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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: Sage Custom Homes - Angela Sage
ADDRESS: 7937 Winghaven Drive
CITY: Waxxhaw
STATE: NC ZIP: 29173
PHONE: (704) 659-6920
ALTERNATE PHONE: (704) 363-2956
E-MAIL: sagehomes@yahoo.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Keith Paris
ADDRESS: 6000 Joli Cheval Lane
CITY: Mint Hill
STATE: NC ZIP: 28337
PHONE: (704) 373-9996
ALTERNATE PHONE: (704) 201-9466
E-MAIL: kparis@parisprojects.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19507103
STREET ADDRESS: 5820 Joli Cheval Lane
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
Cheval
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: 2
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 New Home build, existing home to be demolished

*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 9/24/19

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: 5820 Joli Cheval Ln, Mint Hill 28227 Tax Parcel #: 19507103

9/25/19: See attached engineered plan for system and location.
Per our conversation with Lydia, the current home will be demoed after the new home is constructed. This should be less than 8 weeks after a certificate of occupancy is received for the new home.

We are extending the lines to the current septic system for a new construction home. The current house will be occupied and septic system used until the new home is constructed. Then the septic will be transferred over to the new home.

Please contact Angela Sage (704) 363-2956 for any questions.

*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

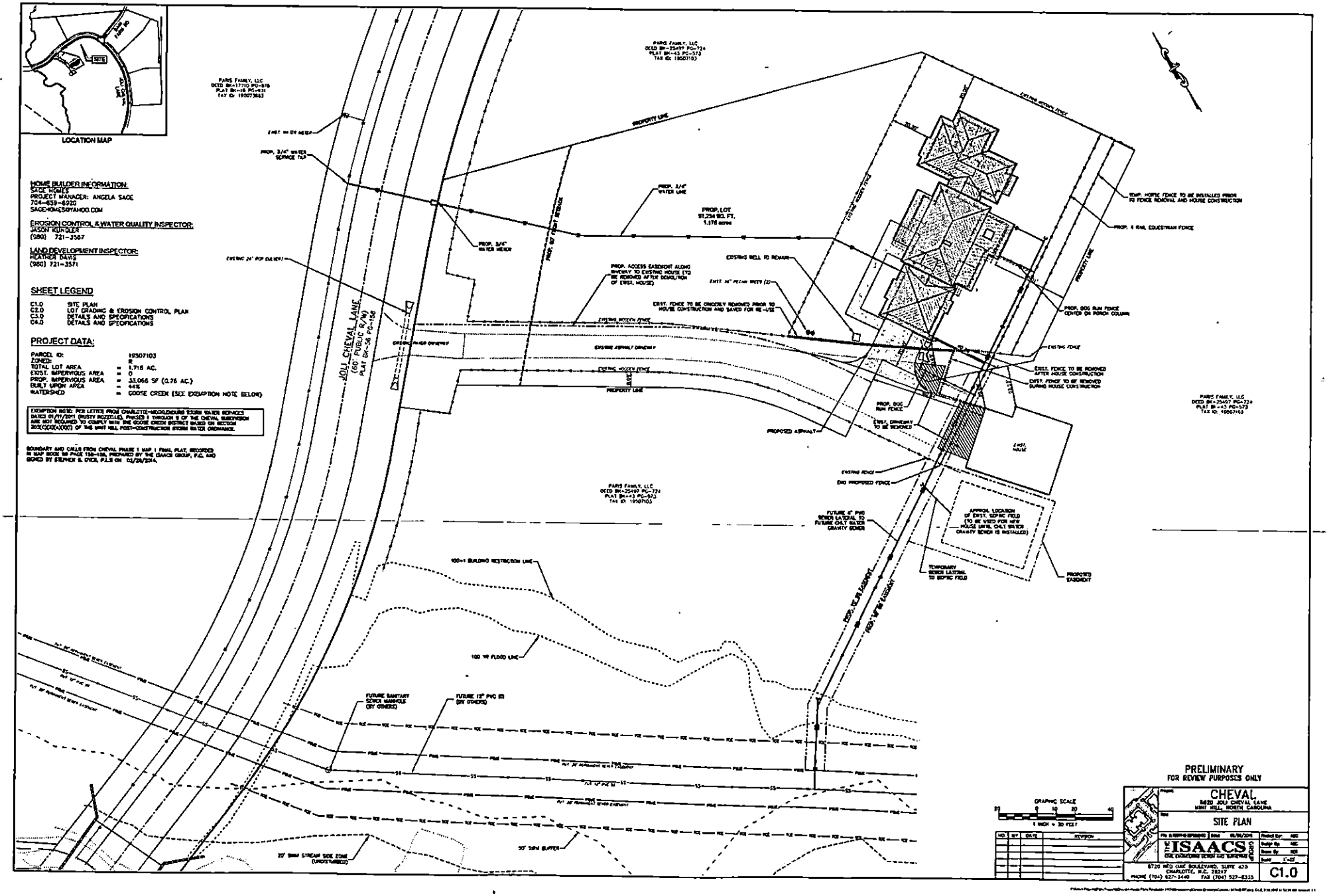
Customer is only building 2 bedroom House.

Bryce Dagnot 10/3/19
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

Current house is 2bedroom,
Demo 2 bedroom to build new
2 bedroom


LOCATION MAP
SITE
HOME BUILDER INFORMATION:
SAGE HOMES
PROJECT MANAGER: ANGELA SAGE
704-639-6920
SAGEHOMES09@YAHOO.COM
EROSION CONTROL & WATER QUALITY INSPECTOR:
JASON KUNTZLER
(980) 721-3567
LAND DEVELOPMENT INSPECTOR:
HEATHER DAVIS
(980) 721-3571
SHEET LEGEND
C1.0 SITE PLAN
C2.0 LOT GRADING & EROSION CONTROL PLAN
C3.0 DETAILS AND SPECIFICATIONS
C4.0 DETAILS AND SPECIFICATIONS
PROJECT DATA:
PARCEL ID: 19507103
ZONED: R
TOTAL LOT AREA = 1.715 AC.
EXIST. IMPERVIOUS AREA = 0
PROP. IMPERVIOUS AREA = 33,066 SF (0.76 AC.)
BUILT UPON AREA = 44%
WATERSHED = GOOSE CREEK (SEE EXEMPTION NOTE BELOW)
EXEMPTION NOTE: PER LETTER FROM CHARLOTTE-MECKLENBURG STORM WATER SERVICES DATED 01/01/2011 (DUSTY ROZZELLE), PHASES 1 THROUGH 5 OF THE CHEVAL SUBDIVISION ARE NOT REQUIRED TO COMPLY WITH THE GOOSE CREEK DISTRICT RULES ON SECTION 303(C)(2)(A)(2)(D)(I) OF THE MINT HILL POST-CONSTRUCTION STORM WATER ORDINANCE.
BOUNDARY AND CALLS FROM CHEVAL PHASE 1 MAP 1 FINAL PLAT, RECORDED IN MAP BOOK 58 PAGE 158-160, PREPARED BY THE ISAACS GROUP, P.C. AND SIGNED BY STEPHEN E. DYER, P.L.S ON 01/28/2014.
JOLI CHEVAL LANE
(60' PUBLIC R/W)
PLAT BK-58 PG-158
PARIS FAMILY, LLC
DEED BK-25497 PG-721
PLAT BK-43 PG-573
TAX ID: 19507103
PARIS FAMILY, LLC
DEED BK-11710 PG-939
PLAT BK-18 PG-631
TAX ID: 19507366
PROPERTY LINE
PROP. 3/4" WATER LINE
PROP. 3/4" WATER SERVICE TAP
PROP. 3/4" WATER METER
PROP. LOT
91,254 SQ. FT.
1.176 acres
EXISTING 24" RCP CULVERT
PROP. ACCESS EASEMENT ALONG DRIVEWAY TO EXISTING HOUSE (TO BE REMOVED AFTER DEMOLITION OF (E)(S) HOUSE)
EXISTING WELL TO REMAIN
EXIST. 36" PECAN TREE (S)
EXIST. FENCE TO BE CAREFULLY REMOVED PRIOR TO HOUSE CONSTRUCTION AND SAVED FOR RE-USE
EXISTING WOODEN FENCE
EXISTING ASPHALT DRIVEWAY
EXISTING WOODEN FENCE
PROPERTY LINE
PROPOSED ASPHALT
EXIST. DRIVEWAY TO BE REMOVED
EXISTING FENCE
END PROPOSED FENCE
EXIST. HOUSE
TEMP. HORTE FENCE TO BE INSTALLED PRIOR TO FENCE REMOVAL AND HOUSE CONSTRUCTION
PROP. 4 RAIL EQUESTRIAN FENCE
EXISTING WOODEN FENCE
PROP. DOG RUN FENCE CENTER ON PORCH COLUMN
EXISTING FENCE
EXIST. FENCE TO BE REMOVED AFTER HOUSE CONSTRUCTION
EXIST. FENCE TO BE REMOVED DURING HOUSE CONSTRUCTION
PROP. DOG RUN FENCE
PARIS FAMILY, LLC
DEED BK-25497 PG-721
PLAT BK-43 PG-573
TAX ID: 19507103
PARIS FAMILY, LLC
DEED BK-25497 PG-721
PLAT BK-43 PG-573
TAX ID: 19507103
FUTURE 6" PVC SEWER LATERAL TO FUTURE CHLT SEWER GRAVITY SEWER
APPROX. LOCATION OF EXIST. SEPTIC FIELD (TO BE USED FOR NEW HOUSE UNTIL CHLT SEWER GRAVITY SEWER IS INSTALLED)
TEMPORARY SEWER LATERAL TO SEPTIC FIELD
PROPOSED EASEMENT
100+1 BUILDING RESTRICTION LINE
100 YR FLOOD LINE
FUTURE SANITARY SEWER MANHOLE (BY OTHERS)
FUTURE 12" PVC SS (BY OTHERS)
PROP. 10' SS EASEMENT
PROP. 30' SS EASEMENT
20' SWIM STREAM SIDE ZONE (UNDISTURBED)
50' SWIM BUFFER
GRAPHIC SCALE
0 10 20 40
1 INCH = 20 FEET
NO. BY DATE REVISION
PRELIMINARY
FOR REVIEW PURPOSES ONLY
CHEVAL
9830 JOLI CHEVAL LANE
MINT HILL, NORTH CAROLINA
SITE PLAN
THE ISAACS GROUP
8720 RED OAK BOULEVARD, SUITE 420
CHARLOTTE, N.C. 28217
PHONE (704) 527-3440 FAX (704) 529-8335
C1.0

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(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 Angela Sage of Sage Custom Homes, LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

5820 Joli Cheval Lane, Mint Hill
Number Street Town
(Or Parcel Number)

Paris Family LLC (C/O Keith Paris)
Property Owner (print name)

Property Owner (signature)

9/26/19
Date

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: KEITH PARIS

Bill To:

KEITH PARIS
1111 METROPOLITAN AVE

Charlotte, NC 28204

Single Payment

Transaction Date: 09/30/2019 9:44 AM Pacific Time
Pay Method: ••••••••••••7027
Approval #: 09625S
Trace Number: a6421b6d-6e02-4422-9053-f23fed7e4d8b
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: 09/30/19
Receipt #: 118831
Check / Auth #: MC 09625S
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

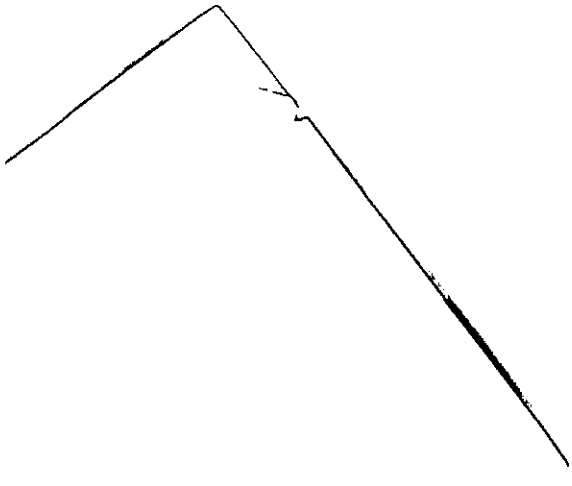
Account Information

Account #: 200000
Contractor: KEITH PARIS
Attn:
Address: 1111 METROPOLOTIAN AVE
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 5820 JOLI CHEVAL LANE		1	100.00	100.00

Outstanding Balances

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



FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2020 JAN 23 02:50:46 PM
BK:34227 PG:23-28
FEE:$26.00
INSTRUMENT # 2020010529

JACKSED

2020010529

Returned to customer

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC SYSTEM
EASEMENT AGREEMENT

This EASEMENT made this _____ day of _____, 20_____, by and between

GRANTOR	]	**GRANTEE**
PARIS FAMILY, LLC *1111 METROPOLITAN AVE.* *STE. 775* *CHARLOTTE, NC 28204*	]]]]]]]	*PARIS FAMILY, LLC* *1111 METROPOLITAN AVE.* *STE. 775* *CHARLOTTE, NC 28204*

Enter in appropriate block for each party: name, address, and, if appropriate, character or entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land upon that certain lot or parcel of land owned by Grantor and located in the city of *MINT HILL*, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: *THE ISAACS GROUP, P.C.*

Mail after recording to: *PARIS FAMILY, LLC*
ATTN: MR. KEITH PARIS
1111 METROPOLITAN AVE.
STE. 775
CHARLOTTE, NC 28204

Mecklenburg Tax Parcel No. 195-07-124 as shown on a page of the County Tax Map attached hereto as Exhibit A

MINOR SUBDIVISION-LAND OF PARIS FAMILY LLC (PORTION OF CHEVAL, PHASE 1, MAP 1 recorded In Map Book 66 Page 24 (if applicable)

See the plat attached hereto as Exhibit A and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic System Easement Area located thereon, said parcel labeled threon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of MINT HILL, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 195-07-103 as shown on a page of the County Tax Map attached hereto as Exhibit A

MINOR SUBDIVISION-LAND OF PARIS FAMILY LLC (PORTION OF CHEVAL, PHASE 1, MAP 1 recorded In Map Book 66 Page 24 (if applicable)

See the plat attached hereto as Exhibit A and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefited Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic System Easement Area on the Easement Parcel and to inspect, maintain, repair and replace components of said septic system at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. *This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.* This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefited Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank System Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area

- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the Area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

PARIS FAMILY LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
KEITH PARIS ~~President~~ MNG

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Lorraine English, a Notary Public of the County and State aforesaid, certify that Keith Paris, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 23rd day of January, 2020.

My Commission Expires: Nov 2, 2021 _____
(Notary Public)

LORRAINE ENGLISH NOTARY PUBLIC UNION COUNTY, NC

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____
(Notary Public)

GRANTEE

Parris Family LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
Keith Parris ~~President~~ MM C

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Lorraine English, a Notary Public of the County and State aforesaid, certify that Keith Parris, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 23rd day of January, 2020.

My Commission Expires: Nov-2, 2021 _____
(Notary Public)

LORRAINE ENGLISH NOTARY PUBLIC UNION COUNTY, NC

SEAL-STAMP

North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____

(Notary Public)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

This map may not be a certified survey and has not been reviewed by a local goverment agency for compliance with any applicable land development regulations and has not been reviewed for compliance with recording ~~compliance~~ requirements for plats.

#20191d9a75 MAP BOOK 66 PAGE 24

