SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 6764

Assigned Inspector: April

☐ 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: 2/2/24 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:

UKS approved

6764

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14402

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
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jinwei Pan
ADDRESS: 13309 Zoar Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 9803820915
ALTERNATE PHONE:
E-MAIL: jpan3453@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 217.041.02
STREET ADDRESS: 13309 Zoar Rd
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: 2
NUMBER OF OCCUPANTS: 1

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 accessory building

*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

2/2/2024
Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

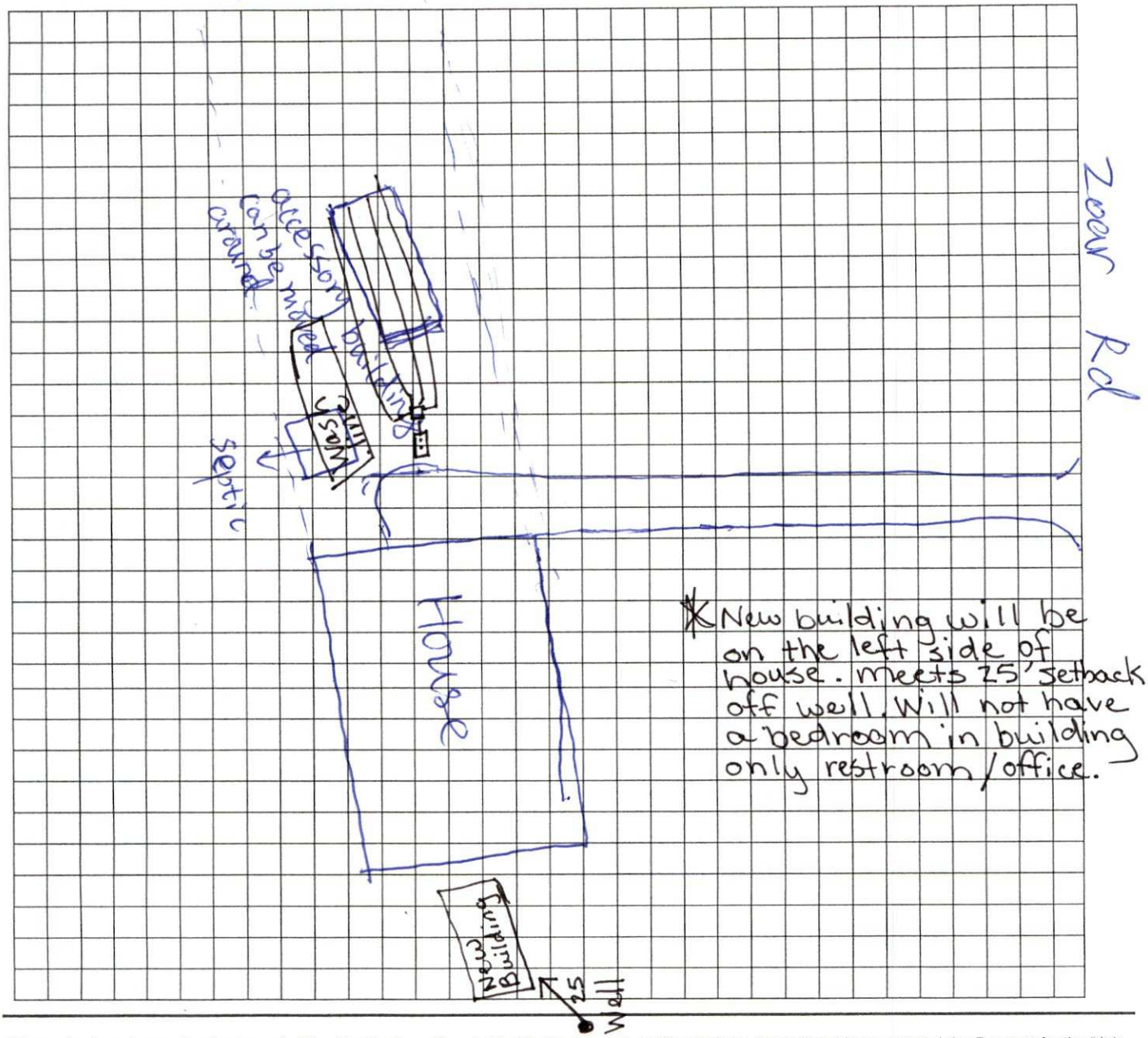
Revised on: 01/03/11

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: 13309 Zoar Rd. Charlotte NC 28278 Tax Parcel #: _____



*New building will be on the left side of house. meets 25' setback off well. Will not have a bedroom in building only restroom/office.

*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

Meets setback to well & no increase in bedrooms only office w/ restroom.

April Bumgarner 2/6/24

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/02/24	**Amount:**	100.00
Receipt #:	146476	**Tendered:**	100.00
Check / Auth #:	MC 543156	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: JINWEI PAN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 13309 ZOAR RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	1,200.00			555.00	

Serial 4300

C of A (s) No. 6764

Date Issued 12/27/73

T. C. No. 217-641.02

CERTIFICATE OF COMPLETION

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner SMITH (LAST) JESSIE (FIRST) C (MIDDLE)

Location of Property ZOAR CH RD. (# 1105-C)

Application Number 6764 Permit Number 6764

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material P-C

Total Length of Drain Tile ST 300 WM 150 Number of Lines ST 4 WM 3

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source IND WELL Distance from Water Source 150'

Excavation Inspected 12-27-73 (DATE) Tank Inspected 12-27-73 (DATE)

Nitrification Field Inspected 12-27-73 (DATE)

Washing Machine Line Inspected, If Applicable 12-27-73 (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: FINAL INSP BY WOFFORD KIRBY

H. L. Jefferson

Environmentalist

FORM NO E-G-4-1-71

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: August 10, 1973

TO: Luther Bridgeman
Environmentalist

FROM: W. Everette Lynn, Jr. W. E. L.
Soil Scientist

SUBJECT: Zoar Church Road
APT #6764 (Smith)

8-10-73 A percolation test was conducted and a rate of 30 min./in. was obtained. A soil investigation was also conducted. Soils on the west side of the lot were found to be much more suitable for installation of a septic tank system than the soils on the remainder of the tract. The absorption field should begin at the fourth hole from the east end of the lot and extend to the west.

Date Received 7-30-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 30 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6264

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Smith (LAST), Jessie (FIRST) C (MIDDLE)

2) ADDRESS OF OWNER Rt. #1 Choate Circle, Pineville, N. C. ZIP 28134

3) PHONE NO Home 588-1410 Office

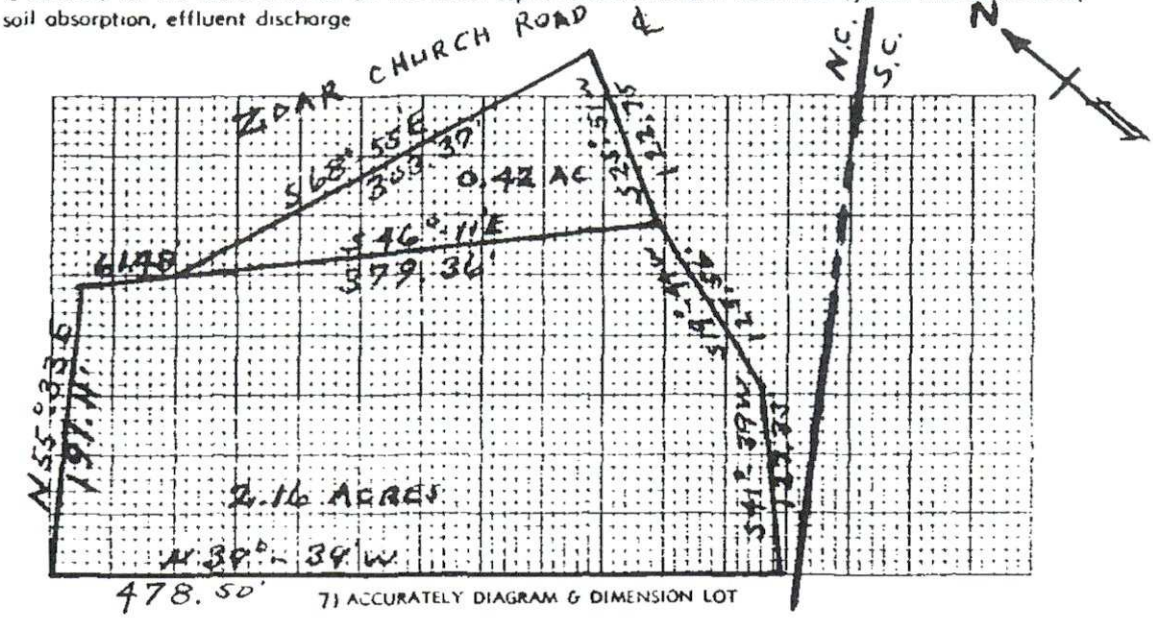
4) LOCATION OF PROPERTY Zoar Church Road (STREET OR COUNTY ROAD) County Road No. 1105

5) SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

6) DEED REFERENCE DEED BOOK 3417 PAGE NO 471

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

Jessie C Smith
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENTS COPY

N.C.
S.C.

SEE INSTRUCTIONS ON BACK

Date Received 7-30-73

ICAR (S) Application No 6764

T C No 217-041-02

Map Date 2/473

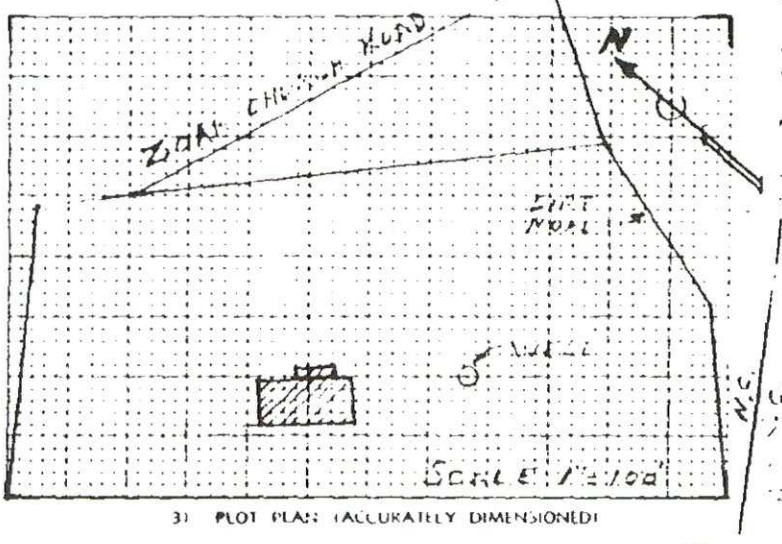
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 3

5) Business Use — No. Employees

6) Washing Machine ☒ Yes ☐ No

Garbage Disposal ☐ Yes ☒ No

7) Dishwasher ☐ Yes ☒ No

8) Water Supply

A) Individual Well ☒

B) Government ☐

C) Community System

1. Well ☐

2. Government ☐

Drainage System

a) Public sewer ☐ Yes ☒ No

b) Private sewage disposal system ☐

Community sewer ☐ Yes ☒ No

11) FHA Case No.

12) VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Smith (LAST) Jessie (FIRST) C. (MIDDLE)

14) ADDRESS OF OWNER Rt. 1, CHORTE CIRCLE, PINEVILLE, N.C. 28134

15) PHONE NO Home 588-1410 Office

16) LOCATION OF SYSTEM JOAR CHURCH Rd. - County Road No. 1105 (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No

Map Book No Page No

18) DEED REFERENCE — DEED BOOK 3417 AT PAGE 471

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 8-9-73 (K) 30

20) PTR NUMBER (See Instructions) 1241

The undersigned person hereby agrees that he has read the foregoing application and that the content 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.

8-14-73
DATE OF APPLICATION

OWNER Jessie C. Smith

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

HEALTH DEPARTMENT'S COPY

Serial No. 3750

PTR No. 6764

T C No 217-041-02

Date Issued August 10, 1973

Map Date 2/14/73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

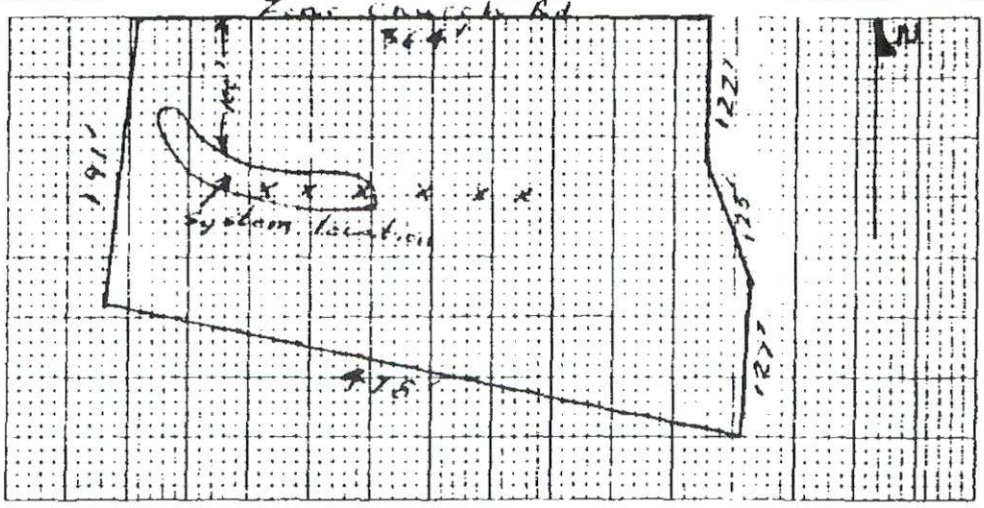
PERCOLATION TEST REPORT

NAME OF OWNER Smith (LAST) Jessie (FIRST) C. (MIDDLE)

ADDRESS OF OWNER Route 1, Choate Circle, Pineville, N.C. ZIP 28134

LOCATION OF PROPERTY Zoar Church Road or County Road 1105 (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 30 min/in. 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 treatment 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.

H. R. Lineberger

Director, Environmental Health Division or Authorized Section Head

FORM NO. E 2 4 1-71

HEALTH DEPARTMENT'S COPY