10337B
#10974

Account #
X506 82

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

23 JAN '20 AM 9:42

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: Tanya Donahue / Valuebuild Homes
ADDRESS: 3013 Jefferson Davis Hwy
CITY: Sanford
STATE: NC ZIP: 27332
PHONE: 919-777-0393
ALTERNATE PHONE: _____
E-MAIL: tanya@valuebuildhomes.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ahren Andrews
ADDRESS: 6412 Pencade Ln
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 919-777-0393
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 137-099-27
STREET ADDRESS: 6537 Lake Rd.
CITY: Mint Hill
STATE: NC ZIP: _____

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: 6

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.

Owner's/Agent's Signature

1/23/20
Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Residential Plot Plan
For Internet Permit Application

For Department Use
Permit #

ENTER SUBMITTAL NUMBER HERE: 233005816 | Master Plan #

LOCATION/SITE DATA

6537 (Street #) | (N,S,E,W) | LAKE (Street Name) | RD (Av,Rd,St) | Unit:

Project / Subdivision Name: | Phase | Section

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

OWNER INFORMATION

Owner: Ahren Andrews | Address: 6412 Pencade Lane

City: Charlotte | State: NC | Zip: 28227 | Phone # (919)777-0393

FOR DEPARTMENT USE

Zoning: | Tax Parcel # 13709927 | Tax Jurisdiction: MINT HILL MINT

Juris MINT | 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:

X New __Addition __Accessory

Project Description:

AHREN CLT/ Valuebuild Homes

Area (s):

Heated | Unheated

Deck(s) 100

Utilities: X New __Existing

Public:

1-Indiv Meter/Conn. Water Sewer

2-Master Meter/Conn. X Water Sewer

Private:

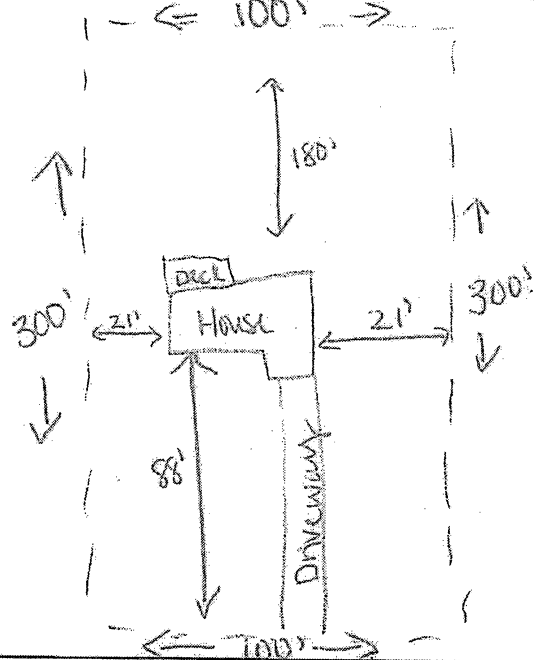
3-Individual Well X Septic

4-Community Well Septic

Note: This plot plan must be uploaded before your Internet permit will be processed.

Central office: 980-314-CODE

DRAW PLOT PLAN- Show what the permit is requesting.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature | Date 11/3/20 | Taryn Donahue (Print Applicant's Name) | Contact # (919)777-0393 ext:

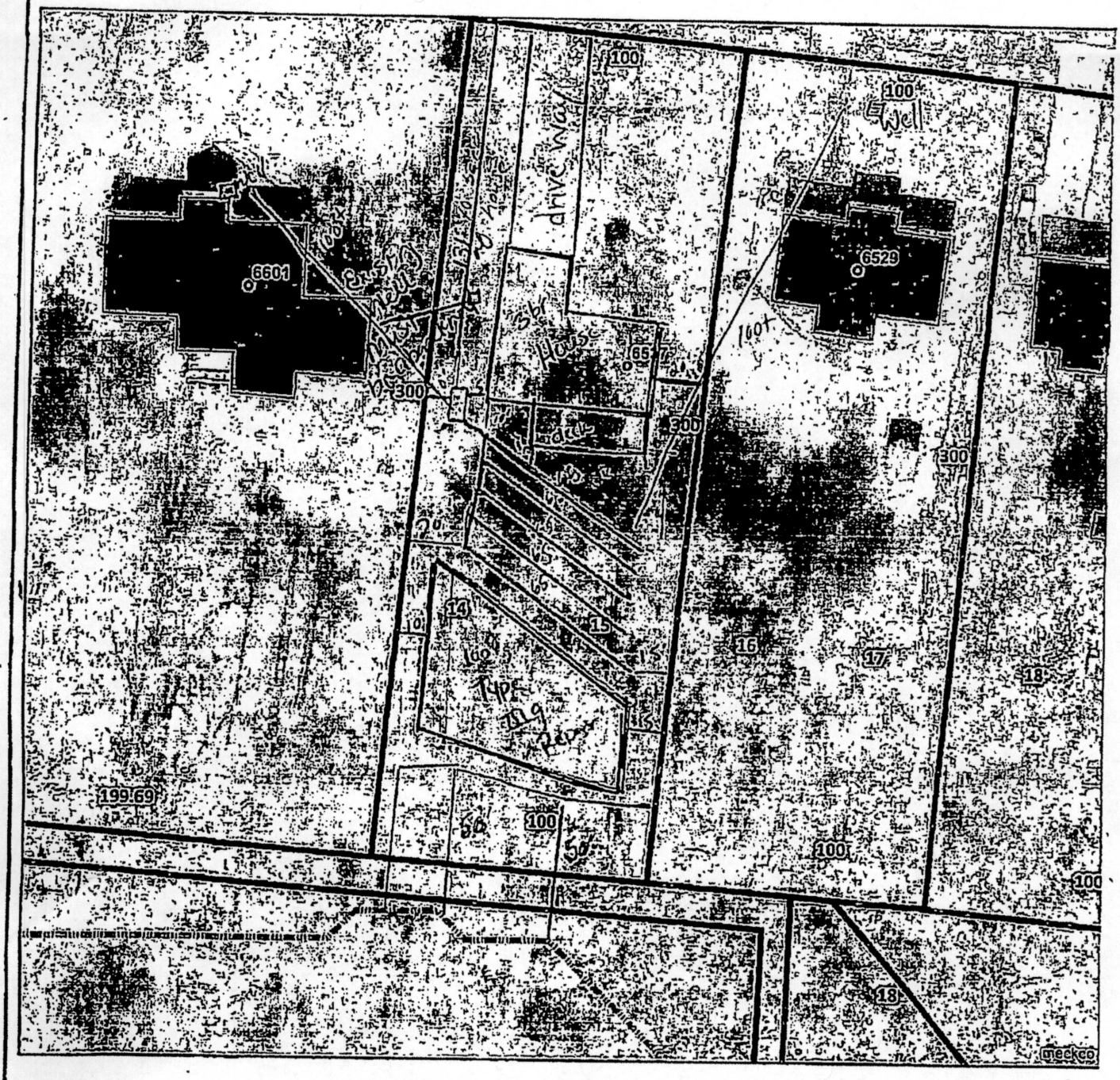
Contractor Name: LANDMARK HOMES OF PINEHURST | Contractor Acct #: X50682

Email: taryn@valuebuildhomes.com

For Department Use: Zoning Approved by: Initial | Date:

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(980) 314-CODE, fax (866) 851-3553

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30010559
PID #: 137-099-27
File #: 103373

Authorized Agent: Heather Ray Date: 7-12-19

Owner/ Legal Agent: Ahren Andrews Date: 7-15-19

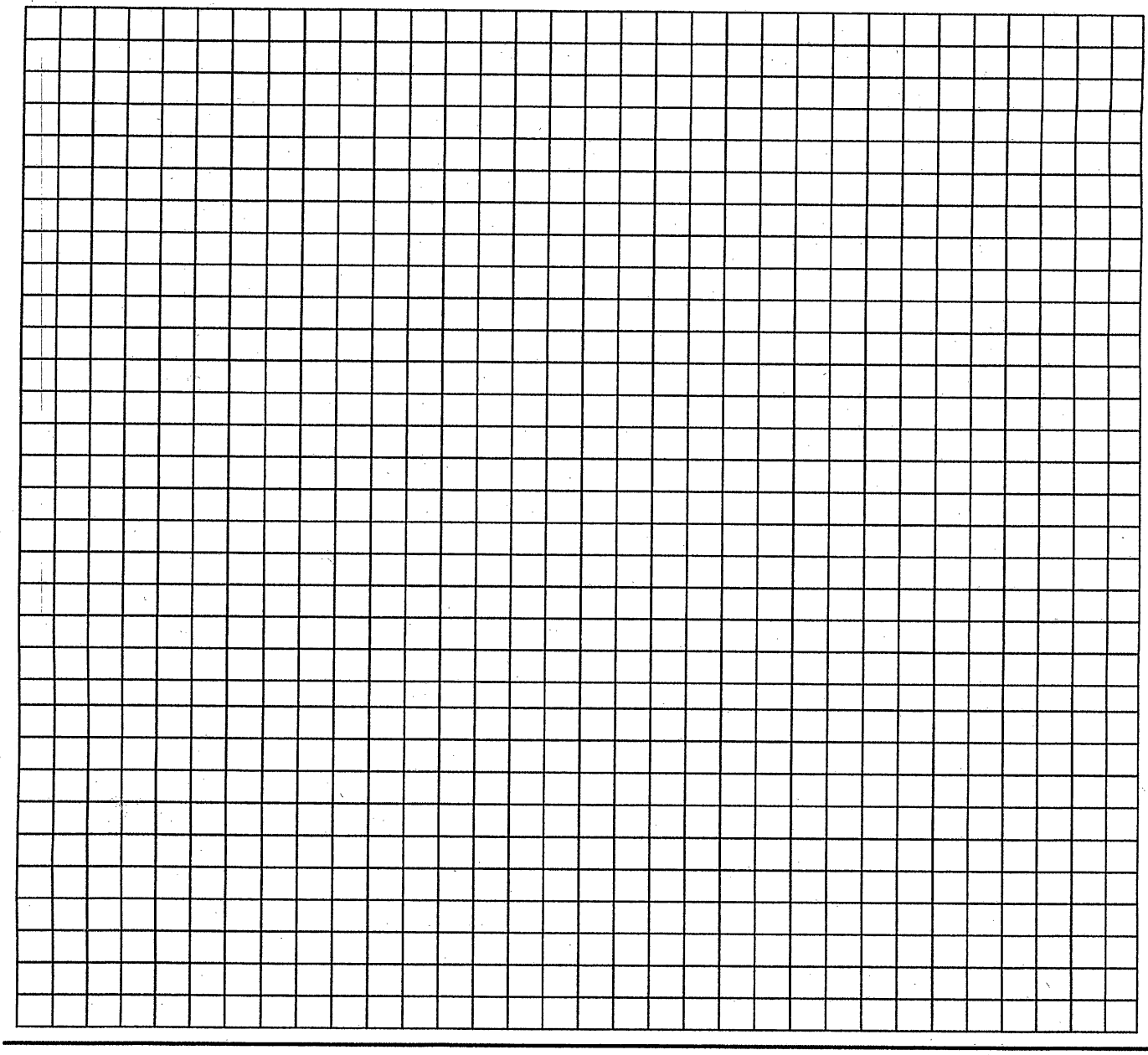
1 inch = 50 fee

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: _____ 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

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

6537 Lake Rd. Mint Hill, NC
Number Street Town
(Or parcel Number)

Ahren Andrews
Property Owner (print name)

Property Owner (signature)

1/23/20
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/23/20	**Amount:**	100.00
Receipt #:	120281	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X50682
Contractor: LANDMARK HOMES OF PINEHURST
Attn:
Address: P O BOX 734
Address:
City/State/Zip: WEST END, NC 27376

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6537 LAKE ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
123.35					

CREDIT MEMO

Credit Memo Number: CM36210

Credit Memo Date: 02/06/20

Credit
To: LANDMARK HOMES OF PINEHURST
VALUE BUILD HOMES
P O BOX 734
27376 WEST END
NC

Ship
To:

Customer ID X50682
P.O. Number

Ship Date
Apply to Type
Apply to Number

SalesPerson

Item No.	Description	Unit	Quantity	Unit Price	Total Price
4705	MH Exc/Add/Repl w/o System Adj 6537 Lake Rd	Each	1	100.00	100.00

Amount Subject to Sales Tax	Amount Exempt from Sales Tax
0.00	100.00

Subtotal:	100.00
Invoice Discount:	0.00
Tax:	0.00
Total:	100.00