638 Application #. 7773

MECKLENBURG COUNTY
HEALTH DEPARTMENT

16 SEP '15 PM 2:47

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: David Hughes
ADDRESS: 2820 Sharon Road
CITY: Charlotte
STATE: NC ZIP: 28211
PHONE: (704) 787-5622
ALTERNATE PHONE:
E-MAIL: davehughes@gmail.com

PROPERTY OWNER: ( ) SAME AS PERSON FILING APPLICATION
NAME: Adam Fishman
ADDRESS: 14020 Fountain Lane
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (980) 938-4391
ALTERNATE PHONE: (847) 910-1600
E-MAIL: majoint@twc.com

JOB LOCATION INFORMATION
TAX PARCEL #: 199-111-12
STREET ADDRESS: 14020 Fountain Lane
CITY: Charlotte
STATE: NC ZIP: 28278

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: 4
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 Office, Laundry

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.

David Hughes — Owner's/Agent's Signature
9/15/15 — 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

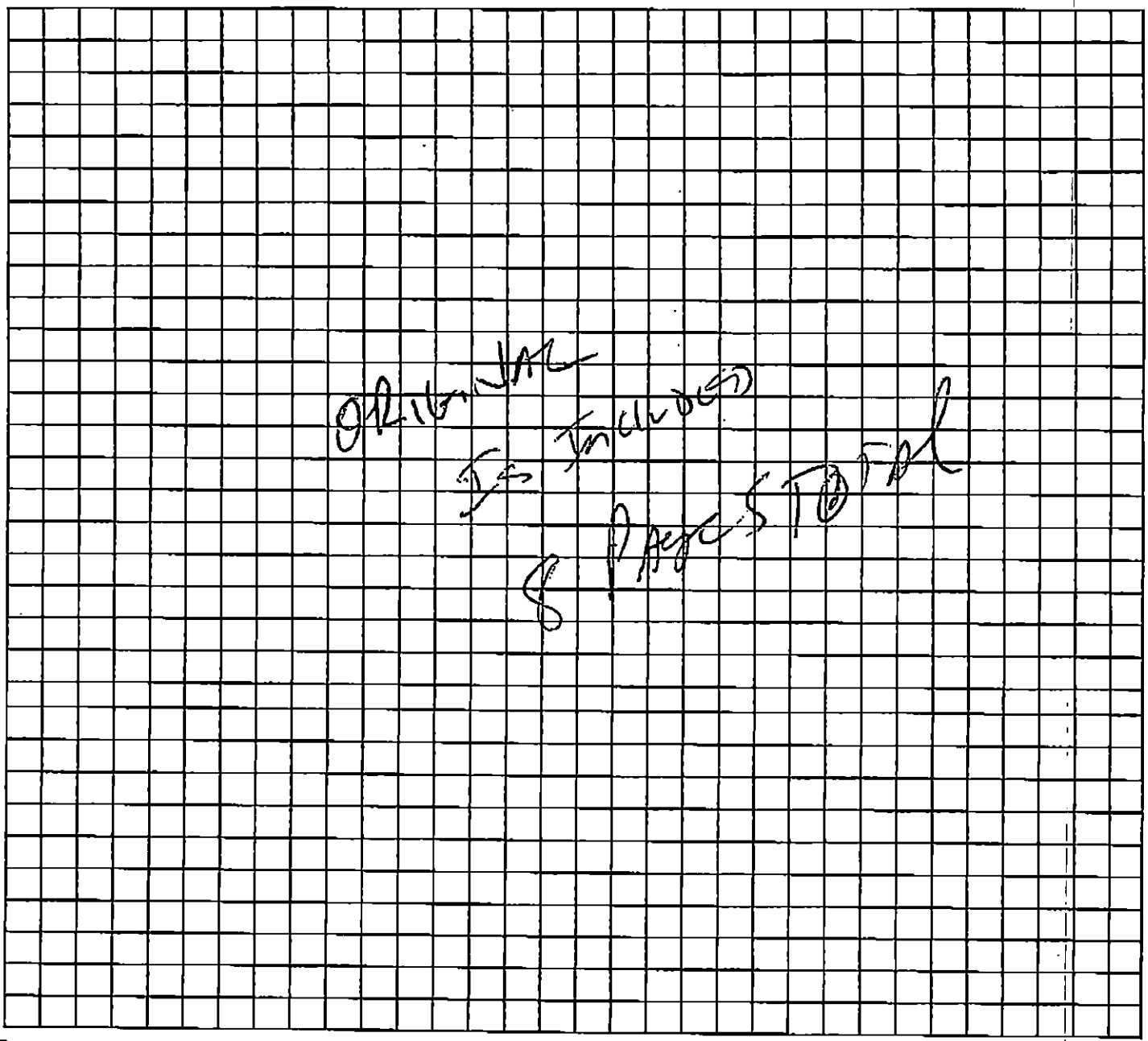
Revised on: 01/03/11

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: See atattched Tax Parcel #: 199-111-12



*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: (Inside)

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department. Approval granted for 4 bedroom house renovation
- This permit is not transferable. Use existing system
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Phillo Walker REHS 9/22/15
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: 01/03/11

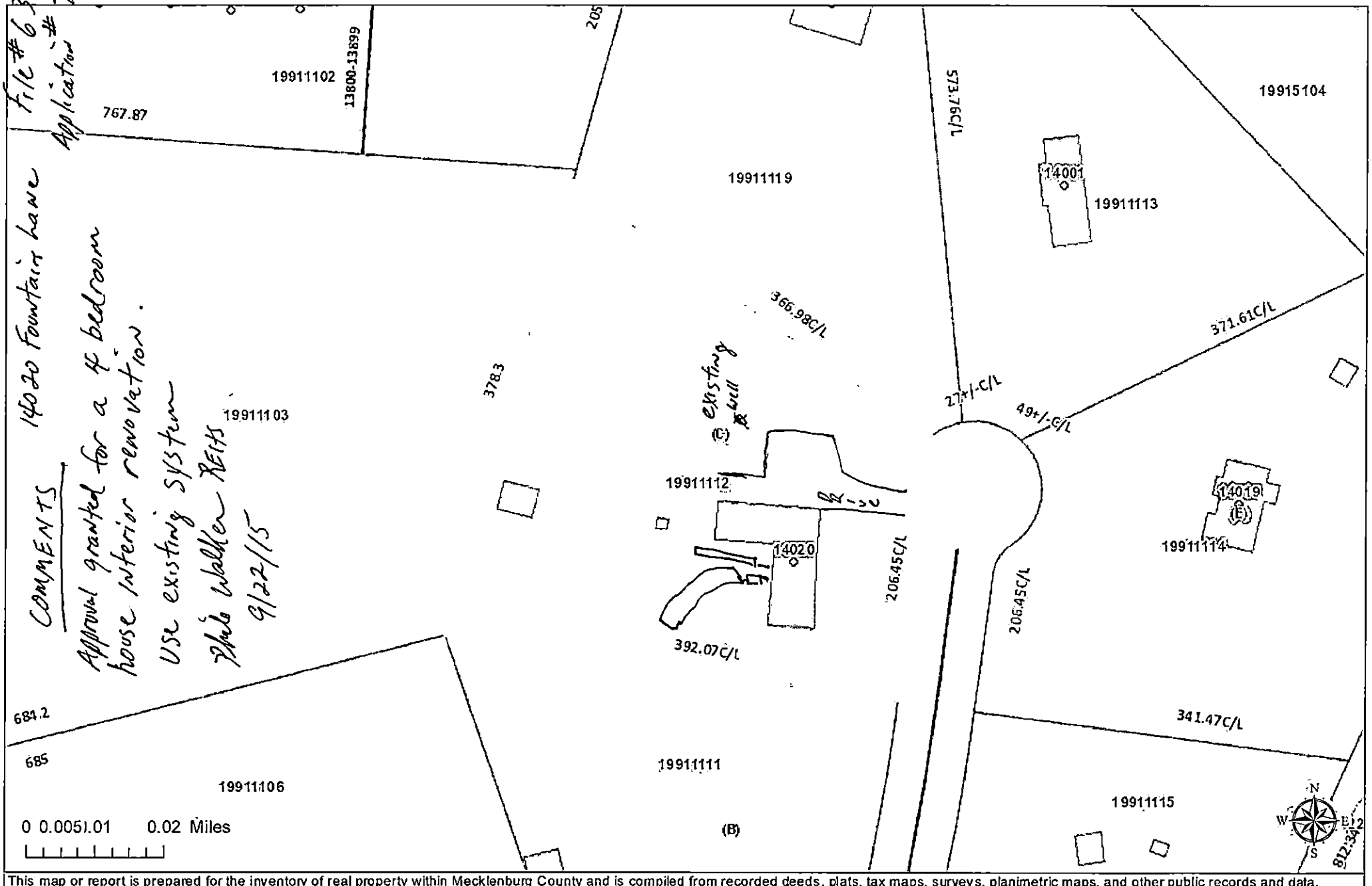
Polaris 3G Map – Mecklenburg County, North Carolina

File #6383
Application # 7723

Date Printed: 9/22/2015 4:01:58 PM

14020 Fountain Lane

COMMENTS
Approval granted for a 4th bedroom house interior renovation.
Use existing system
Phil Walker REHS
9/22/15



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Serial No. 3170

PTR No. _____

Date Issued _____

T. C. No. _____

Map Date _____

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

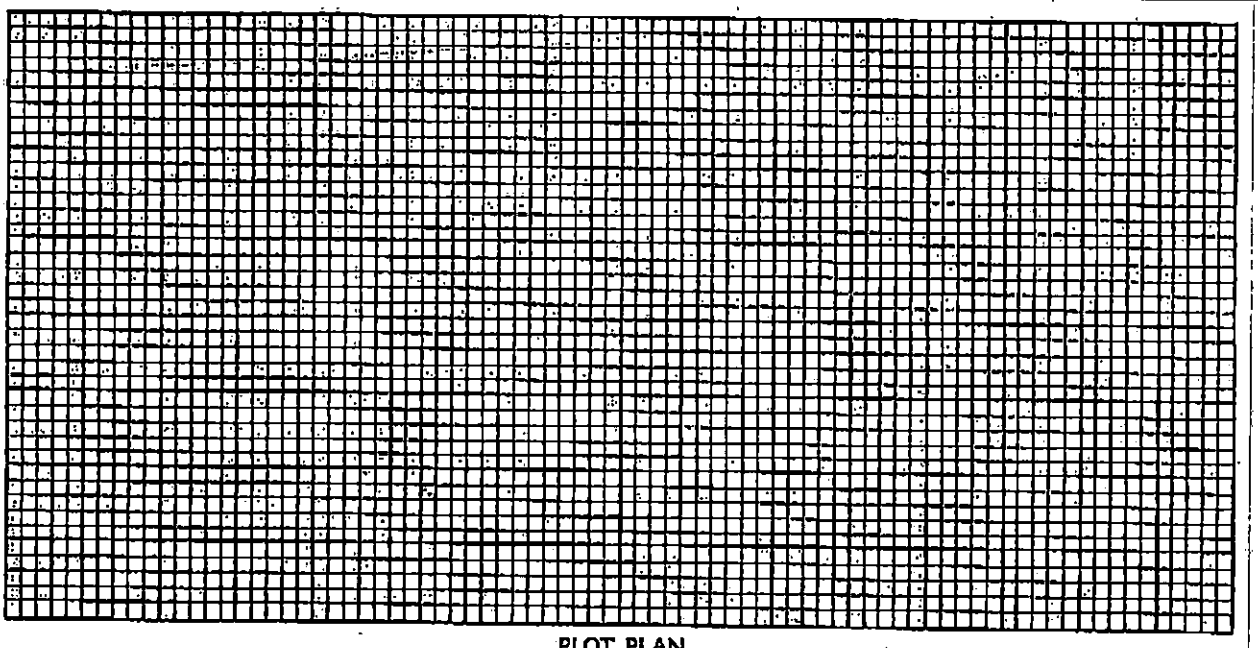
PERCOLATION TEST REPORT

NAME OF OWNER _____
LAST FIRST MIDDLE

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF PROPERTY _____
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was _____. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

_____
Director, Environmental Health Division or
Authorized Section Head

FORM NO. E-2-4-1-71

OWNER'S COPY

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SEE INSTRUCTIONS ON BACK

Date Received 6-1-73

ICAR(S) Application No. 6385

T. C. No.

Map Date

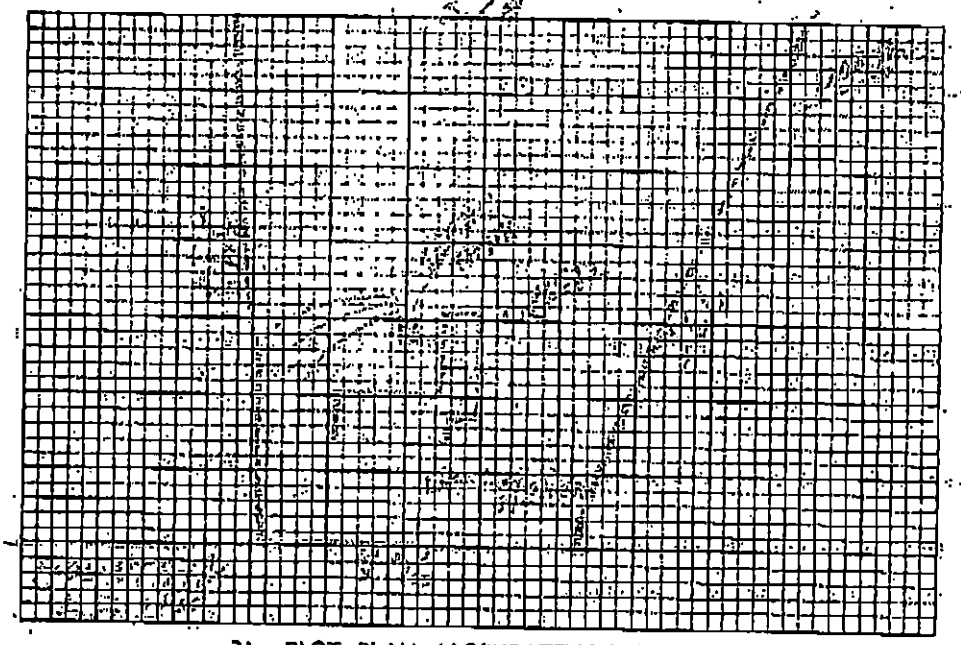
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) ___X___ 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)

4) No. of Bedrooms 3

5) Business Use — Max No. Employees

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply:
A) Individual Well X
B) Governmental System
C) Community System:
1. Well source
2. Governmental source

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. N/A

12) VA Case No. N/A

13) NAME OF OWNER SHEPARD (LAST) B (FIRST) T (MIDDLE)

14) ADDRESS OF OWNER 1712 PINE POINT DR. 28210

15) PHONE NO. Home 523-0375 Office 536-2276

16) LOCATION OF SYSTEM FOUNTAIN LAKE (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 12 Block No. _____

Map Book No. 129 Page No. 11

18) DEED REFERENCE — DEED BOOK 3547 AT PAGE 327

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 5-31-73

20) PTR NUMBER (See Instructions) 6383

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.

6-1-73
DATE OF APPLICATION

B T Shepard
OWNER

FORM NO. E-4-9-1-72 KIRBY

OWNER'S COPY (To Be Retained By Owner)

4802-M 4/8

Date Received_____

APT No._____

T. C. No._____

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER SHEPARD (LAST) D (FIRST) J (MIDDLE)

2) ADDRESS OF OWNER RT 9 PINE COVE DR ZIP 28110

3) PHONE NO. Home 545-2215 Office 527-2126

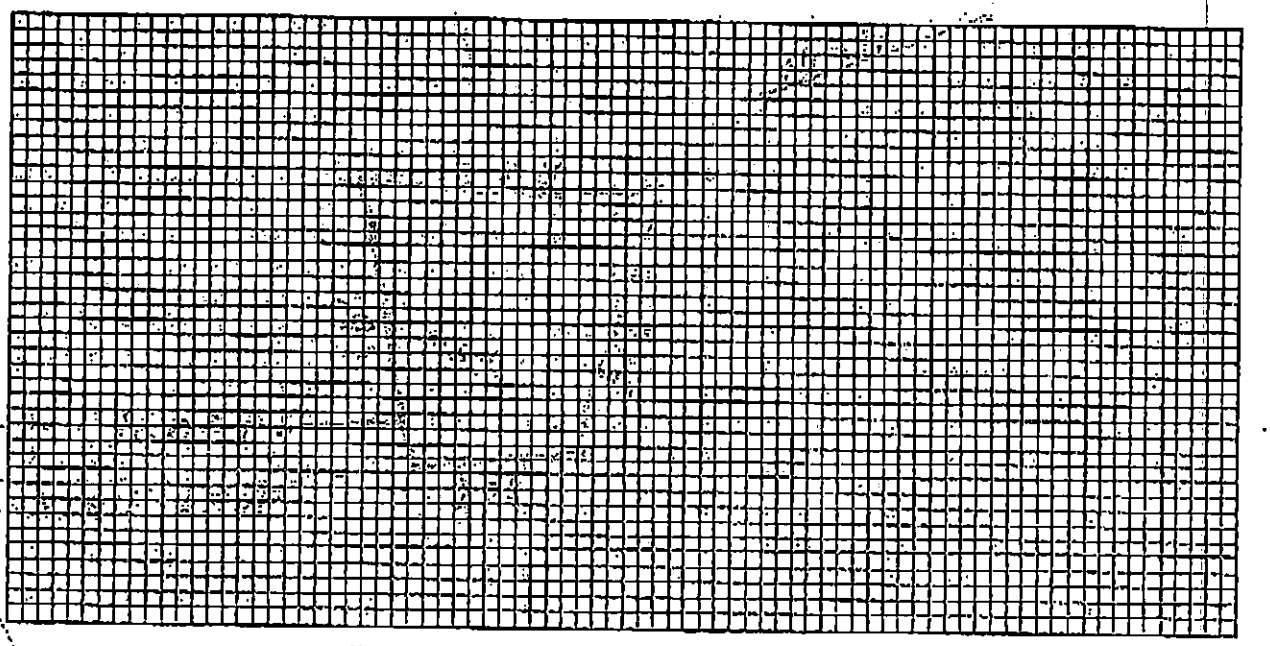
4) LOCATION OF PROPERTY LOT 12 MOUNTAIN LANE (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 12 BLOCK NO._____

MAP BOOK NO 193 PAGE NO. 11

6) DEED REFERENCE: DEED BOOK 3542 PAGE NO. 362

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO. E-1-9-1-72

5/8

OWNER'S COPY (To Be Retained By Owner)

Date Received 4-8-75

Application No. A-743

APT 6383 T. C. No. 49-11-12

Map Date 3-15-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APT 6383

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER SHEPARD (LAST) R (FIRST) J (MIDDLE)

ADDRESS OF OWNER RT 2 FIVE OAKS DR ZIP 29210

PHONE NO. Home 528-2115 Office 525-2176

LOCATION OF PROPERTY 14020 FOUNTAIN LANE (STREET OR COUNTY ROAD)

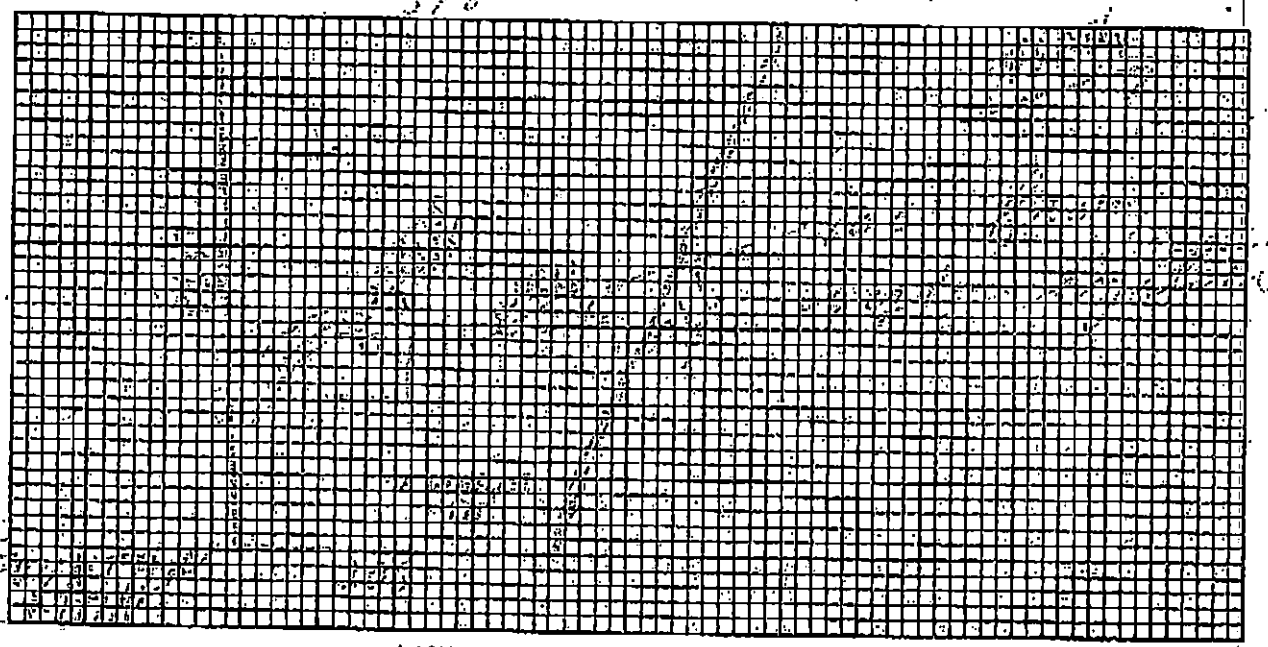
SUBDIVISION _____ LOT NO. 12 BLOCK NO. _____

MAP BOOK NO. 109 PAGE NO. 11

DEED REFERENCE: DEED BOOK 3547 PAGE NO. 347

WELL CONTRACTOR J Bennett LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

4-1-75
DATE OF APPLICATION

B J Shepard
OWNER

Application approved and permit hereby granted

Permit No: A-743

L. F. Yarbrough
ENVIRONMENTALIST

FORM NO. E-20-9-1-72 OWNER'S COPY

0/8

Serial No. 5452

C of A (s) No. 6383

Date Issued 10-29-74

T. C. No. 199-111-12

Map Date 2/15/74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner SLOOP (LAST) B (FIRST) J. (MIDDLE)

Location of Property FOUNTAIN DR.

Application Number 6383 Permit Number 6383

Inspection Data:

Liquid Capacity of Tank 1500 gal ST WM Tank Material PC

Total Length of Drain Tile 480 150 Number of Lines ST 5 WM 3

Depth of Filter Material 17" Cover Depth 20"-30"

Water Supply Source IND. WELL Distance from Water Source 20'+

Excavation Inspected 10/17/74 (DATE) Tank Inspected 10/23/74 (DATE)

Nitrification Field Inspected 10/29/74 (DATE)

Washing Machine Line Inspected, If Applicable 10/29/74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health 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: R. OAKS

R. M. Jones
Environmentalist

FORM NO. E-6-9-1-72

OWNER'S COPY

7/8

Date Issued 10/14/74 Serial No. 5851 ICAR(S) Permit No. 6383

T. C. No. 45-5-111-12

Map Date 3/15/74

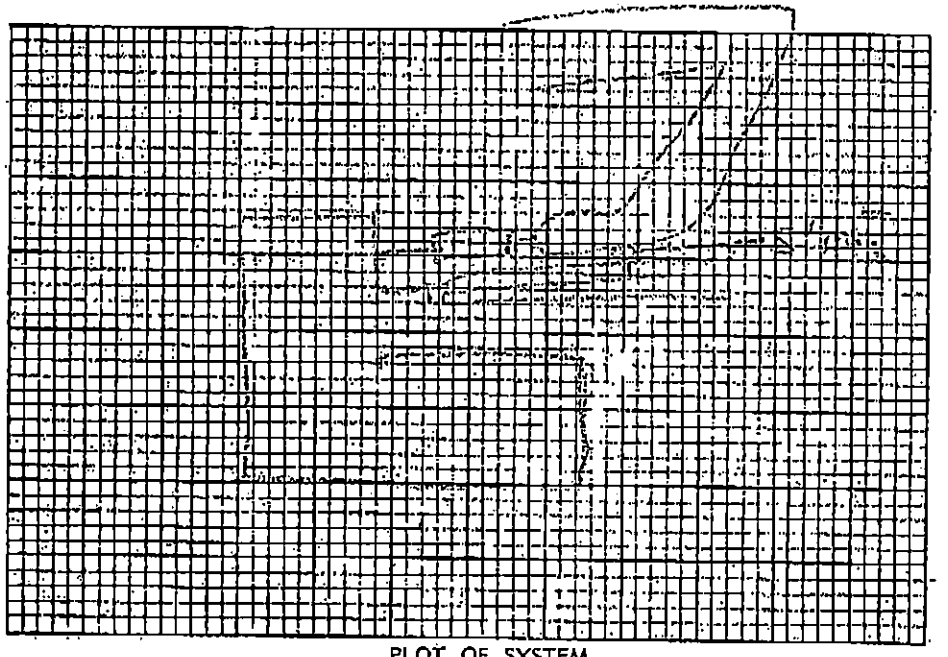
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X 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 6383, dated 6/1/73 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 1/10/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40 MPI

Liquid Capacity of Tank 1500 GAL

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 420 ST 120 ST

Number of Lines 5 (#24's) X 36' X 12"

Distance from House 20'

Distance from Property Line 10' +

Distance from Well 70'

NAME OF OWNER B. L. SHEPARD

LOCATION OF PROPERTY Country Ln (off Sherrod Rd)

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

Comments: 5' min distance between ST. & water lines. DRAINS SPARE TREES ONLY WHEN POSSIBLE

JA/RB

Division or Section Head

[signature]

Environmentalist

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-9-1-72

OWNER'S COPY

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Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
DMITRIY KISHKO

Bill To:

DMITRIY KISHKO
11690 TROUTMAN ROAD

Midland, NC 28107

Single Payment

Transaction Date: 09/17/2015 8:53 AM Pacific Time
Pay Method: **********0305
Approval #: 02185C
Trace Number: d5a35c62-007e-4362-9ca9-b0663c28bfb6
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/17/15	**Amount:**	100.00
Receipt #:	96132	**Tendered:**	100.00
Check / Auth #:	MC 02185C	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: KISHKO, DMITRIY
Attn:
Address: 11690 TROUTMAN ROAD
Address:
City/State/Zip: MIDLAND, NC 28107

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14020 FOUNTAIN LANE		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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 Dmitriy Kishko is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 14020 Fountain Lane Charlotte
   Number Street Town
   (Or Parcel Number)

Adam Fishman
Property Owner (print name)

Property Owner (signature)

9/17/15
Date

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 LE 9/17/15 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. ☐ _____