6423B #8835

16 MAR '17 PM 4:02

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: Tammy Airheart (Concord)
ADDRESS: 2989 Old Salisbury Rd
CITY: Concord
STATE: NC ZIP: 28025
PHONE: (704) 791-0347
ALTERNATE PHONE: (704) 782-5438
E-MAIL: jtworkshop@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Josh Sarett
ADDRESS: 14300 Blacks Farm Road
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: (704) 782-4538
ALTERNATE PHONE:
E-MAIL: jtworkshop@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01115120
STREET ADDRESS: 14300 Blacks Farm Road
CITY: Huntersville
STATE: NC ZIP: 28078

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 Renovation inside only

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.

Tammy Airheart — Owner's/Agent's Signature
3/16/17 — 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

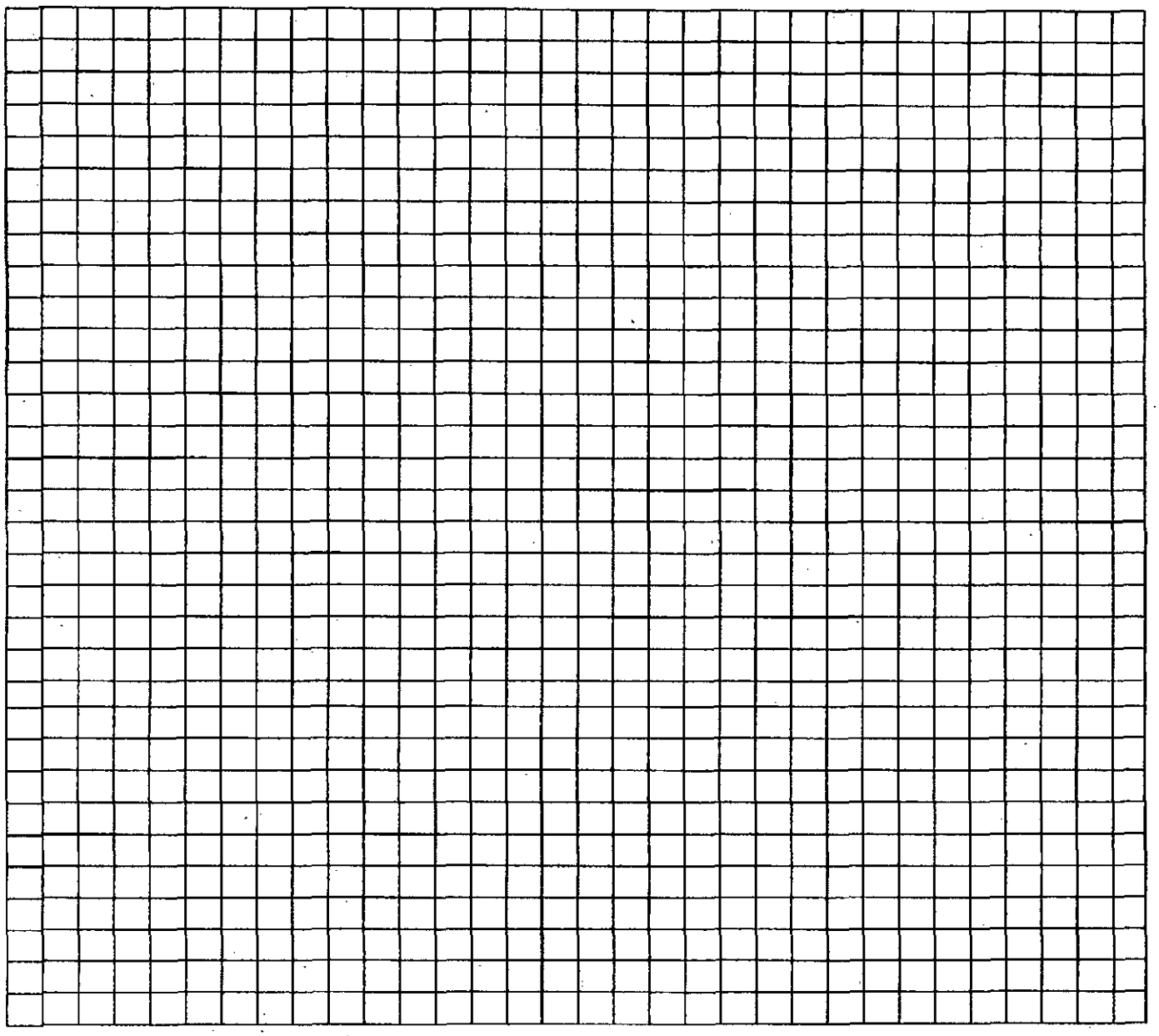
Revised on: 01/03/11

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: 14300 Blacks Farm Rd Tax Parcel #: 0115120



*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

Project approved, renovations are within current house footprint.

Kim Barnett, REHS 3/23/17

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

RELIABLE WOODWORKS

Fax

2989 Old Salisbury Road
Concord, NC 28025
704-785-9663

Subject: Application
Pages: 3 including cover
Date: 3/16/17

To: Groundwater& Wastewater
Phone Number: 704-336-5103
Fax Number: 704-336-6894

From: Tammy Airheart
Phone Number: 704-791-0347
Fax Number: 704-785-9666

Comments:
Please call with any questions.
Thank you
Tammy Airheart
704-791-0347

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/17/17	**Amount:**	100.00
Receipt #:	104915	**Tendered:**	100.00
Check / Auth #:	VISA 025175	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: AIRHEART,TAMMY
Attn:
Address: 2989 OLD SALISBURY CONCORD ROAD
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14300 BLACKS FARM RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	220.00			20.00	

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
TAMMY AIRHEART

Bill To:

TAMMY AIRHEART
2989 OLD SALISBURY CONCORD RD

Concord, NC 28025

Single Payment

Transaction Date: 03/17/2017 8:26 AM Pacific Time
Pay Method: VISA **********5900
Approval #: 025175
Trace Number: d2225ce6-7ccc-47f3-81e4-5d9a91e2daa7
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Health Department

B. 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 Reliable Woodworks is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

14300 Blacks Farm Rd Huntersville
Number Street Town
(Or Parcel Number)

x Joshua Sarett
Property Owner (print name)

x Joshua Sarett
Property Owner (signature)

x 03/20/2017
Date

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 LE 3/20/17 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. ☐ _____

6423B

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 5/10/13 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. ☑ 5/22/13 TA 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. ☐ _____

6423B

MECKLENBURG COUNTY HEALTH DEPARTMENT App # 6192

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: Affordable Renovations
ADDRESS: 20208 Floral Ln.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704 890-4921
ALTERNATE PHONE: Same
E-MAIL: Josh Scissors at yahoo

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION
NAME: Joshua & Gail Sarret
ADDRESS: 14300 Black Farm Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704 995-2183
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 011-151-20
STREET ADDRESS: 14300 Black Farms Rd
CITY: Huntersville
STATE: NC ZIP: 28078

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 X
NUMBER OF OCCUPANTS: 3 X

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, attached and does 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 5/6/13 Date

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

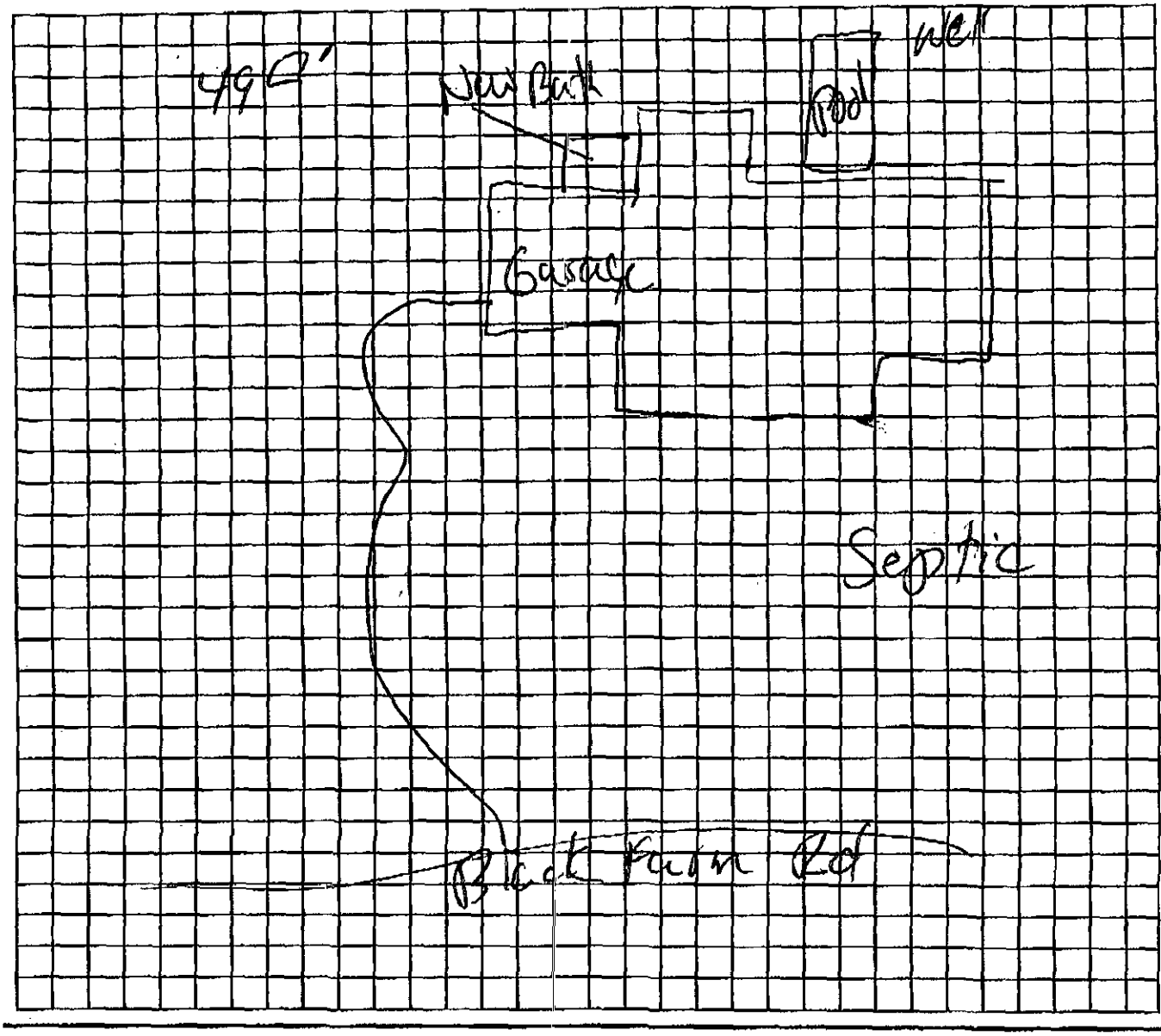
account X36885

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: 14300 Black Farm Rd 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

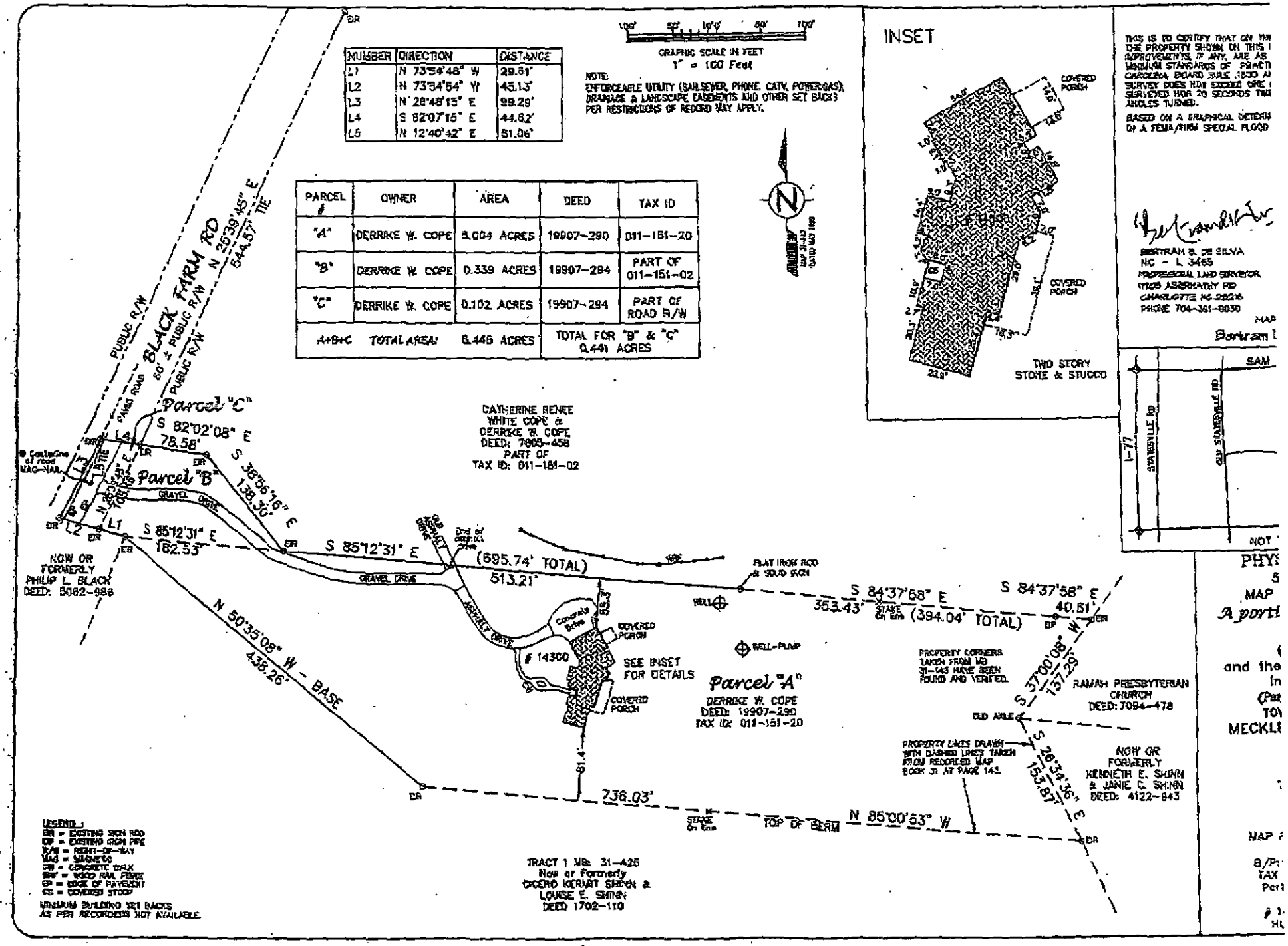
OK to use UXS for a bathroom addition.

Kim Yarnell 5/16/13

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



PARCEL #	OWNER	AREA	DEED	TAX ID
"A"	DERRIKE W. COPE	8.004 ACRES	19907-290	011-151-20
"B"	DERRIKE W. COPE	0.339 ACRES	19907-294	PART OF 011-151-02
"C"	DERRIKE W. COPE	0.102 ACRES	19907-294	PART OF ROAD R/W
A+B+C	TOTAL AREAS	8.445 ACRES	TOTAL FOR "B" & "C" 0.441 ACRES	

NUMBER	DIRECTION	DISTANCE
L1	N 73°54'48" W	29.61'
L2	N 73°54'54" W	45.13'
L3	N 28°48'13" E	99.29'
L4	S 82°07'15" E	44.62'
L5	N 12°40'42" E	51.06'

05/09/2013 15:34 7048951545 UPS PAGE 03/05

TRANSMISSION VERIFICATION REPORT

TIME : 05/03/2013 09:35
NAME :
FAX :
TEL :
SER.# : A2J119735

DATE,TIME	05/03 09:34
FAX NO./NAME	7043364096
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

Residential Plot Plan
For Internet Permit Application

For Department Use

Permit #

Master Plan #

E-Plan #

ENTER SUBMITTAL NUMBER HERE: 764-23-593

LOCATION/SITE DATA

14300 BLACK FARMS RD

Street # (N,S,E,W) Street Name (Av,Rd,St)

Project / Subdivision Name: Phase Section

Lot # Block # Land Area (sq. ft.)

OWNER INFORMATION

Owner: Joshua and Gail Serfet Address: 14300 Black farms rd

City: Huntersville State: Nc Zip: 28078 Phone #

FOR DEPARTMENT USE Tax Parcel # 01115120 Tax Jurisdiction: MECKLENBURG HUNT

Zoning: Juris HUNT Map # R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front Left Side Right Side Rear

Remarks:

PROJECT DATA

Type Work:

__New __Addition __Accessory

Project Description:

Poolhouse bathroom

Area (sq.ft.):

Heated 49 Unheated

Deck(s)

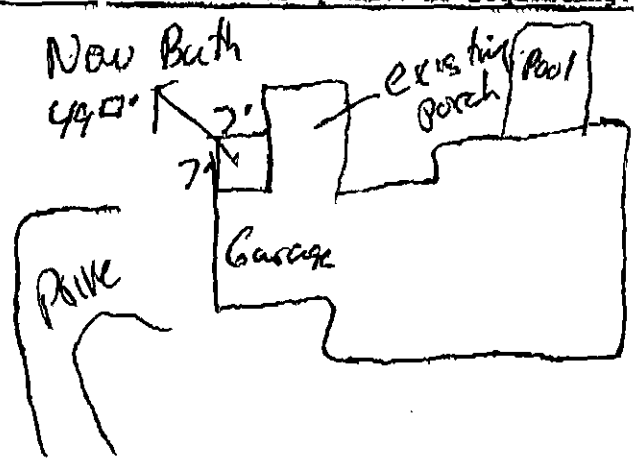
Utilities: New X Existing

Public:

1-Indiv Meter/Conn. Water Sewer

2-Master Meter/Conn. Water Sewer

DRAW PLOT PLAN- Show what the permit is requesting.



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/10/13	**Amount:**	100.00
Receipt #:	84055	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: X36885
Contractor: AFFORDABLE RENOVATIONS
Attn:
Address: 20208 FLORAL LN
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 14300 BLACK FARMS RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	363.45				



14300 BLACK FARMS RD

01115120

1/10/2008

duponbj

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

project #179534

FEE:
DATE:
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

RECEIVED
MAY 12 2006
LUESA

FILE #: 179534

TYPE APPLCATION:

Storage Bldg

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Sarett, Josh
ADDRESS: 14300 Black Farms Rd
CITY: Huntersville
STATE: NC ZIP: 28078 9476063
PHONE: (704) ~~947-66~~ 996-9283
ALTERNATE PHONE: (704) 947-6698

PROPERTY OWNER:

NAME: Sarett, Josh
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #:
STREET ADDRESS:
CITY:
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- ☑ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION 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.

J Sarett — 5/8/06
Owner's/Agent's Signature — Date

*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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approved 5/15/06

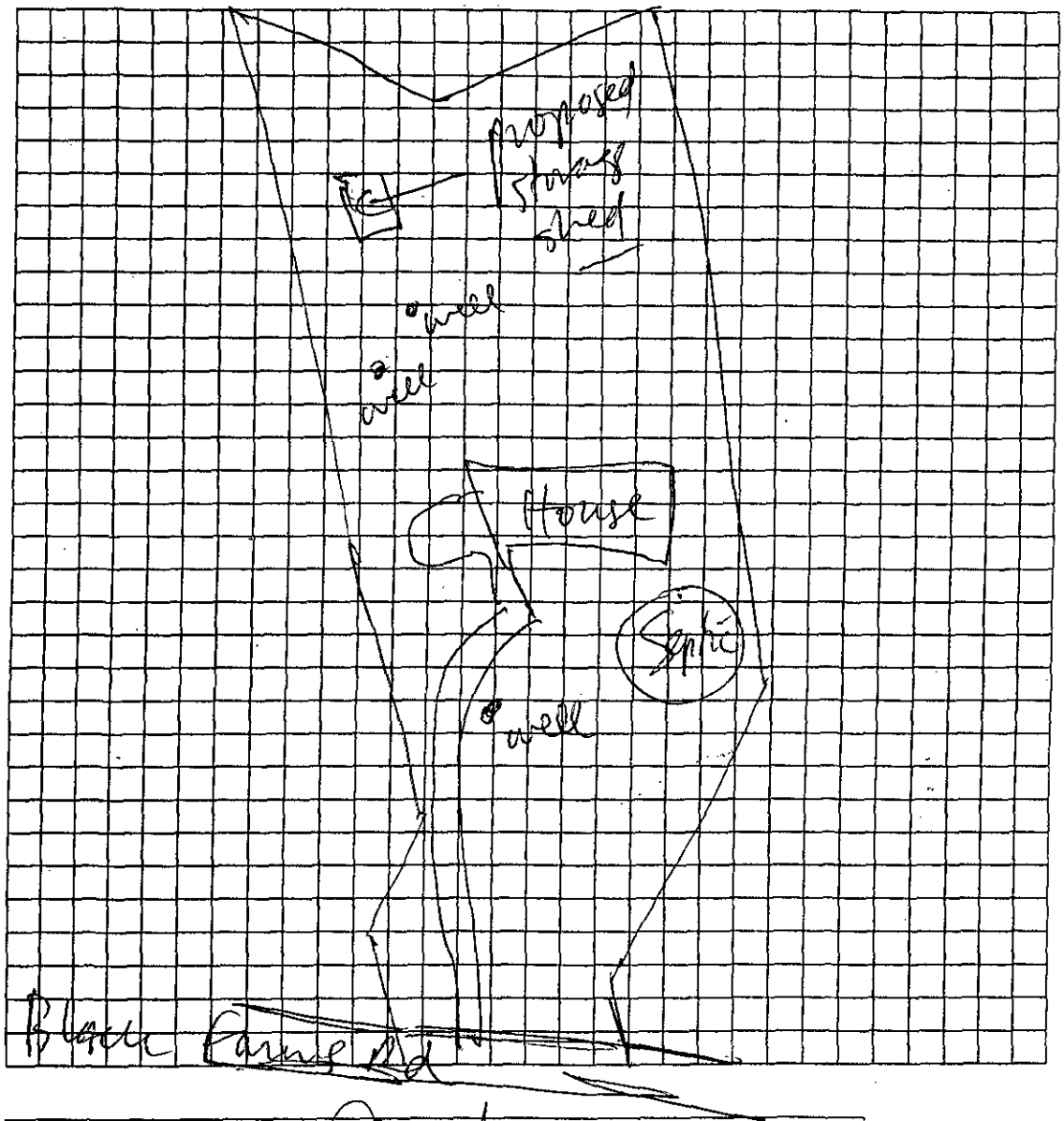
EHS Signature — Date

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

File # 6423B
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	John Arnett
Date	5/8/06

LBC 12/15/04

#764

Orig CK #179534

FEE:
DATE:
CRT#/UT#:

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES APP 01/05

FILE # 64838

TYPE APPLCATION: Storage Bldg LD

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

To Cina

PERSON FILING APPLICATION:
NAME: Sarett, Josh
ADDRESS: 14300 Black Farms Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: (704) ~~777-7016~~ 996-9283
ALTERNATE PHONE: (704) 947-6698

PROPERTY OWNER:
NAME: Sarett, Josh
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 011-151-~~20~~
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

TOWNSHIP:
- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

LOT #: 1 2600

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)

RESIDENTIAL PROPERTY TYPE:
☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION 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.

J Sarett 5/8/06
Owner's/Agent's Signature Date

*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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Approved to use existing system for the addition of a detatched storage building.

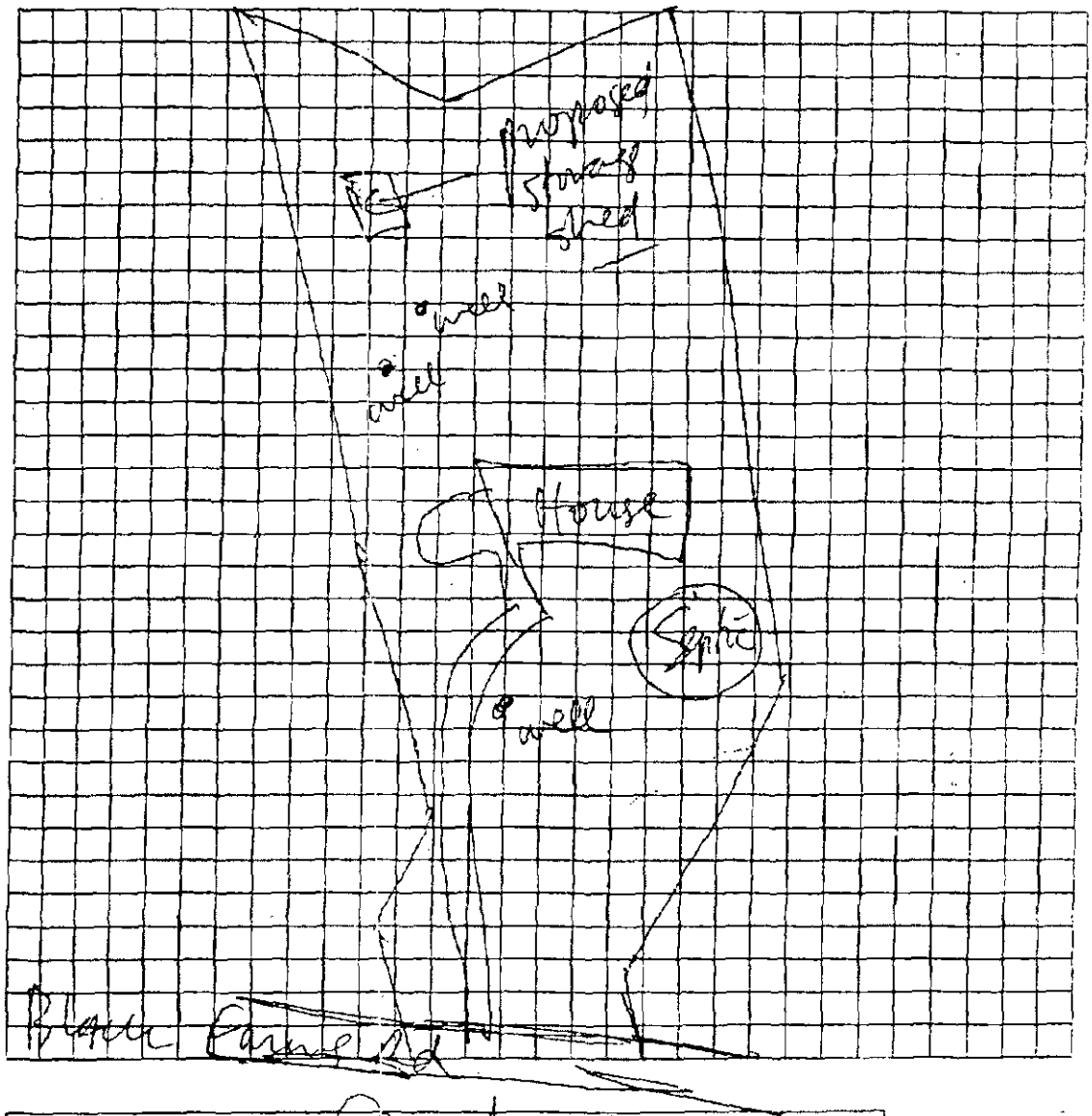
EHS Signature Date
Cina Buchanan 5/16/06

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. *Name all roads adjoining the property. If this a repair indicate the type of repair.*



Owner/Agent Signature	John Arnett
Date	5/8/06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/08/06
Receipt #: 43773
Check / Auth #: MC 003124
Received By: MULLIVR

Amount: 100.00
Tendered: 100.00
Returned: 100.00

Account Information

Account #: 100000
Contractor: SARETT, JOSH
Attn:
Address: 14300 BLACK FARMS RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 14300 BLACK FARMS RD		1	100.00	100.00

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078

MAY 08, 2006 03:24PM

TERM : 1
MERCH: 000158007170

REF #: 002
ACT #: 5188632150011586
EXP : 12/08
CARD : MASTERCARD
INVOICE #: 0705

SALE: $ 100.00

RETR REF#: 612818503098
APPROVAL CODE: 003124

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

X _____
SIGNATURE

SARETT/JOSHUA

MERCHANT COPY

Outstanding Balances

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

6423B

Parent

011-151-04

1443 L

~~5083A~~ and two from 4/27

~~1489B~~

~~2530B~~