SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☒ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

Ok to release
Hold for a deck
addition.

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 AEL 7/10/19 Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

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

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

5582B
#10569

10 JUL '19 PM12:08

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: STEVEN WILLIAMSON
ADDRESS: 9125 DOGWOOD RIDGE DRIVE
CITY: CHARLOTTE
STATE: NC ZIP: 28227
PHONE: 7044260132
ALTERNATE PHONE:
E-MAIL: SMWILLI29@GMAIL.COM

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

JOB LOCATION INFORMATION
TAX PARCEL #: 13925150
STREET ADDRESS: 9125 DOGWOOD RIDGE DRIVE
CITY: CHARLOTTE
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: DOGWOOD RIDGE
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

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

7/10/19
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

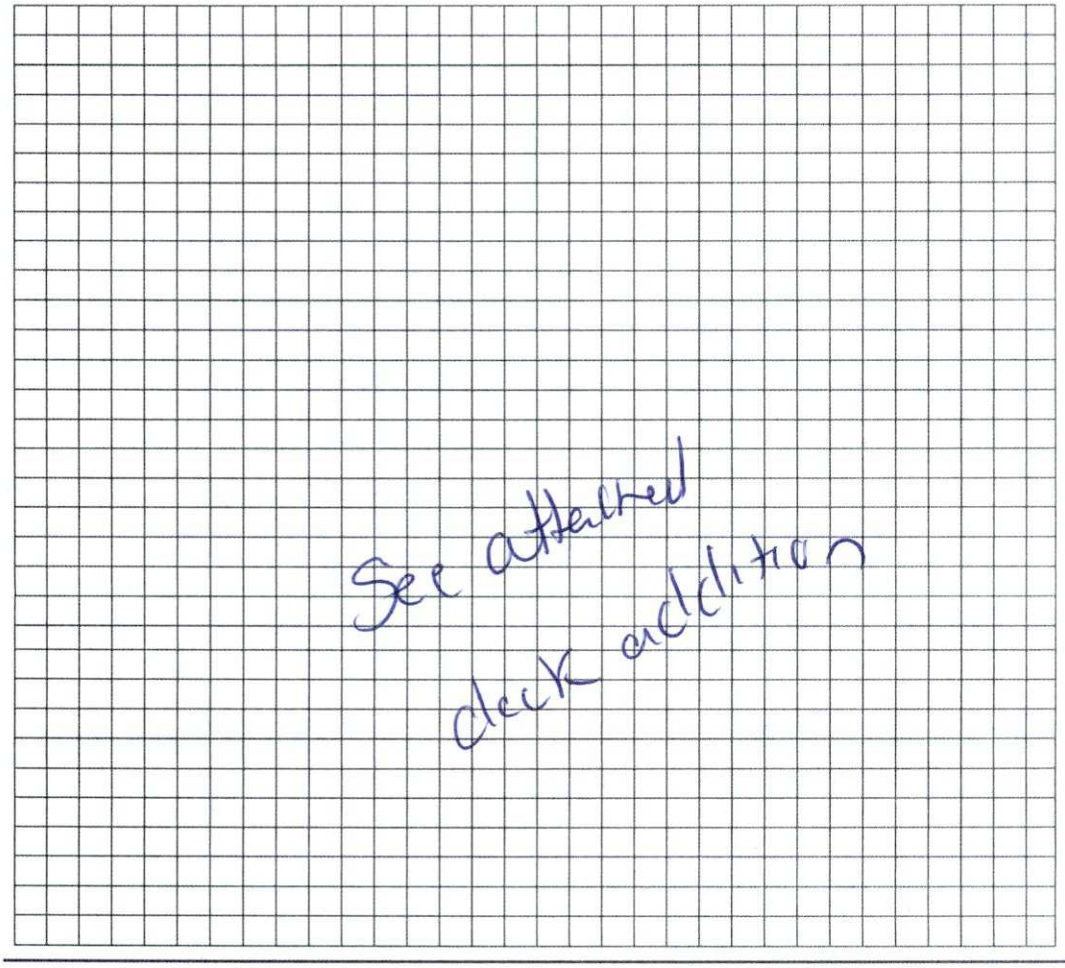
File #: _____

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: 9125 DOGWOOD RIDGE DRIVE Tax Parcel #: 13925150

SEE ATTACHED DOCUMENTS



*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

all set backs met. Deck approved

Heather Ray 7-19-19

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

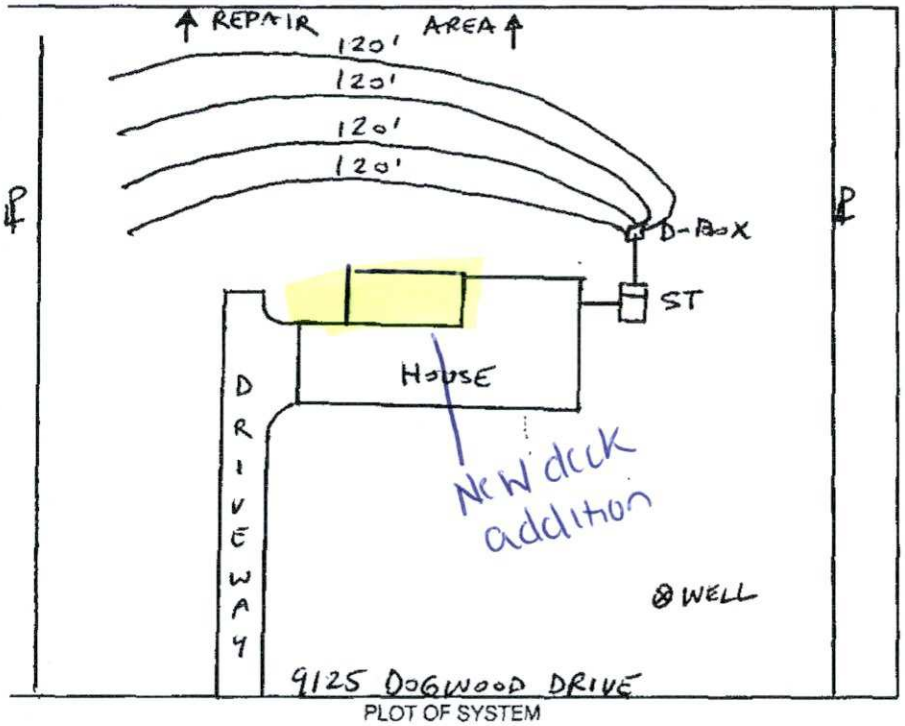
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5582B DATE: 10-4-04

TC: 139-251-50 ✓L

SERIAL 19828

Permission is hereby given to ✓ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-6-04. All work shall be completed on or before 11-4-04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 480 feet

Number of Lines 4 AT 120'

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet (50' MINIMUM)

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CLAY E. HUCKS

LOCATION OF PROPERTY 9125 DOGWOOD (Ridge) DRIVE / MINT HILL

Comments: SYSTEM DESIGNED FOR A 3 BEDROOM HOUSE
INSTALL 4 LINES AT 120' x 3' x 12" STONE / DISTRIBUTION BOX
TYPE IIa SEPTIC SYSTEM

Tony Thomas, REHS 10-4-04
Environmental Health Specialist

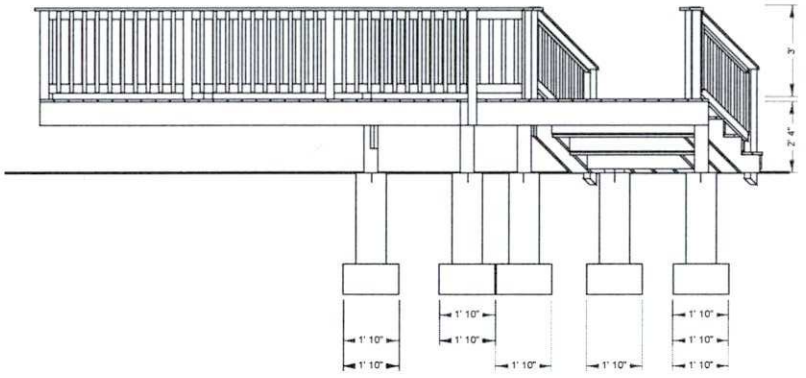
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

SCALE: 1/4" = 1' WHEN PRINTED ON 11X17 PAPER

BASED ON THE INTERNATIONAL RESIDENTIAL CODE

DISCLAIMER: THIS PLAN IS NOT CONSIDERED COMPLETE UNLESS APPROVED BY YOUR BUILDING INSPECTOR OR STRUCTURAL ENGINEER. BUILDER ACCEPTS ALL RESPONSIBILITY AND LIABILITY. DECKS.COM LLC AND ASSOCIATED SPONSORS ACCEPT NO LIABILITY FOR THE USE OF THIS PLAN.

STAIRWAY ILLUMINATION: ALL EXTERIOR STAIRWAYS SHALL BE ILLUMINATED AT THE TOP LANDING TO THE STAIRWAY. ILLUMINATION SHALL BE CONTROLLED FROM INSIDE THE DWELLING OR AUTOMATICALLY ACTIVATED.



2x10 Ledger Board to be flashed and bolted (2) 1/2" bolts with washers or equivalent every 16" on center. (See ledger detail in deck construction guide)
Joists to be 2x10 pressure treated southern yellow pine installed 16" on center.
Beams to be 2-2x10 pressure treated southern yellow pine nailed.
Guard Rails to be 36" high with less than 4" openings per IRC code. (See rail detail in deck construction guide)
Stairs to be built max rise 7-3/4" min rise 4" in run 10" per IRC code. (See stair detail in deck construction guide)
Decking to be 5/4x6 Pressure Treated Pine. (Follow manufacturers' installation instructions)
All hardware to be corrosion resistant and installed per manufacturers' instructions.

DISCLAIMER: ONLY USE #2 OR BETTER PRESSURE TREATED SOUTHERN PINE 2X10 FOR FRAMING MATERIALS. NEVER SUBSTITUTE SOFTWOODS OR COMPOSITE FOR FRAMING MATERIALS.

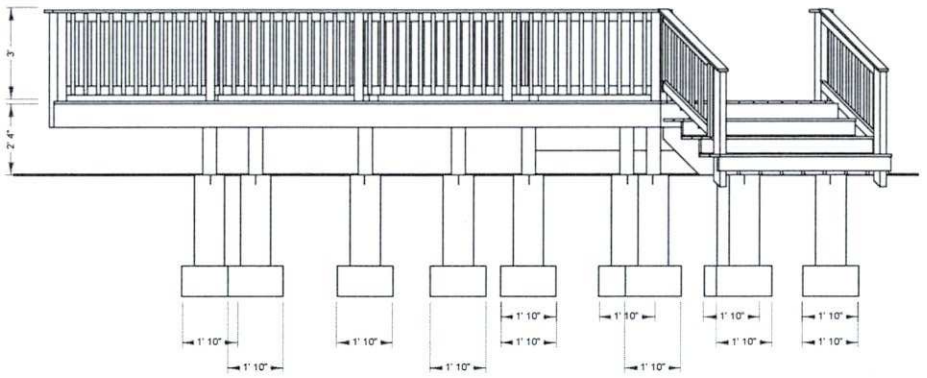
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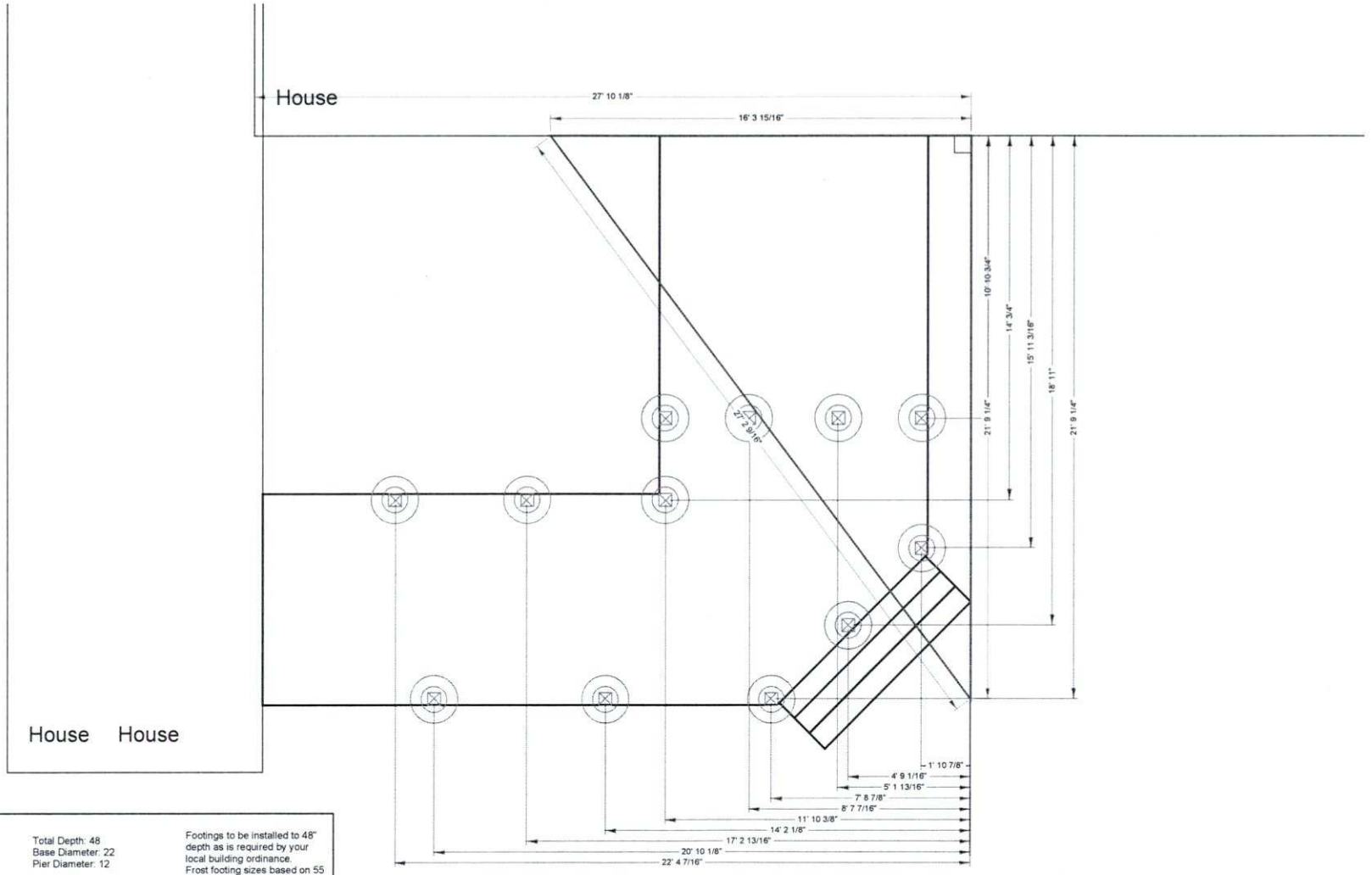
decks.com

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BASED ON THE INTERNATIONAL RESIDENTIAL CODE

STAIR FOOTING REQUIREMENTS
WHERE THE STAIRWAY MEETS GRADE, ATTACH THE STAIR STRINGERS TO THE STAIR GUARD RAIL POSTS. POSTS SHALL BEAR ON FOOTINGS



Total Depth: 48
Base Diameter: 22
Pier Diameter: 12

Footings to be installed to 48" depth as is required by your local building ordinance.
Frost footing sizes based on 55 lbs per square foot tributary loads applied to 1500 psi soil compression capacity (assumed clay soil).
See footing detail in deck construction guide.

DISCLAIMER: USE ONLY 2,500 PSI CONCRETE FOR FROST FOOTING FOUNDATIONS.

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decks.com

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/10/19	**Amount:**	100.00
Receipt #:	117869	**Tendered:**	100.00
Check / Auth #:	VISA H25110	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: WILLIAMSON, STEVEN
Attn:
Address: 9125 DOGWOOD RIDGE DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9125 DOGWOOD RIDGE DR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
STEVEN WILLIAMSON

Bill To:

STEVEN WILLIAMSON
9125 DOGWOOD RIDGE DR

Charlotte, NC 28227

Single Payment

Transaction Date:	07/10/2019 9:50 AM Pacific Time
Pay Method:	VISA **********8229
Approval #:	H25110
Trace Number:	578d97eb-f88f-4a8b-9b50-6608527522f1
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.