Permit# 3671 File# 4776B

4 JAN '17 PM 2:04

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

**PERSON FILING APPLICATION:**
NAME: GEOFF CALLISON
ADDRESS: 725 Breezewood DR
CITY: Charlotte
STATE: NC ZIP: 28262
PHONE: 704-363-5411
ALTERNATE PHONE:
E-MAIL: gcallison67@gmail.com

**PROPERTY OWNER:** ☒ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 02957108
**STREET ADDRESS:** 725 Breezewood Dr
**CITY:** Charlotte
**STATE:** NC **ZIP:** 28262

**SUBDIVISION OR MOBILE HOME PARK NAME:** HOMEWOOD ACRES
**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

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Shipping Container

*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.

Geoff Callison — Owner's/Agent's Signature
1/4/17 — 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

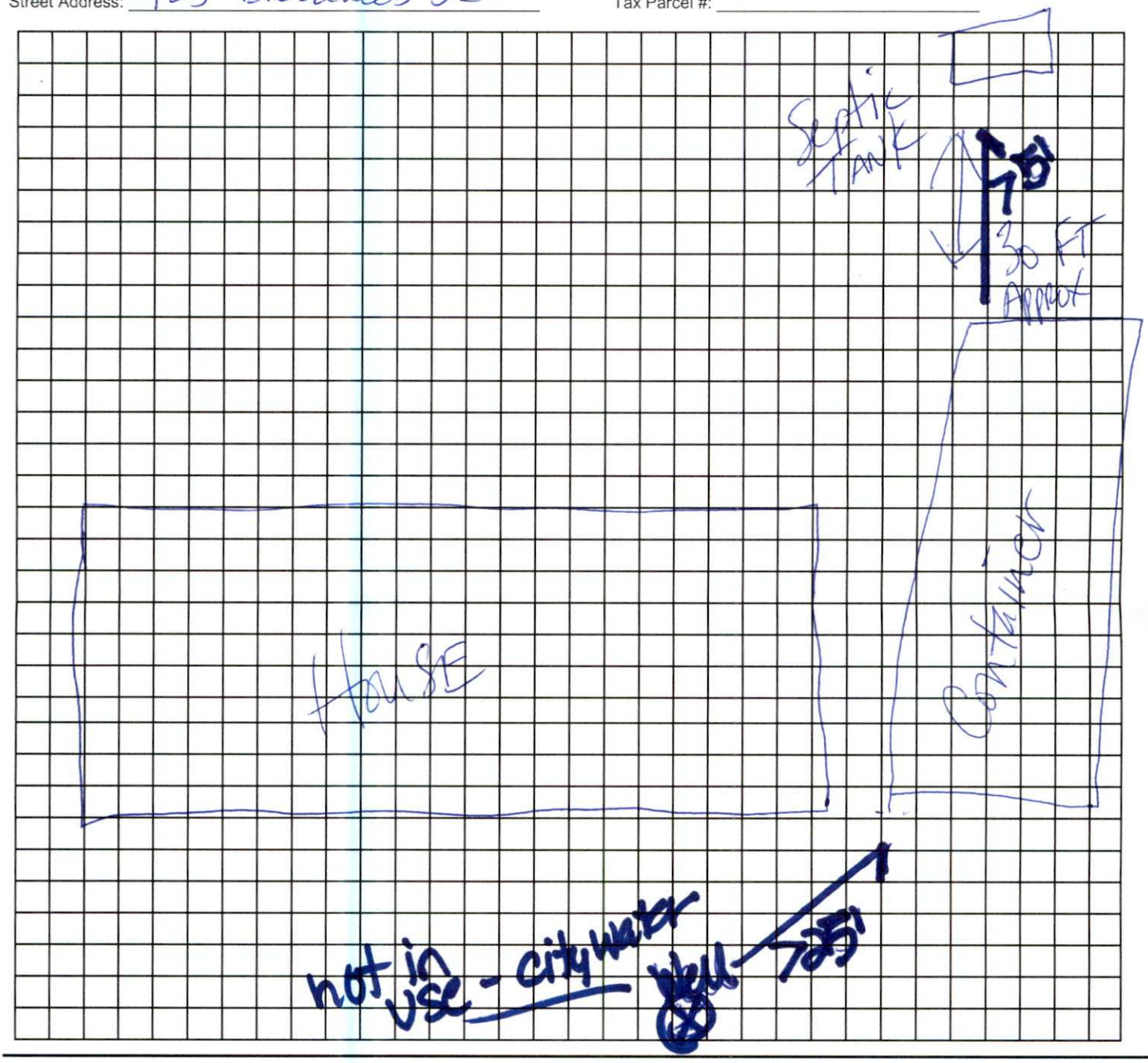
980 314 1680

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: 725 Breezewood Dr  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

Projects to set backs from well & Septic Approved

Kim Garrett  1/13/17

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

# Payment Receipt

**Mecklenburg County POS**

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

Enter Account # or Customer Name Here: GEOFF CALLISON

**Bill To:**

GEOFF CALLISON
725 BREEZEWOOD DR

Charlotte, NC 28262

**Single Payment**

Transaction Date: 01/04/2017 11:04 AM Pacific Time
Pay Method: **********2142
Approval #: 02724B
Trace Number: 786d39eb-ae1a-4d46-93c9-8e65d3ba2dfa
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:** | 01/04/17 | **Amount:** | 100.00 |
| **Receipt #:** | 103141 | **Tendered:** | 100.00 |
| **Check / Auth #:** | WEBCCMC 0 | **Returned:** | 0.00 |
| **Received By:** | ANDRAEO | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | GEOFF CALLISON |
| **Attn:** | |
| **Address:** | 725 BREEZEWOOD DRIVE |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28262 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System | | 1 | 100.00 | 100.00 |

----------**Outstanding Balances**----------

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

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