840A

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ✓ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 111-144-20
STREET ADDRESS: 7800 CARELOCK DR.
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: _____
LOT #: 17 BA LOT SIZE (acres): _____
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ✓ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
✓ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 11000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ✓ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ✓ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ✓ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	✓ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ✓ NO
WELLS, SPRINGS, OR WATER LINES	✓ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ✓ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ✓ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ✓ NO
WASTE STORAGE	○ YES ✓ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ✓ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Brian Crooms
ADDRESS: P.O. Box 667913
CITY: Charlotte
STATE: NC ZIP: 28266-7913
WORK PHONE: _____
MOBILE PHONE: 704-241-3049
FAX: 704-900-7787
E-MAIL: info@croomsrestoration.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

X BME (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

X [signature] — Property Owner's or Owner's Legal Representative Signature

X June 10, 2011 — Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 ck/c 1342 DATE FEE RECEIVED: 6/10/11

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 840A

APPLICATION ID NUMBER ASSIGNED: 5092

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

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PROPOSED PLOT PLAN

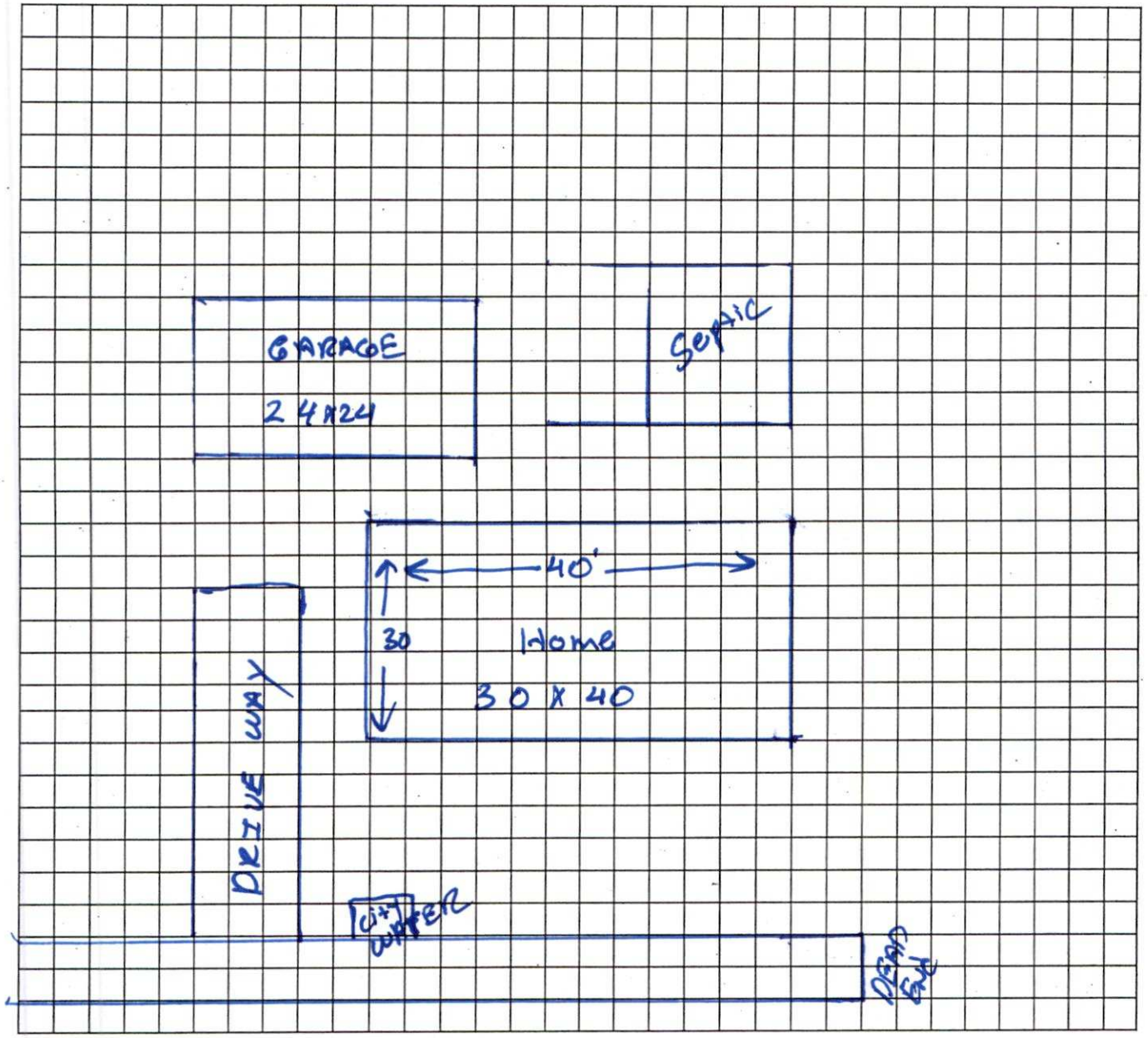
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 7800 Carlock Dr. Charlotte NC 28215

Tax Parcel #: 111-144-20

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

June 10, 2011
Date

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LOCATION Meck. OWNER Samuel Long WHITE _____ COLORED _____

ADDRESS Carelock Circle OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:
Type _____ wood _____ concrete
Number _____
New _____ _____ date
Repaired _____ _____ date

WATER SUPPLY:
Source WELL
If well, type
_____ (Bored)
V (Drilled)
_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:
Material 4" Conc. Blk
Dimensions _____
Volume 1000 gals
Type secondary treatment 20'x5' P.T
nitrification line _____ filter trench

No. of bedrooms 2
Permit Number 3192 Date 7-29-64
Approved V Date 7-29-64
Approved by Sm Freeman
Contractor or Plumber Dee Const. Co.
Address _____
Remarks PR 42 mH

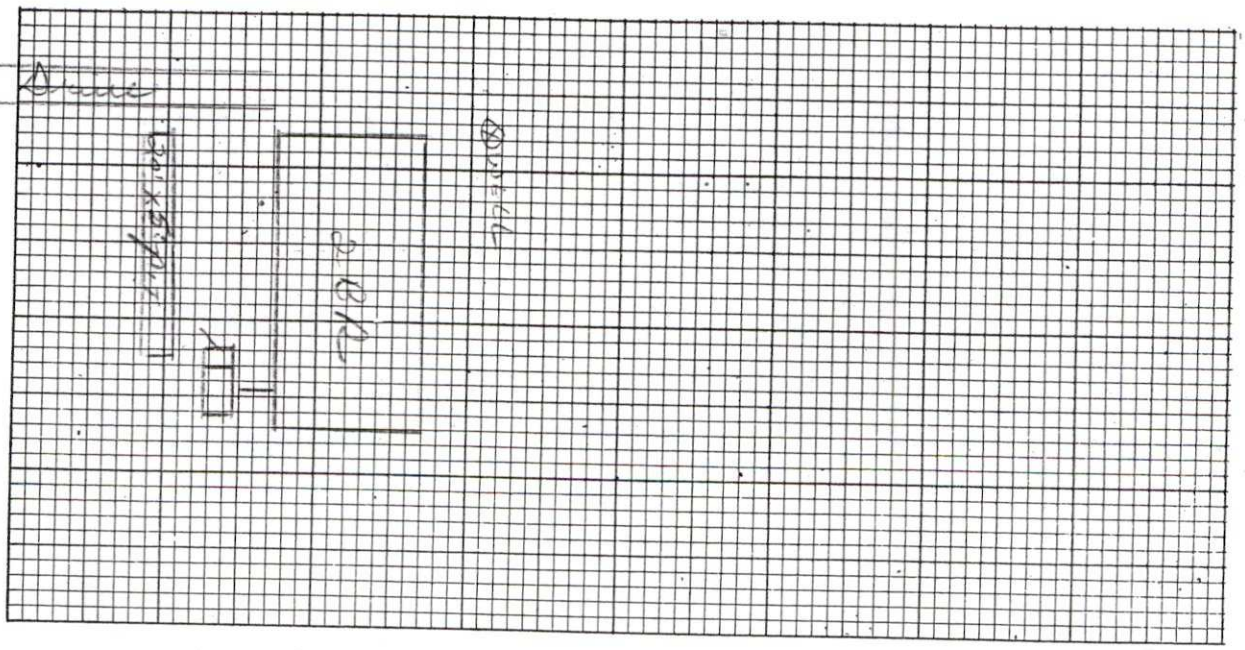
FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/10/11	**Amount:**	250.00
Receipt #:	73210	**Tendered:**	250.00
Check / Auth #:	CHECK 2342	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CROOMS CONSTRUCTION
Attn:
Address: 2604 DANTREY PLACE
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 7800 CARELOCK DR/FILE 840A		1	250.00	250.00

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

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