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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: Elliot Mark Broussard
ADDRESS: 1833 Swaim Dr.
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 704-914-6038
ALTERNATE PHONE: —
E-MAIL: em42broussard@gmail.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: Elliot Mark Broussard
ADDRESS: 1833 Swaim Dr.
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 704-914-6038
ALTERNATE PHONE: —
E-MAIL: em42broussard@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 215-111-28
STREET ADDRESS: 1833 Swaim Dr.
CITY: Matthews
STATE: NC ZIP: 28105

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: 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.

E. Mark Broussard — Owner's/Agent's Signature
8-7-2017 — Date

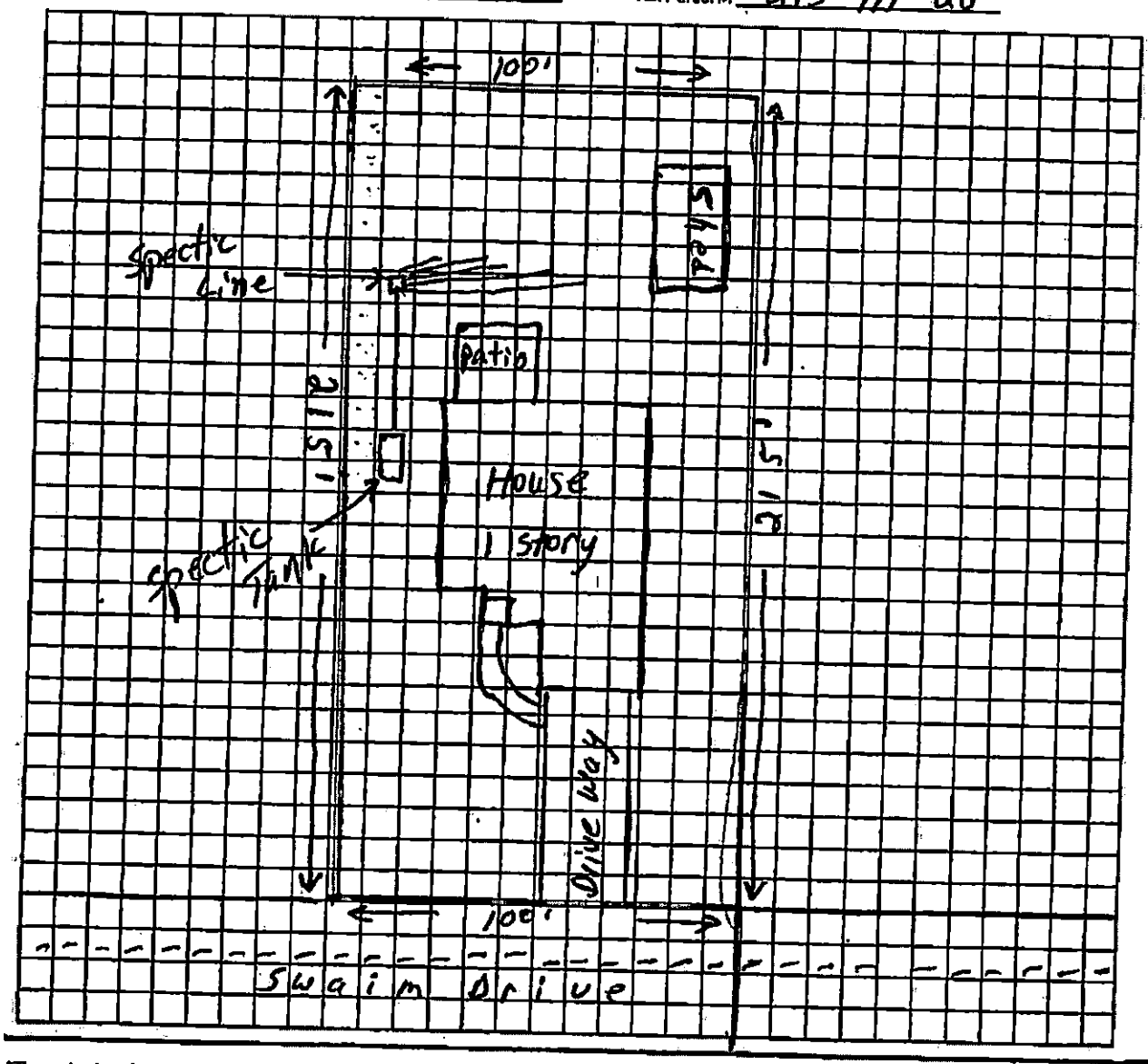
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 1833 Swaim Dr. Tax Parcel #: 215-111-28



*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

Customer meets set backs to build his sunroom

Bryce Daggett 8/21/17
REHS Signature Date

Transaction Result:

Date/Time:	Monday, August 7, 2017/1:00:49 PM PDT		
Merchant ID:	153629		
Transaction Type:	CC SALE		
Response Type:	A	**Total Amount:**	$ 100.00
Response Description:	APPROVED		
ATM Verify Result:		**Response Code:**	A01
Details:		**Authorization Code:**	027135
Trace Number:	911a51ec-05d6-497c-a276-9f0207761878		

Payment Info:

Customer Name:	ELLIOT BROUSSARD
Payment Method:	Credit Card: VISA
Last 4 digits:	1396
Account Information:	ELLIOT MARK BROUSSARD
Wallet ID:	

Contact Info:

Company Name:	MECKLENBURG ENVIROMENTAL HEALTH POS		
Street Name:	700 N TRYON STREET		
Street Name 2:			
City:	CHARLOTTE		
State:	NC	**Postal Code:**	28202
Phone Number:	704-336-5532	**Fax Number:**	704-336-5532
Customer Service:	866-764-2002		

Account Holder/Authorization Signature _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/07/17	**Amount:**	100.00
Receipt #:	106958	**Tendered:**	100.00
Check / Auth #:	VISA 027135	**Returned:**	0.00
Received By:	ABDUSAI		

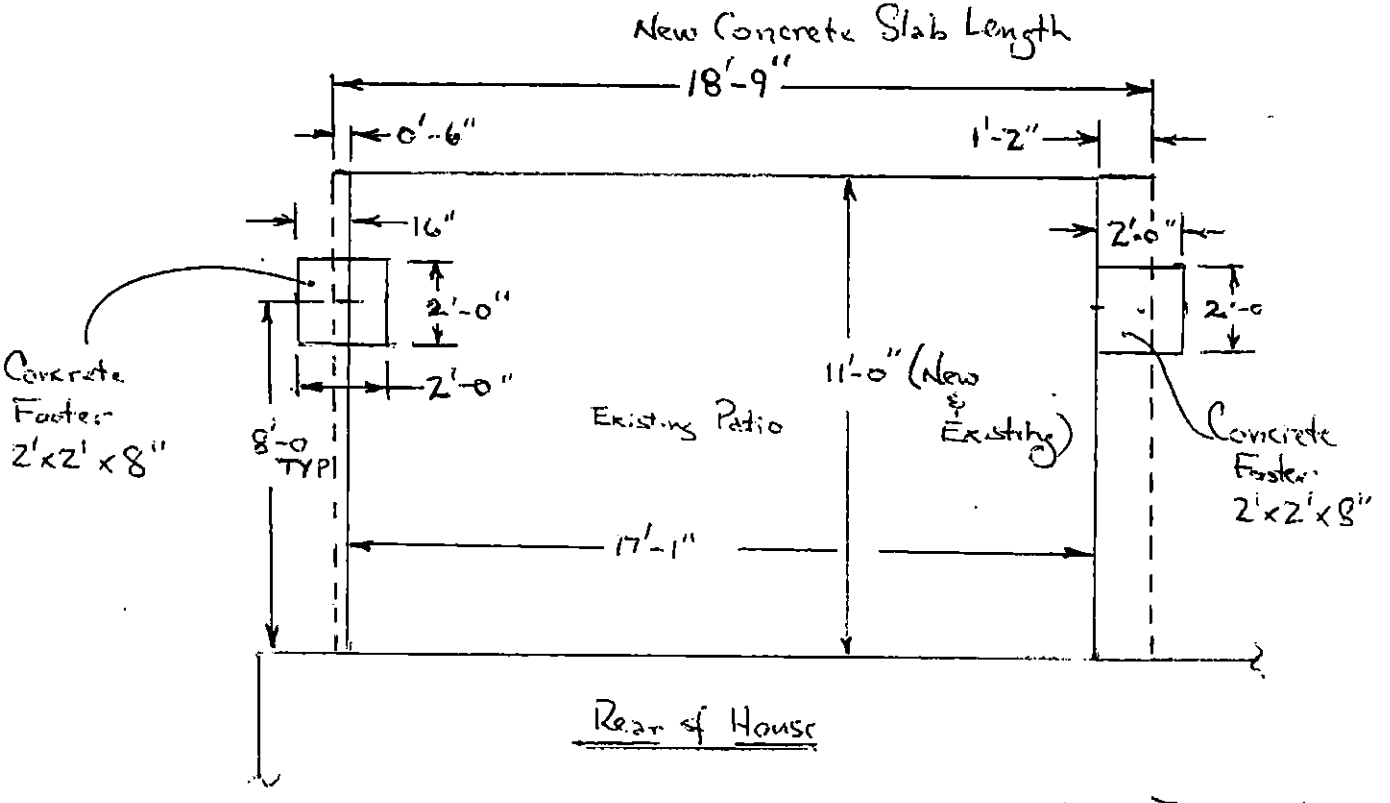
Account Information

Account #: 200000
Contractor: BROUSSARD , ELLIOT
Attn:
Address: 1833 SWAIM DR
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 1833 SWAIM DR		1	100.00	100.00

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

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



Elliot & Michelle Broussard
1833 Swaim Drive.
Matthews, NC