Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☑ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 AS 9/29/17 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

80LA
#9195

29 SEP '17 AM 8:14

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Daryl McCall
ADDRESS: 928 Peachtree Rd
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: (704) 517-2219
ALTERNATE PHONE:
E-MAIL: daryl.mccall@allentate.com

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 03924227
STREET ADDRESS: 928 Peachtree Rd
CITY: Charlotte
STATE: NC **ZIP:** 28216

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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: 3
NUMBER OF OCCUPANTS: 1

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.

Daryl McCall
Owner's/Agent's Signature

9/28/17
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

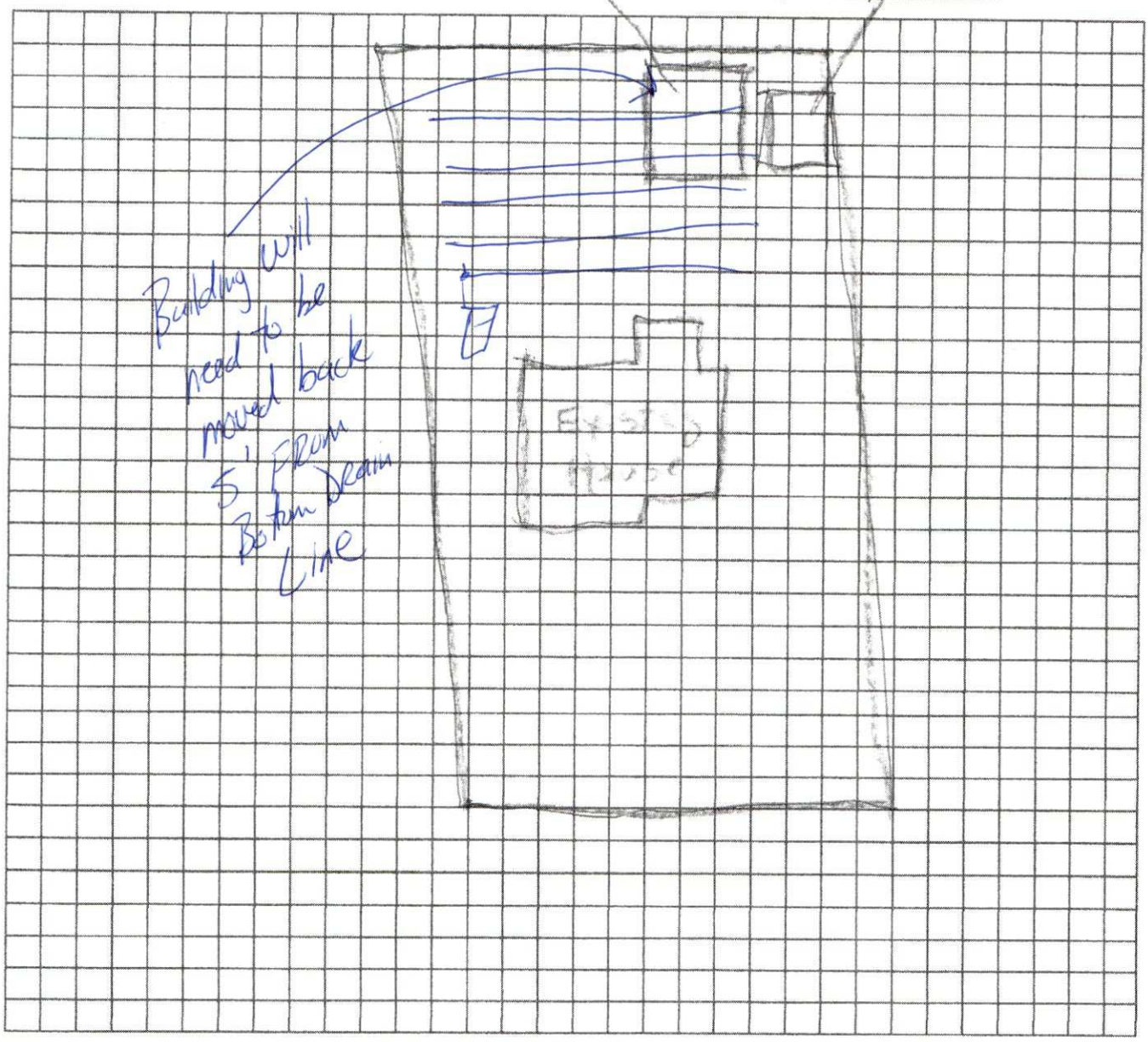
Revised on: 01/03/11

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: 928 Peartree Rd Tax Parcel #: 03924227



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO USE FOR A GARAGE/SHOP Addition.

REHS Signature 10/3/17 Date

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

99.79 C/L
199.79 C/L
100.11
(6)
30

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: DARYL MCCALL

Bill To:

DARYL MCCALL
928 PEACHTREE RD

Charlotte, NC 28216

Single Payment

Transaction Date: 09/29/2017 7:46 AM Pacific Time
Pay Method: VISA **********4172
Approval #: 996632
Trace Number: 5c0aaeea-4f97-4d66-a8e1-9da450c075b5
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/29/17	**Amount:**	100.00
Receipt #:	107596	**Tendered:**	100.00
Check / Auth #:	VISA 996632	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: MCCALL, DARYL
Attn:
Address: 928 PEACHTREE RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 928 PEACHTREE RD		1	100.00	100.00

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

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

C of A (s) No. 801-A

Date Issued 7-8-86 **Serial** 8723 T. C. No. 039-242-04 L CR7

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Lanier (LAST) Randall (FIRST) (MIDDLE)

Location of Property 928 Peachtree Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source City Distance from Water Source —

Excavation Inspected 7-8-86 (DATE) Tank Inspected 7-8-86 (DATE)

Nitrification Field Inspected 7-8-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments 1986, 1500ST, CON, 1200SFT, 12", Trail

B. R. Ferguson
Environmentalist

EHD-5-76

A

Environmental Health Department's Copy

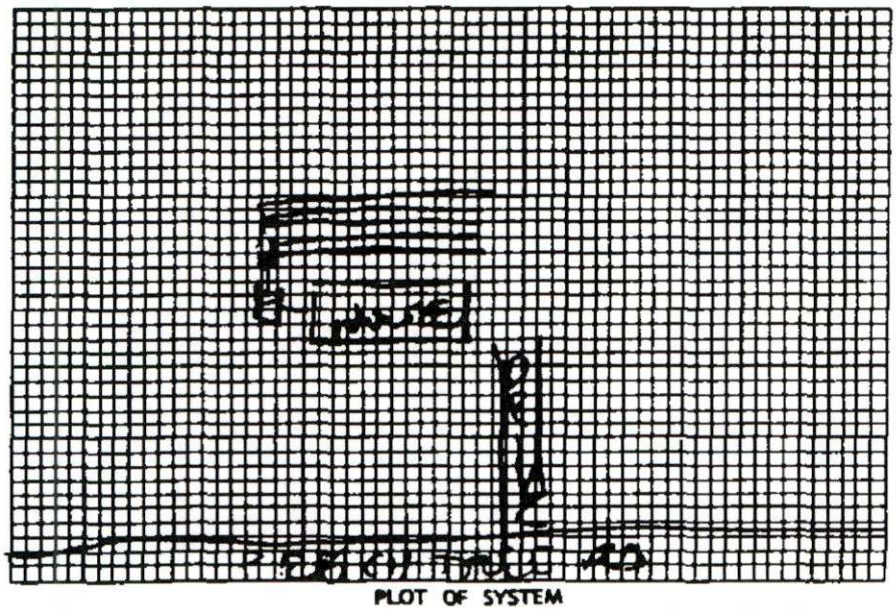
Date Issued 1-14-86 **Serial No. 08855** ICAR(S) Permit No. 801-A

T. C. No. 034-242-04

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 801-A dated 11-4-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-14-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 5

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well city H2O

NAME OF OWNER LANIER, RANDALL E

LOCATION OF PROPERTY 172 PEACHTREE RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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 or hereafter owning, controlling or using such system, from any liability resulting from the failure of the system to operate properly.

5 lines x 80 long + 3' wide x 12" rock

Comments:

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

Environmental Health Department's Copy