

14909 SHINGLE OAK RD

19521205

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

5785B

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 Lwo 9/3/13 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. ☐ _____

5785B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6382

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: John C Aiken JR
ADDRESS: 9641 Stanton GR Ct
CITY: Charlotte
STATE: N.C. ZIP: 28277
PHONE: 704 965 4745
ALTERNATE PHONE:
E-MAIL: jaiken77@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Davis, Christopher
ADDRESS: 14909 Shingle Oak Rd
CITY: Mint Hill
STATE: N.C. ZIP: 28277
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 195-212-05
STREET ADDRESS: 14909 Shingle Oak Rd
CITY: Mint Hill
STATE: NC ZIP: 28277

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: 4
NUMBER OF OCCUPANTS: 4

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 Patio (Covered)

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.

Owner's/Agent's Signature

9-3-13
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

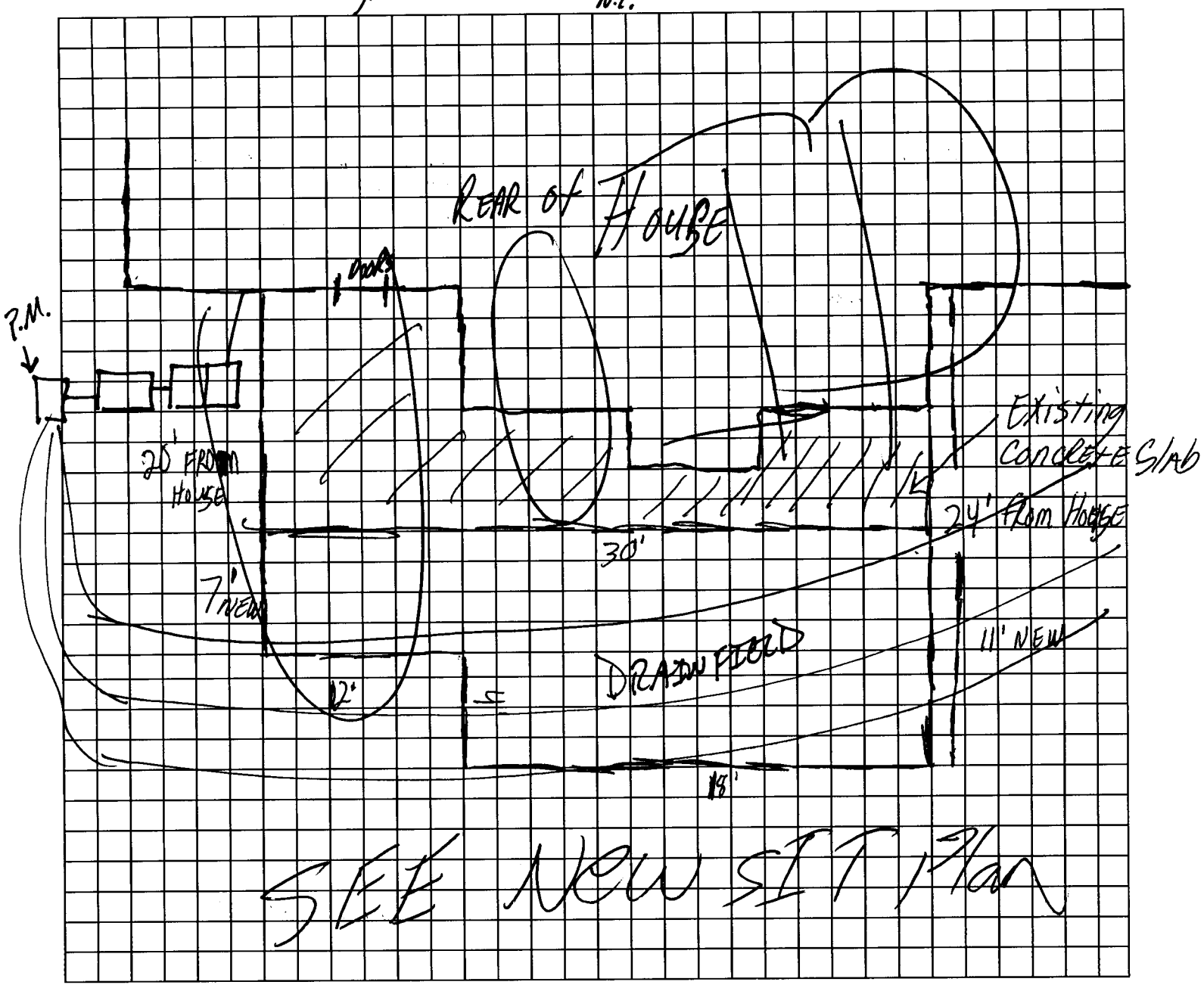
Revised on: 01/03/11

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: 14909 Shingle Oak Rd Mint Hill N.C. Tax Parcel #: _____



*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

JOB DENIED THE SYSTEM IS LOCATED IN THE PROPOSED ADDITION AREA. 9/11/13

REHS Signature Date

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

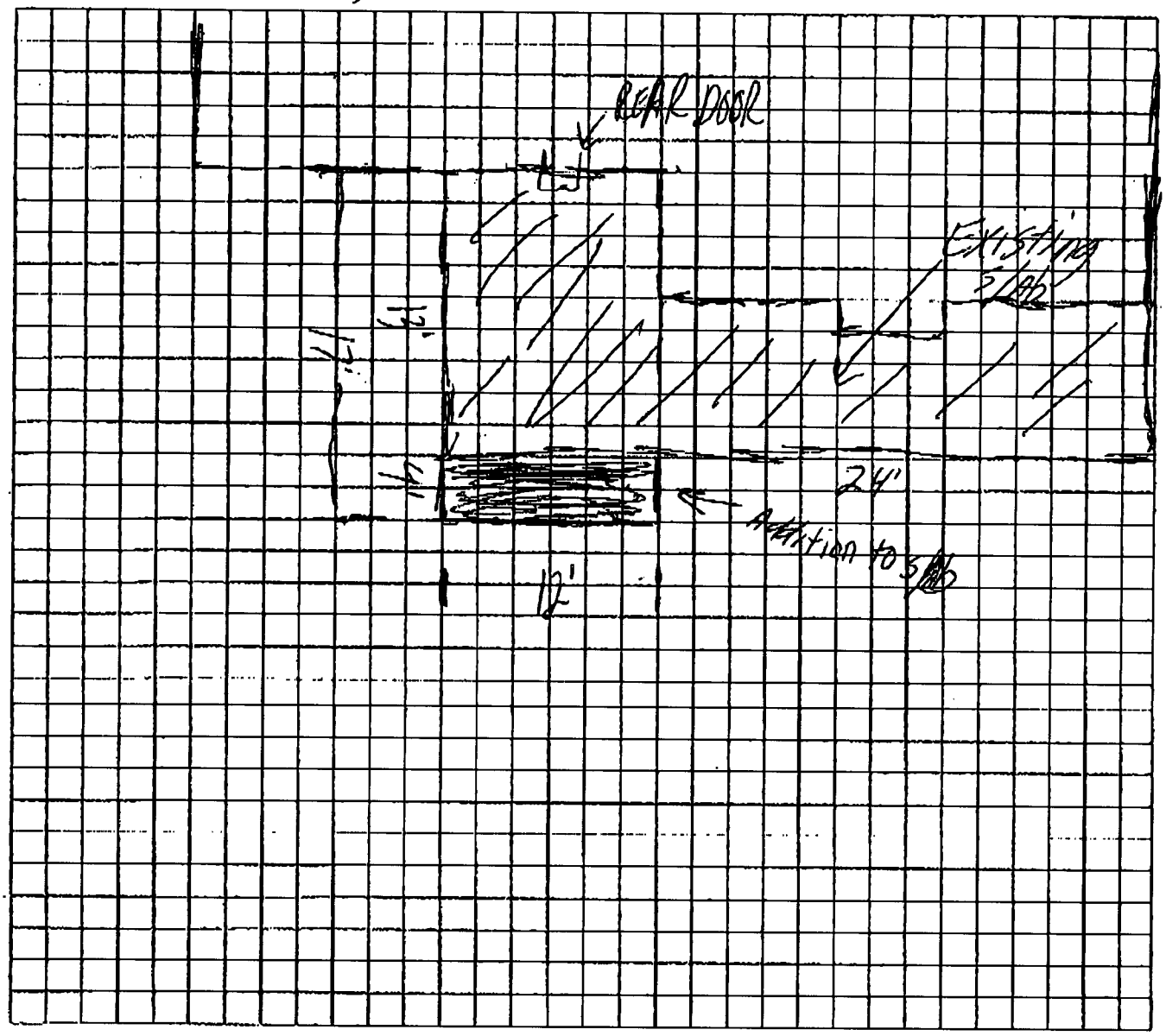
Revised on: 01/03/11

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- Mobile home exchange approval valid 6 months from issuance date

Site altered for plan approved
verified system location Site Approved

REHS Signature 9/27/13 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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/03/13
Receipt #: 85132
Check / Auth #: VISA 443816
Received By: WALKEVA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: AIKEN, JOHN C.
Attn:
Address: 9641 STANTON GREEN CT
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 14909 SHINGLE OAK ROAD, MINT HILL		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	305.00	100.00	40.00	1,247.15	

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JOHN C. AIKEN

Bill To:

JOHN AIKEN
9641 STANTON GREEN CT

Charlotte, NC 28277
jaiken77@gmail.com

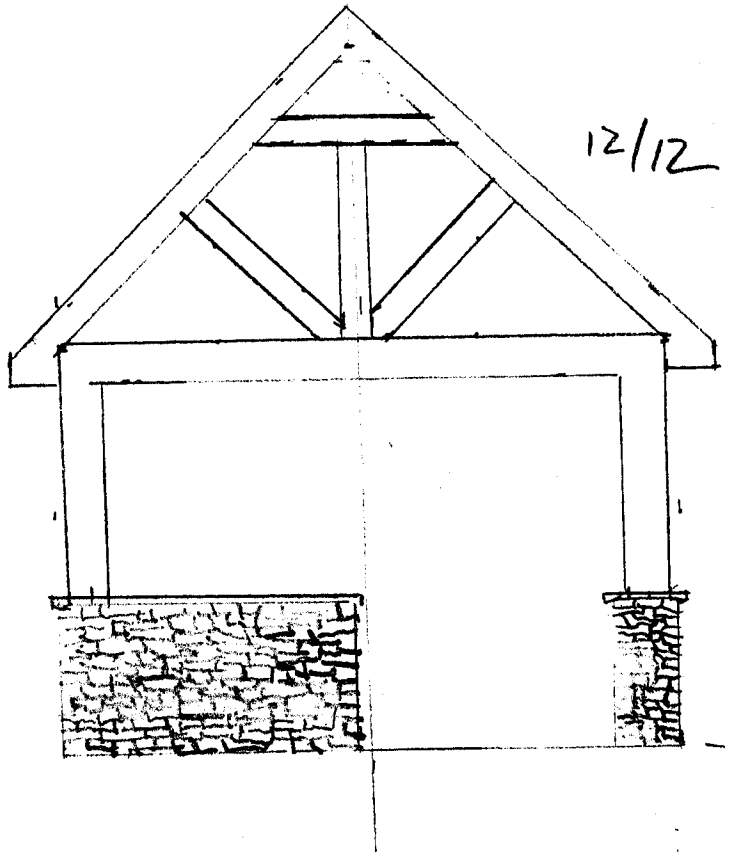
Single Payment

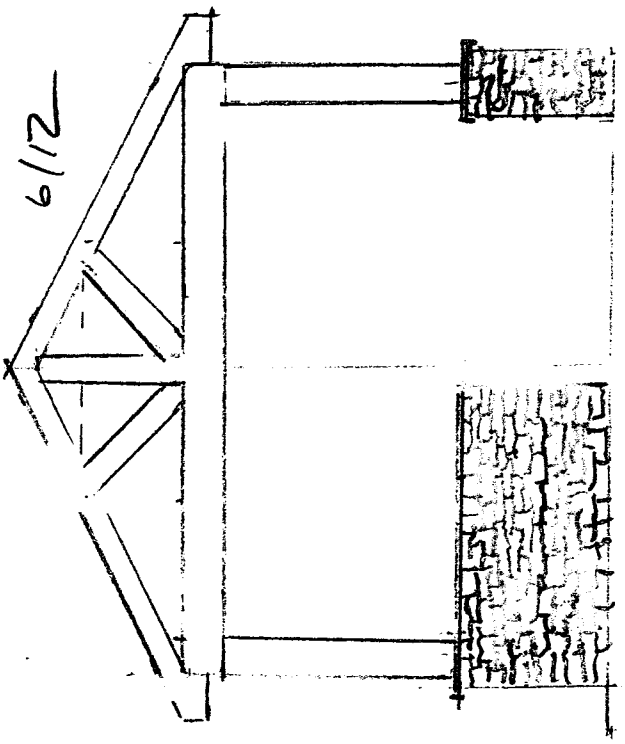
Transaction Date: 9/3/2013
Pay Method: VISA **********6888
Approval #: 443816
Trace Number: 05fcee1d-dd3c-4201-9086-aa18f63415f7
Amount: $100.00

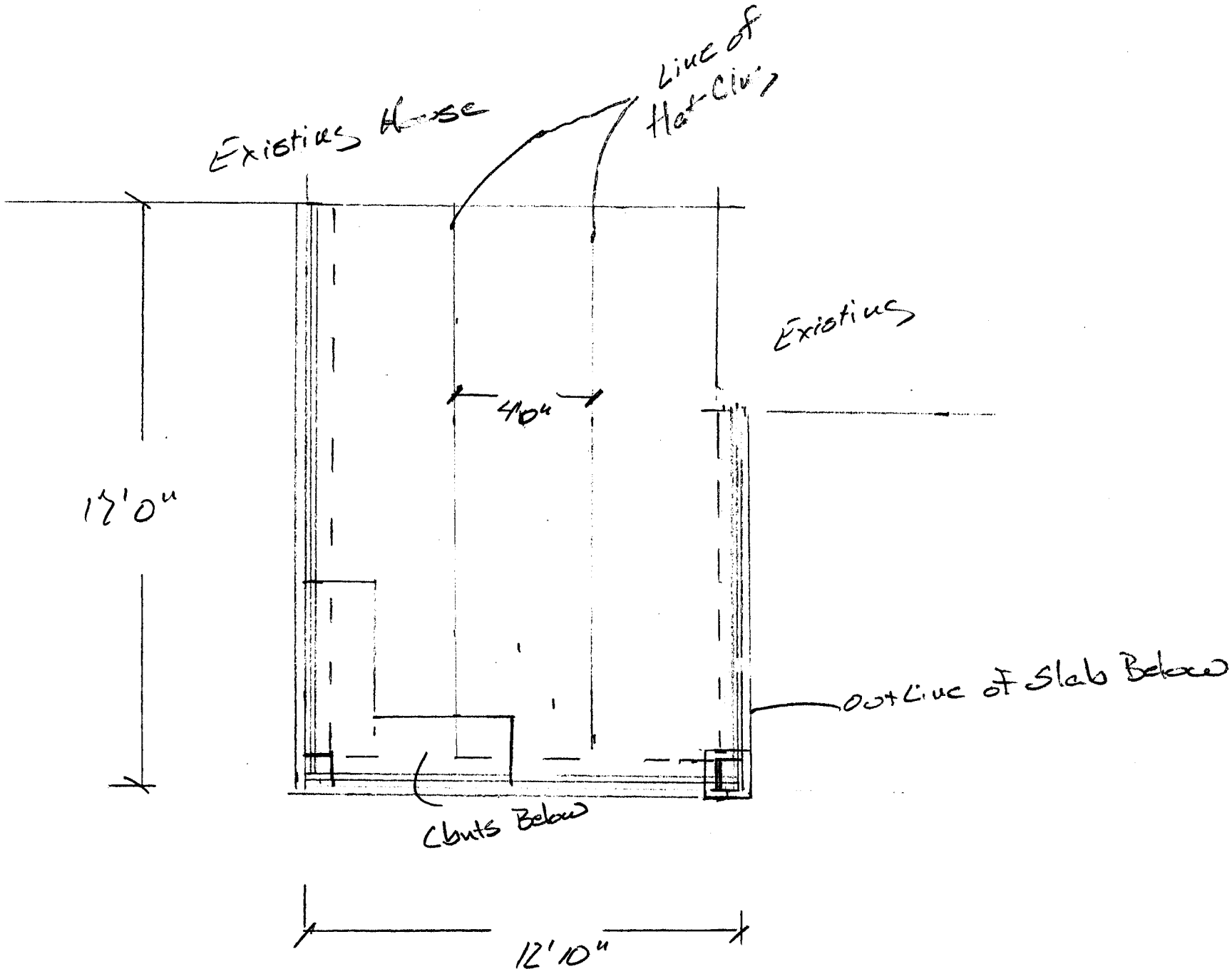
Payment Amount: $100.00

Total: $100.00

Thank you for your payment.


12/12


6/12


Existing House
Line of Flat-Ciw
Existing
4'0"
17'0"
Outline of Slab Below
Cbuts Below
12'10"

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5785B Permit #: _____ Tax Parcel #: 195 212 05

Property Owner: Farrington Oaks LLC

Job Location Address: 14909 Shingle Oak Rd Lot 82

City: Charlotte State: NC Zip Code: 28227

Installation Approval Issuance Date: 8/10/06

Permission is hereby given to ☐ install ☐ alter ☐ 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 _____, after which date this approval shall be null and void. 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.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 720 GPD

Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 7 feet (O.C.)

Total line length: 720 feet

# of Lines: Line lengths to vary @ _____ feet

Depth of Media: 12 inches (Type) Innovative

Distribution Device: Drop boxes

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 _____

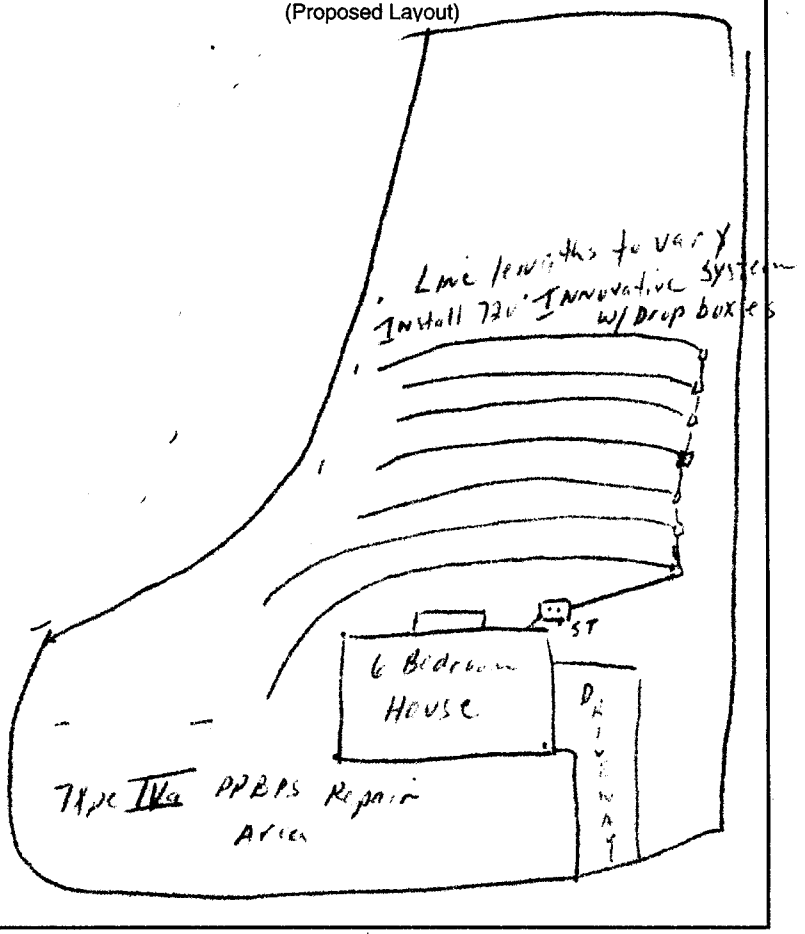
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIa Innovative System w/ Drop box distribution
Type IVa Repair Area

DENR Authorized Agent: Philip S. Walker Signature: Philip S. Walker

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5785B Permit #: _____ Tax Parcel #: 19521205

Property Owner: Farrington Oaks LLC

Job Location Address: 14909 Shingle Oak Rd Lot 82

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 8/23/06 Contractor Name: RES

Permitted Design Flow: 720 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Effluent Pump Model: Gould

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 720 feet

# of Lines: 4 (130') @ 2 (100') feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 12-18" inches

Distribution Device: pressure manifold

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

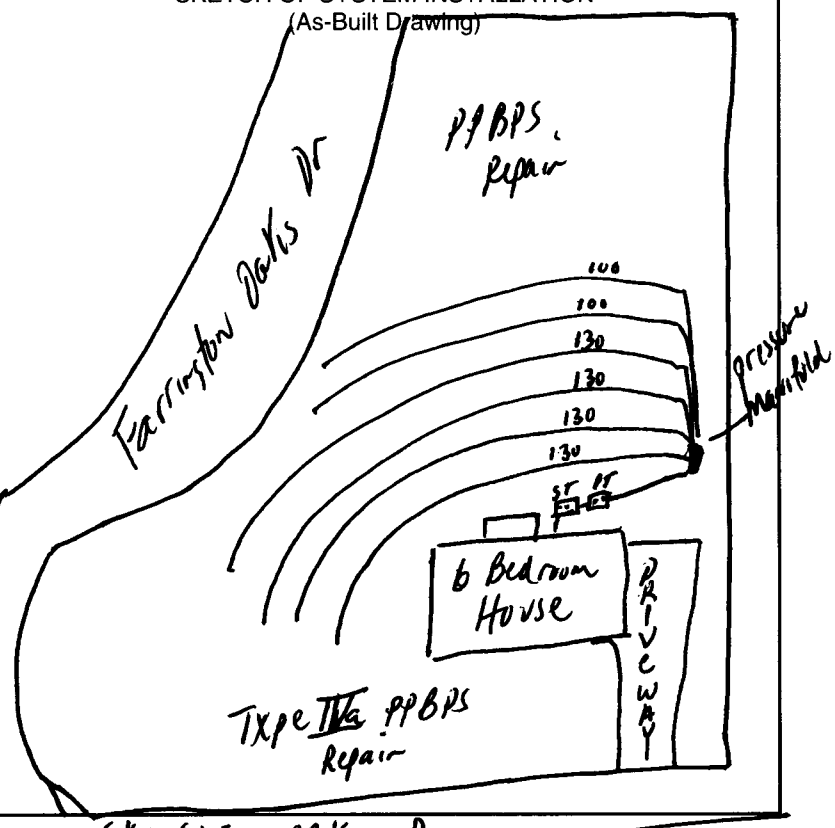
Inspection Dates

Tank(s) Inspected: 8/18/06

Excavation Inspected: 8/18/06

Pump & Controls Inspected: 8/23/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: Type IIIa pump to EZ Flow

DENR Authorized Agent: Philip S. Walker Signature: Philip S. Walker RS

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

September 11, 2013

Christopher & Debra Davis
14909 Shingle Oak Road
Charlotte, NC 28227

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 14909 Shingle Oak Road
Health Department File Number: **5785B**

Dear Property Owner or Owner's Agent:

On September 10, 2013 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated August 5, 2013, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Jeremy Michelone, REHS
Environmental Specialist

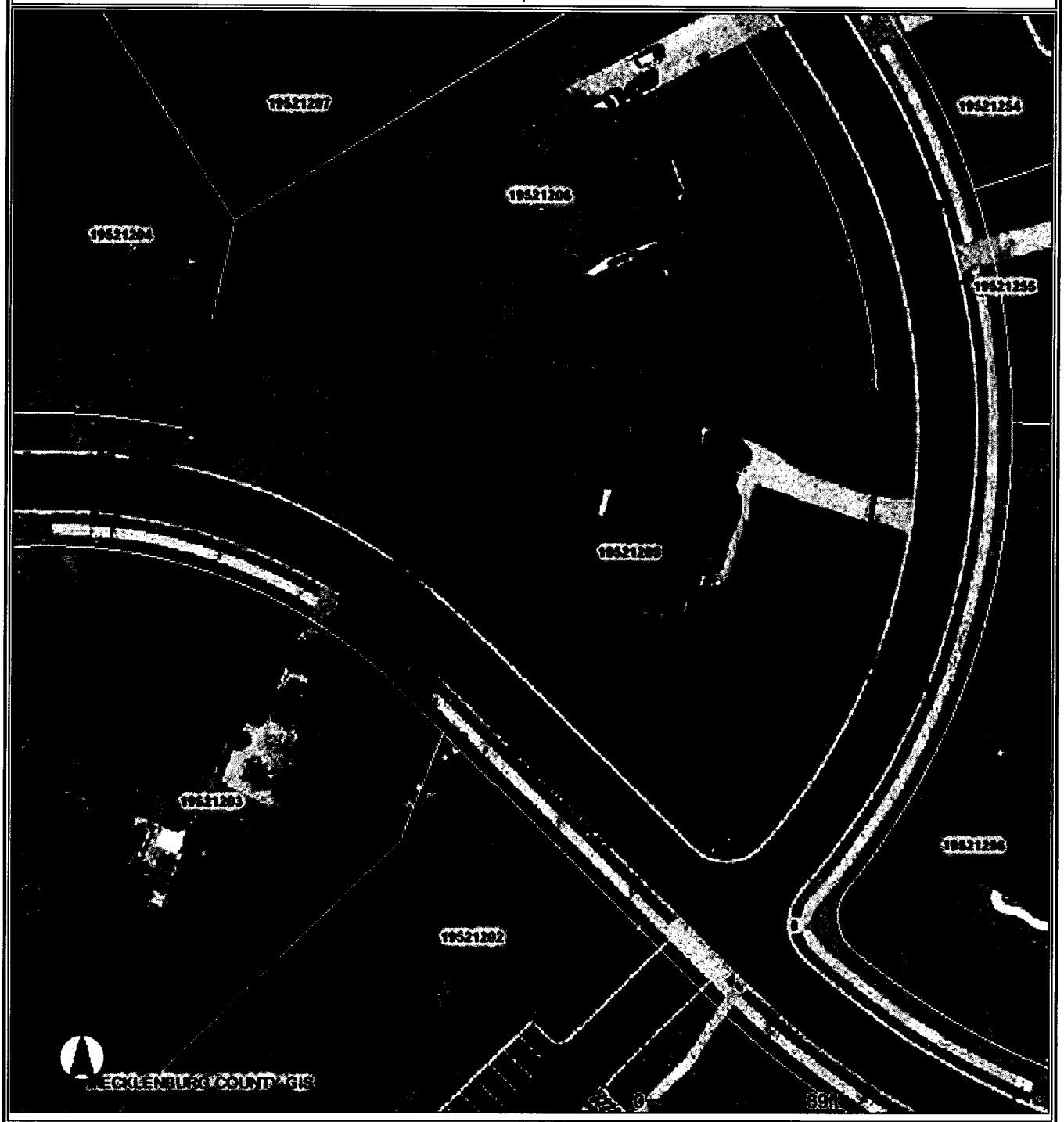
Encl: (1) Application

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Sep 10 08:54:06 EDT 2013



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

Date and Time: 9/10/2013 8:54:30 AM

Parcel ID #: 19521205 GIS ID #: 19521205	
Owner Name:	CHRISTOPHER D DAVIS AND DEBRA M DAVIS
Mailing Address:	14909 SHINGLE OAK RD CHARLOTTE, NC 28227
Property Characteristics	
Legal Desc.:	L82 M42-395
Land Area:	0.776AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

21123-672 (9/28/2006) $392,000.00
20401-995 (5/8/2006) $0.00
16794-521 (2/18/2004) $2,150,500.00

Situs Addresses Tied to This Parcel

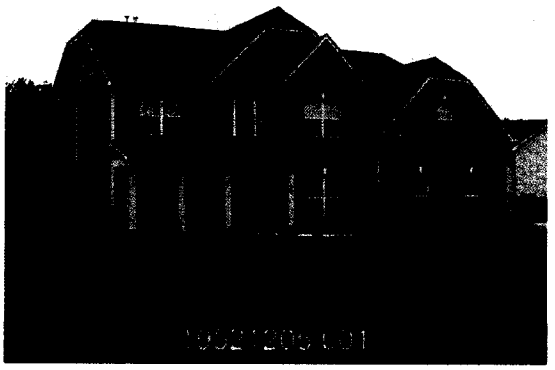
14909 SHINGLE OAK RD

Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2011 Annexation Area: NO	
Census Tract #: 57.13	
Parcel Falls Inside a Water Quality Buffer?: NO	
Post Construction District	
Jurisdiction:	Mint Hill
District:	Goose Creek

FEMA Flood Information	
FEMA Panel #:	3710550100J
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	GOOSE
Watershed Class:	

Building Photography

PHOTO #1
Location: 14909 SHINGLE OAK RD



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

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Real Estate Lookup

Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19521205	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
DAVIS CHRISTOPHER D	14909 SHINGLE OAK RD	CHARLOTTE NC 28227
DAVIS DEBRA M WIFE	14909 SHINGLE OAK RD	CHARLOTTE NC 28227

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L82 M42-395	MINT HILL		FIRE SERVICE F	MINT HILL	0.78

Total Parcel Assessment

Building	Land	Features	Total
304500	75000	1000	380500

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Sep 28 2006	392000	784		IMP	SPEC WARRNTY	21123-672	MCCAR HOMES -CHARLOT
May 8 2006		716	MULTIPARCEL	IMP	MULT LISTING	20401-995	FAIRINGTON OAKS LLC
Feb 18 2004	2150500	4301	MULTIPARCEL	VAC	WARRANTY D	16794-521	MINT HILL-THOMPSON R

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	T523	75000

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	2006	14909 SHINGLE OAK RD MINT HILL

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	4602	3771	SLAB-RES	HARDIPLANK - FACE BRICK	GOOD 02	304500

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP2	AC-CENTRAL		6	3		1

Sub Area

Bldg	Description	Size
1	UPPER STORY - FINISHED	1901
1	GARAGE - FINISHED	291
1	PORCH - OPEN - FINISHED	100
1	BASE (FIRST FLOOR)	1870
1	GARAGE - FINISHED	440

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 5.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2006	PATIO	1	12X12	500
1	2006	PATIO	1	7X19	500

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	380500	0
Apr 27 2007	2007	New Improvement	335000	0
Jul 7 2005	2005	Division of Land and/or New Parcel	45000	0
Jul 7 2005	2005	Division of Real Estate and/or New Parce	45000	0

Walker, Valerie

From: John Aiken <jaiken77@gmail.com>
Sent: Tuesday, September 03, 2013 3:44 PM
To: Walker, Valerie
Subject: Re: Application for Use Existing System - 9641 Stanton Green Ct

4 occupants and 4 bedrooms. Thanks

On Sep 3, 2013 3:37 PM, "Walker, Valerie" <Valerie.Walker2@mecklenburgcountync.gov> wrote:

Hello Mr. Aiken,

The application for your covered Patio was incomplete. **I need to know the number of Bedrooms and Occupants for 9641 Stanton Green Cr.**

Please call me at 704-336-5100.

I am on vacation starting Wednesday and I need this information today before 5:00 p.m. or you can call Melinda Beacham at 704-336-5545 and let her know.

Thank you.