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

(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 8/21/22 Initial/Date SB

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 ☐ _____

3248
12970

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 – storage shed ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Lonnie Parker
ADDRESS: 13507 Four Oaks Ln
CITY: Matthews
STATE: N.C. ZIP: 28105
PHONE: 704-778-8078
ALTERNATE PHONE:
E-MAIL: lonnie.parker39@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19501525
STREET ADDRESS: 13507 Four Oaks Ln
CITY: Matthews
STATE: NC ZIP: 28105

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: 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

3/21/22
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

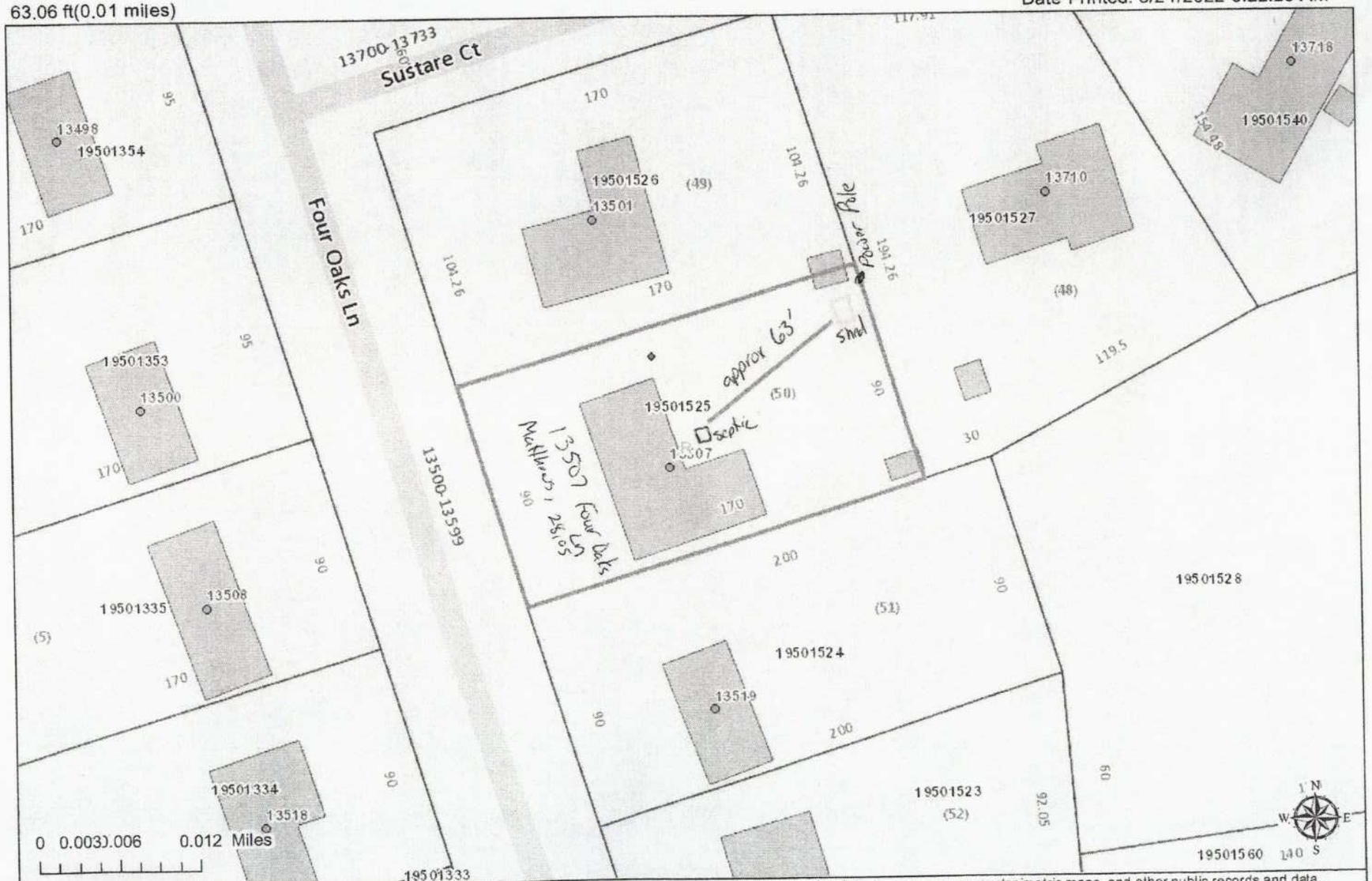
Approved
Bryan D.

Polaris 3G Map – Mecklenburg County, North Carolina

Shed

63.06 ft(0.01 miles)

Date Printed: 3/21/2022 9:22:25 AM



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.

Date Received 2-22-72

APT No. 3248
~~Map~~ 015-25
T. C. No. 195 ~~of 3 APT~~ 12-14-73
Map Date ~~Sept 70~~

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Dellinger, Monroe & Assoc. Inc
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 121 Greenwich Rd #207 Charlotte ZIP 28211

3) PHONE NO. Home — Office 364-7155

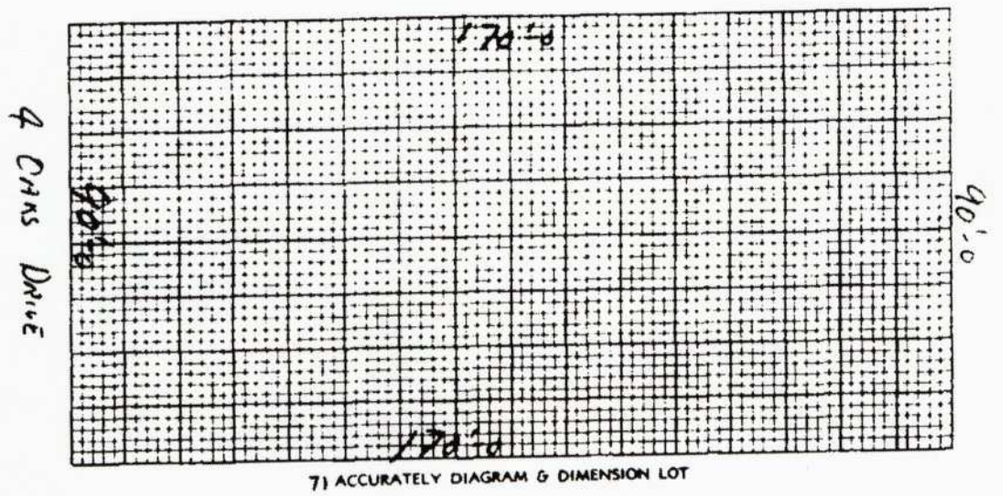
4) LOCATION OF PROPERTY Idlewild Rd @ Thompson Rd
(STREET OR COUNTY ROAD)

5) SUBDIVISION Idlewood LOT NO 50 BLOCK NO C

MAP BOOK NO — PAGE NO —

6) DEED REFERENCE DEED BOOK — PAGE NO —

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

By Douglas Medlin
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 1965

PTR No. 3248
T C No. ~~195-013-25~~ 195-~~013-20~~
Map Date 12-14-73 8/21/70

Date Issued March 6, 1972

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

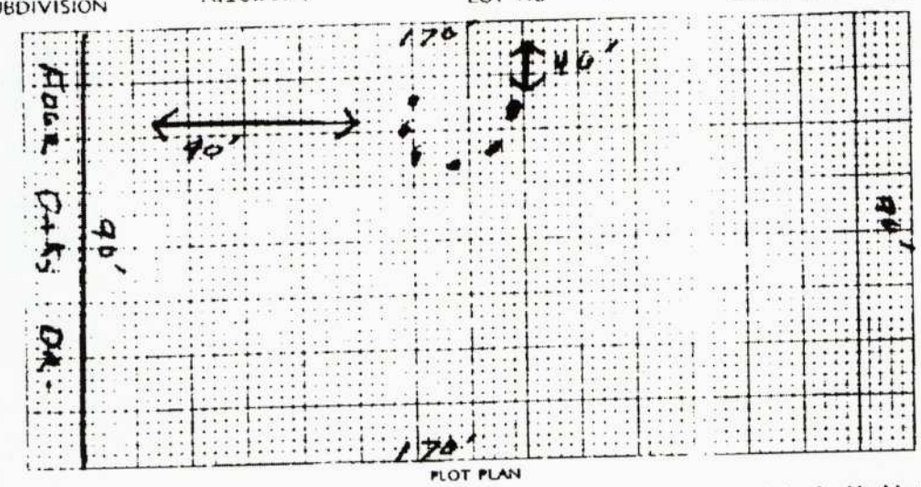
PERCOLATION TEST REPORT

NAME OF OWNER Dellinger, Madison & Associates, Inc.
LAST FIRST MIDDLE

ADDRESS OF OWNER 121 Greenwich Road ZIP 28211

LOCATION OF PROPERTY Idlewild Road & Thompson Road
STREET OR COUNTY ROAD

SUBDIVISION Idlewood LOT NO 50 BLOCK NO C



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 51 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.

Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2 4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 2 Mar 1972

ICAR (S) Application No. 3248

T. C. No. 195-86-25

Map Date 9-7-70 12-14-73

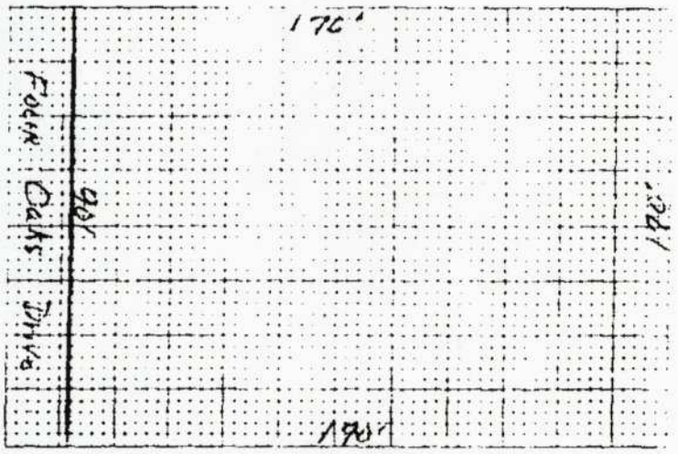
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Bonus Room (Yes or No)

Extra Lavs 0

6) Washing Machine X Yes ___ No

Garbage Disposal ___ Yes X No

7) Dishwasher ___ Yes X No

8) Water Supply

A. Individual Well ___

b. Governmental System ___

C. Community System

Well source X

2. Governmental source ___

9) Sewage System

House located within 200 feet of public sewer ___ Yes X No

House located within 200 feet of community sewer ___ Yes X No

10) FHA Case No. ___

11) VA Case No. ___

13) NAME OF OWNER Gallinger, Madison & Assoc., Inc. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 120 Greenwich Rd. #202, Charlotte, N. C.

15) PHONE NO Home --- Office 364-7155

16) LOCATION OF SYSTEM Idlewild Rd. & Thompson Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Idlewood Lot No 50 Block No C

Map Book No -- Page No --

18) DEED REFERENCE — DEED BOOK -- AT PAGE --

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 3-3-72

20) PTR NUMBER (See Instructions) 3249

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

7 March 1972
DATE OF APPLICATION

Douglas Madison
OWNER

FORM NO. E 4 A

HEALTH DEPARTMENT'S COPY