SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 17941

Assigned Inspector: Troy K.

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: 11/13/24 SM Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

Homeowner signed an affidavit.

17941

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL #15092

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: Eric Hough
ADDRESS: 3102 S. Rocky River Rd.
CITY: Monroe
STATE: NC ZIP: 28112
PHONE: 704-400-7968
ALTERNATE PHONE:
E-MAIL: eric.hough35@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Neil Aldridge
ADDRESS: 6430 Oak Hill Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-609-8468
ALTERNATE PHONE:
E-MAIL: moray.aldridge@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13709704
STREET ADDRESS: 6430 Oak Hill Rd.
CITY: Charlotte
STATE: NC ZIP: NC

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 9-11

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:

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 Roof over patio

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.

Eric Hough Eric Hough 11-12-24
Owner's/Agent's Signature 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

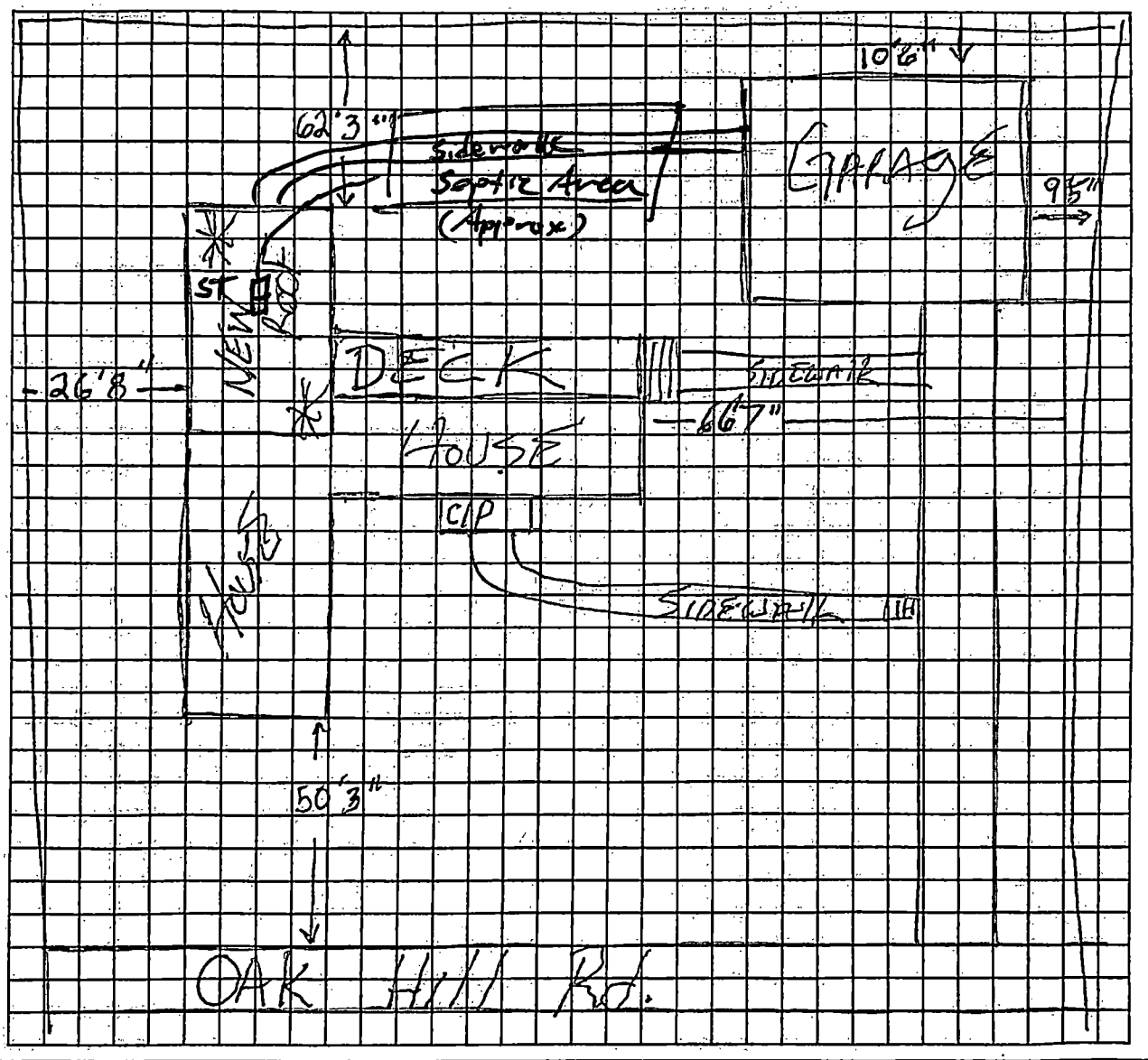
Revised on: 01/03/11

File #: 17941

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: 6430 Oak Hill Rd. Tax Parcel #: 13709704



"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

REHS Signature

11/18/24
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

* See affidavit attached.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/13/24	**Amount:**	100.00
Receipt #:	151615	**Tendered:**	100.00
Check / Auth #:	VISA 090423	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: NEIL ALDRIDGE
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 6430 OAK HILL	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	580.00			2,737.50	

Outlook

[External]Re: Affidavit for 6430 Oak Hill Road

From Eric Hough <eric.hough35@gmail.com>
Date Mon 11/18/2024 11:53 AM
To Neil Aldridge <moray.aldridge@gmail.com>
Cc Kling, Troy <Troy.Kling@mecklenburgcountync.gov>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Received, thank you.

On Mon, Nov 18, 2024 at 11:30 AM Neil Aldridge <moray.aldridge@gmail.com> wrote:

> Troy, thank you for all your help and prompt response.
> As requested I am attaching the document signed and dated.
> Please let me know if you require any further information.
> Regards, Neil

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

Environmental Health Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

6430 Oak Hill Road, Charlotte, NC 28227

Parcel #137-097-04

I, Neil Aldridge

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

Neil M. Aldridge 11/18/24

(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 18 day of November 2024

Signature of Notary Public

Tanya P. Araniva

Printed Name of Notary Public

My Commission Expires: September 10, 2028 (Notary Stamp or Seal)

TANYA P ARANIVA NOTARY PUBLIC MECKLENBURG COUNTY, NC MY COMMISSION EXPIRES SEPTEMBER 10, 2028

On Fri, Nov 15, 2024 at 3:50 PM Kling, Troy <Troy.Kling@mecklenburgcountync.gov> wrote:

> Hi Neil, please complete the attached affidavit and have it notarized and return to me. I've attached a copy with the general information written in as well as a blank copy. You may use either one.

Thank you

County Seal

Troy Kling
Registered Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-280-0684 | MeckNC.Gov

Mecklenburg County Confidentiality Statement