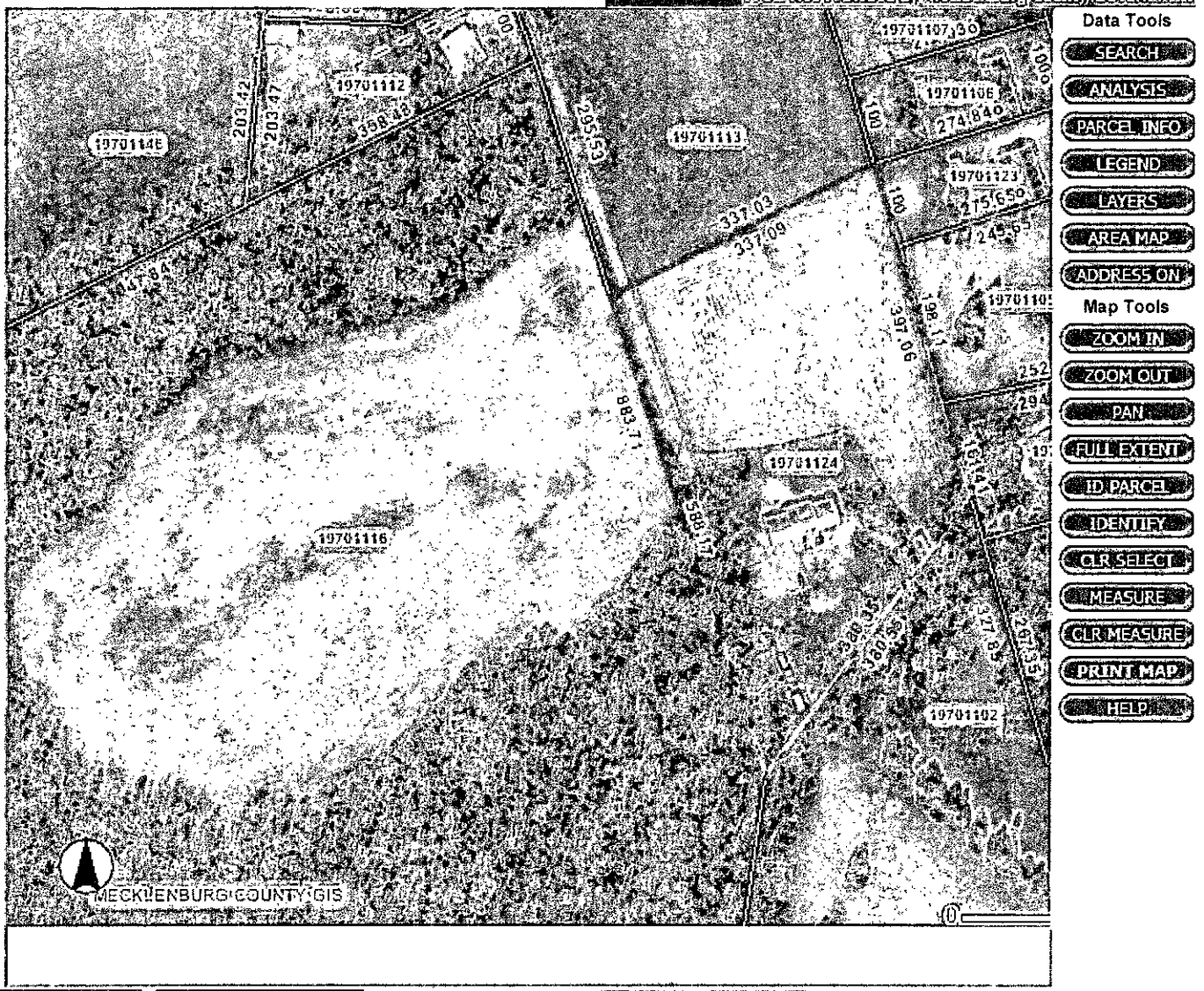
Enter Map Title:

Create Map To Print

Having trouble printing?

Make sure your pop-up blocker (including Google and Yahoo) is turned off or you will not be able to print the map.

(c) Try to print the map again.



Wholesale-REO-Foreclosed Buy & Sell Click For Investment Info
100% INVESTOR REHAB LOANS
DAEDALUS PROPERTIES
3-D & A Land Surveyors
YOUR HOME'S APPROXIMATE MARKET VALUE???
Park Towne Properties

Drew 9d. 100 #4 4 6/8/01

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Su
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 10801

PERSON FILING APPLICATION:

NAME: JEFFERS (last) SCOTT (first) E (mi)

ADDRESS: 11632 Bain School Rd PHONE: (704) 545-6760

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 06/08/01

PROPERTY OWNER:

NAME: JEFFERS (last) SCOTT (first) E (mi)

ADDRESS: 11632 Bain School Rd PHONE: (704) 545-6760

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-011-24

STREET ADDRESS: 11632 Bain Schl Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [X] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 3.692AC

[redacted] 1978

[X] ADDITION (GARAGE) OR RENOVATION/NO MAJOR CHANGES (X)

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other CARPORT GREENHOUSE

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____ Date: 06/08/01

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...6-13-01 OK TO USE EXISTING SYSTEM

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ 6-13-01
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

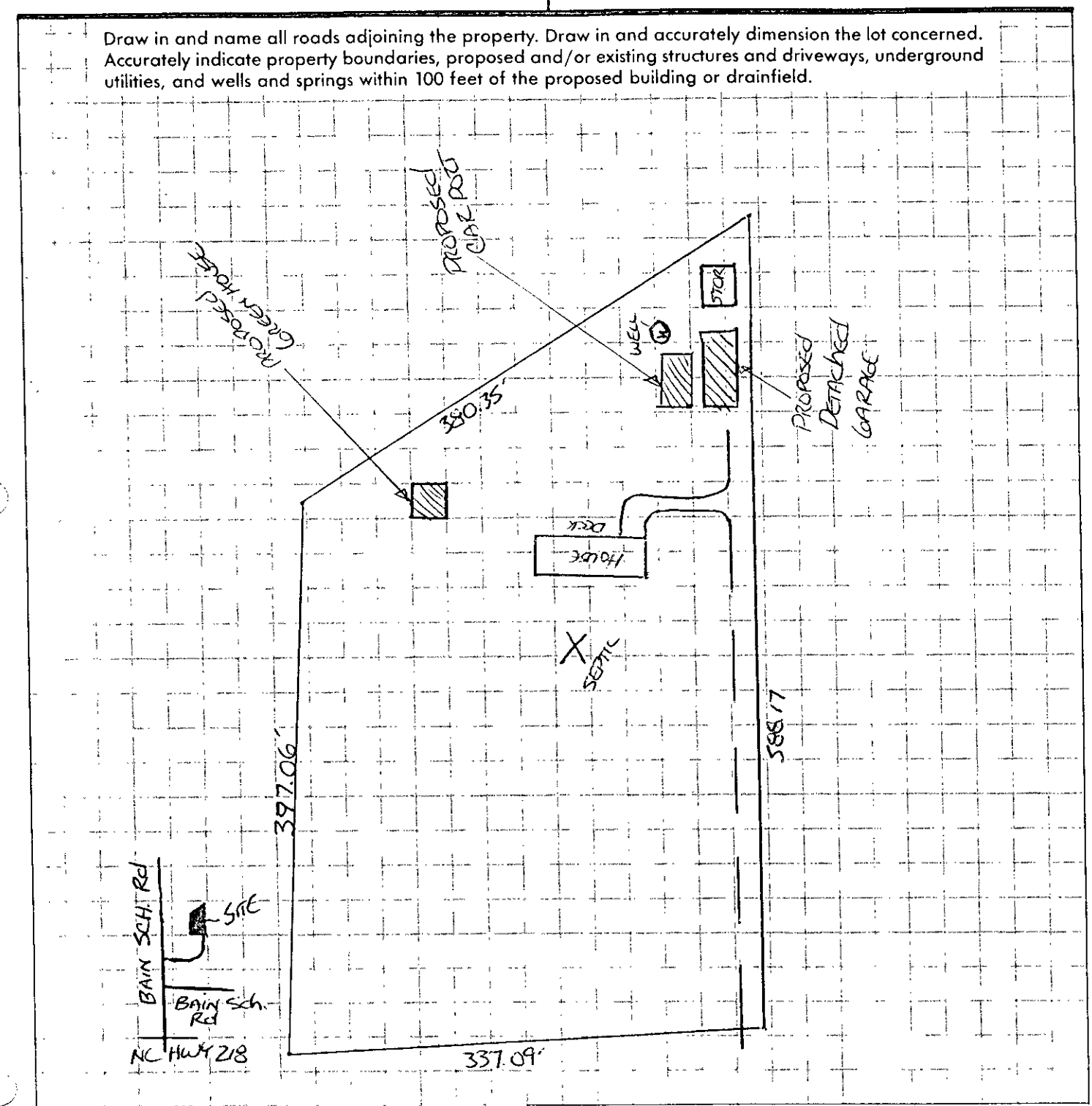
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10801

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy