19968
#10543

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 _____ 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. ☐ _____

OK to USE FOR A SHOP Addition.

MECKLENBURG COUNTY
HEALTH DEPARTMENT

19968
#10543
1 JUL '19 PM 2:12

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: James Hopkins
ADDRESS: 1300 Baxter Street, suite 370
CITY: Charlotte
STATE: NC ZIP: 28204
PHONE: (704) 309-7323
ALTERNATE PHONE:
E-MAIL: jim@heritageconstructioncompanyllc.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Mario Chavez
ADDRESS: 7700 Gwynne Hill
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: (704) 918-2292
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 11114202
STREET ADDRESS: 7700 Gwynne Hill
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:
Gwynne Hill
LOT #: 14

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: 2
NUMBER OF OCCUPANTS: 3

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

6/25/19
Date

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

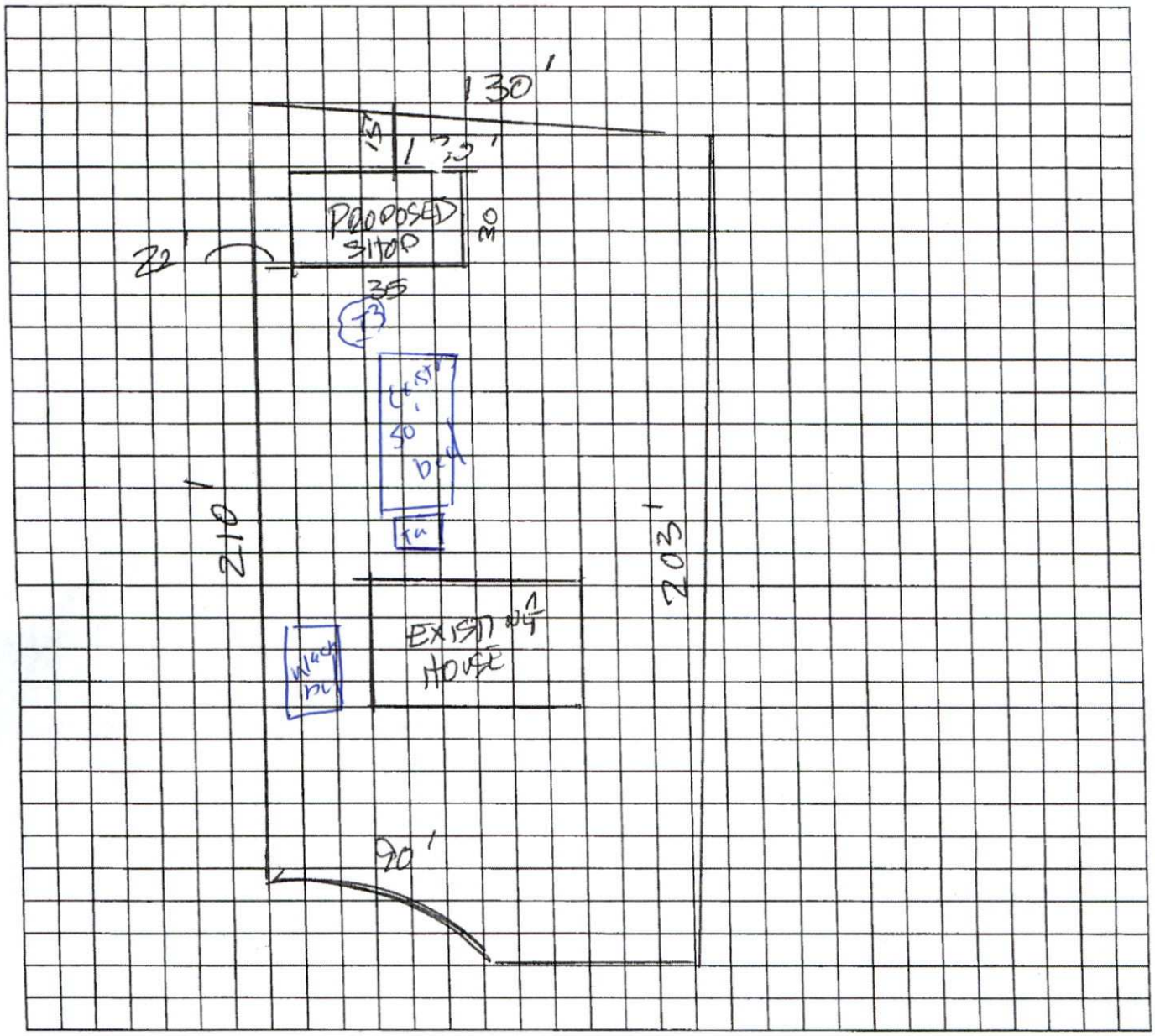
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

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: 7700 Gwynne Hill Tax Parcel #: 11114202



*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

all set backs met.
Okay to build proposed shop
Heather Ray 7-12-19
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: 01/03/1

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

7700 GWYNE HILL CHARLOTTE
Number Street Town
(Or parcel Number)

MARIO CHAVEZ
Property Owner (print name)

Property Owner (signature)

7/2/19
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/03/19	**Amount:**	100.00
Receipt #:	117795	**Tendered:**	100.00
Check / Auth #:	MC 193972	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: HOPKINS, JAMES
Attn:
Address: 1300 BAXTER STREET, SUITE 370
Address:
City/State/Zip: CHARLOTTE, NC 28204

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 7700 GWYNNE HILL		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
435.00					

Payment Receipt

Mecklenburg County

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

Enter Account # or Customer Name Here: JAMES HOPKINS

Bill To:

JAMES HOPKINS
1300 BAXTER STREET, SUITE 370

Charlotte, NC 28204

Single Payment

Transaction Date: 07/03/2019 7:27 AM Pacific Time
Pay Method: **********6907
Approval #: 193972
Trace Number: 00364cb9-ac4c-43f2-8937-cb353e8de5eb
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.

Date Issued 14 Oct 83

Serial No. 6689

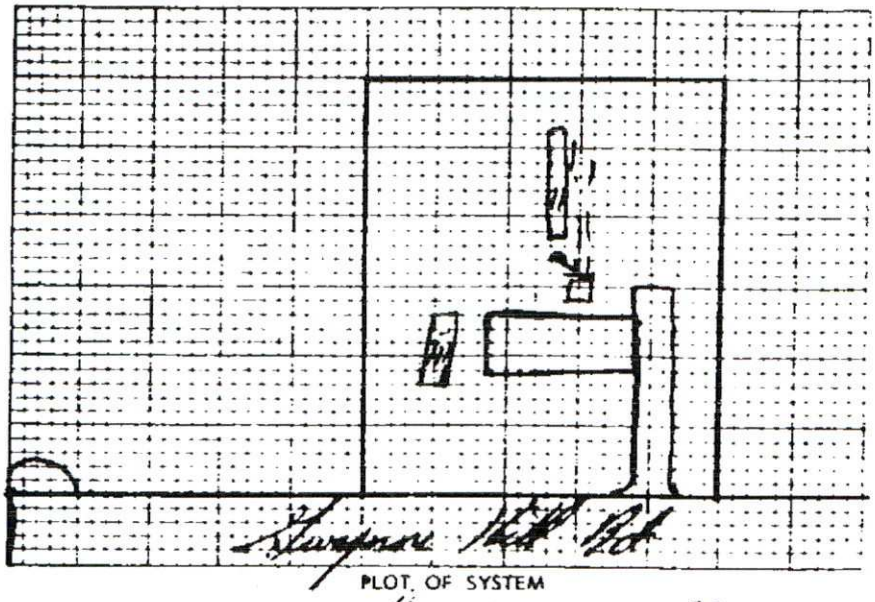
ICAR(S) Permit No. 19968

T. C. No. 111-142-02

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 19968, dated 22 Aug 83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 14 Dec 83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and or Nutrification Lines

Total Line Length ST 100' + 125' WM

Number of Lines 4 & 2

Distance from House 210

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER Singleton, Helen

LOCATION OF PROPERTY 7700 Stumpne Hill Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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

WM - Bed - 12' X 32' X 17"

Comments: ST Bed - 6' X 50' X 17"

Division or Section Head

Environmentalist M. A. Kirby

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19968

Date Issued 17 Oct 83 Serial 6245 T C. No. 111-142-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Singleton, Helen
LAST FIRST MIDDLE

Location of Property 7700 Suzanne Hill Rd

Application Number 19968 Permit Number 19968

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' & 125' Number of Lines 4 & 2

Depth of Filter Material 17" Cover Depth 15-18"

Water Supply Source Well Distance from Water Source

Excavation Inspected 17 Oct 83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 Oct 83 (DATE)

Washing Machine Line Inspected, If Applicable 17 Oct 83 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption effluent discharge as described above and it has been ~~____~~ installed or constructed, ~~____~~ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system 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. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: ST - Sgl - 6'X50'X17"
WM - Sgl 4'X32'X17"

M. A. Kirby
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 8-22-83

MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 22 1983

CAR(S) Application No. 19968

T. C. No. 111-142-02

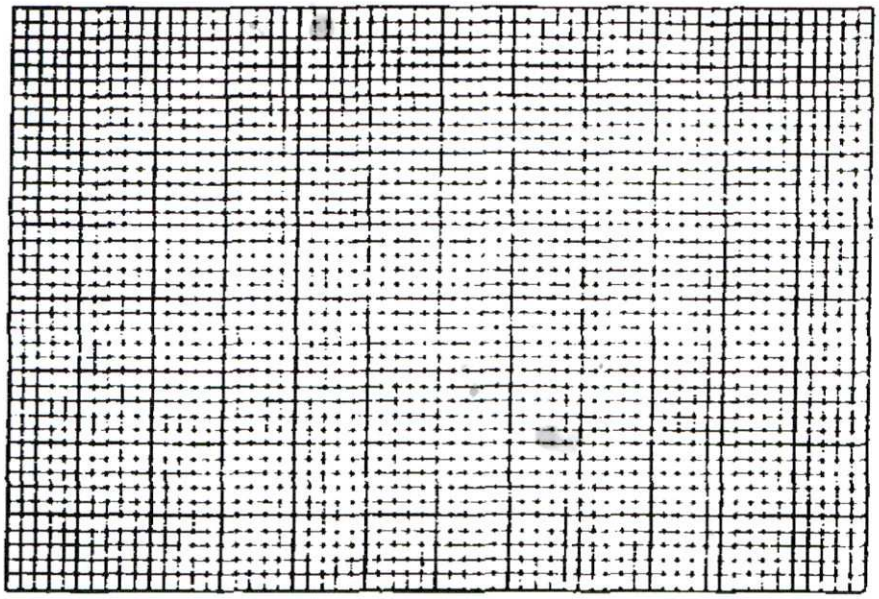
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ✓ No
Residence ✓ Yes ____ No

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply
A) Individual Well ____
B) Governmental System ✓
C) Community System
1 Well source ____
2 Governmental source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No —

12) VA Case No —

13) NAME OF OWNER Singleton (LAST) Helen (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 770 Georgine Hill Rd

15) PHONE NO. Home — Office 374-2831 (Preston Page)

16) LOCATION OF SYSTEM 770 Georgine Hill Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 2221 AT PAGE 303

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ✓ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

8-15-83
DATE OF APPLICATION

Helen A. Singleton
OWNER

EHS-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY