SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

IP ($450.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

Waiting for Refund Form

(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 SM 12/28/22 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 ☐ _____

7525 #13549

28 DEC '22 AM 9:16

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

PERSON FILING APPLICATION:
NAME: George Adams
ADDRESS: 2521 Wood Star Court
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 703-864-2845
ALTERNATE PHONE:
E-MAIL: gadams023@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: ~~365,000~~ 19338430
STREET ADDRESS: 2521 Wood Star Court
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: 4
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 Paver/Gravel Patio

*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

12/22/2022
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

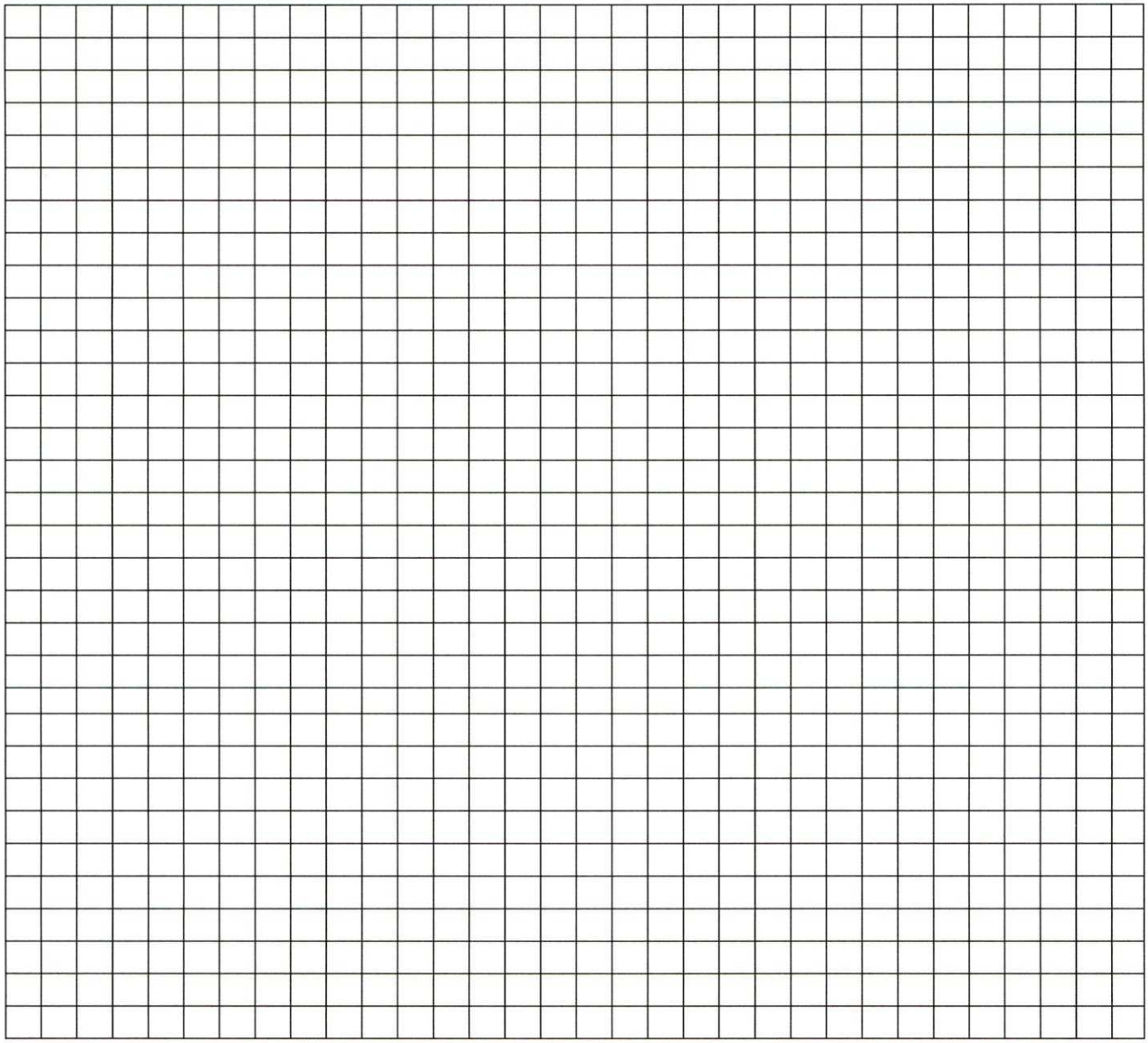
Revised on: 01/03/11

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: 2521 Wood Star Court, Matthews, NC, 281(Tax Parcel #: 365,000



*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

_____

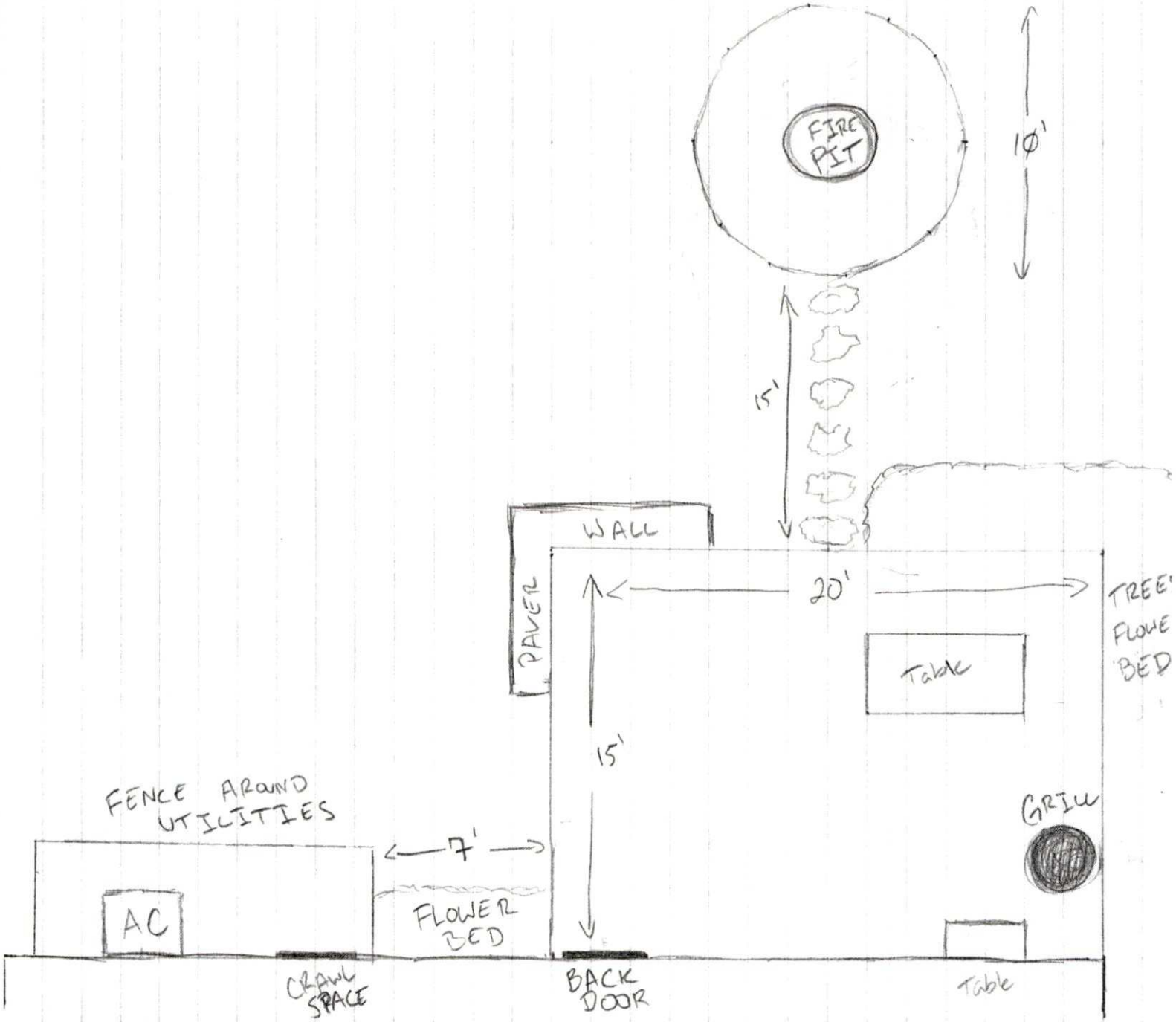
_____

_____ _____

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


FIRE PIT
10'
15'
WALL
PAVER
20'
TREE
FLOWE
BED
Table
15'
FENCE AROUND UTILITIES
7'
GRILL
AC
FLOWER BED
CRAWL SPACE
BACK DOOR
Table

Date Received 5 July 74

Application No. 7535

T. C. No. PC. 193-331-0

Map Date 11-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Klutts Realty & Construction Co., Inc.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 1433 Emerywood Dr., Charlotte, NC ZIP 28210

PHONE NO. Home 525-5265 Office same

LOCATION OF PROPERTY 2521 Wood Star Court
(STREET OR COUNTY ROAD)

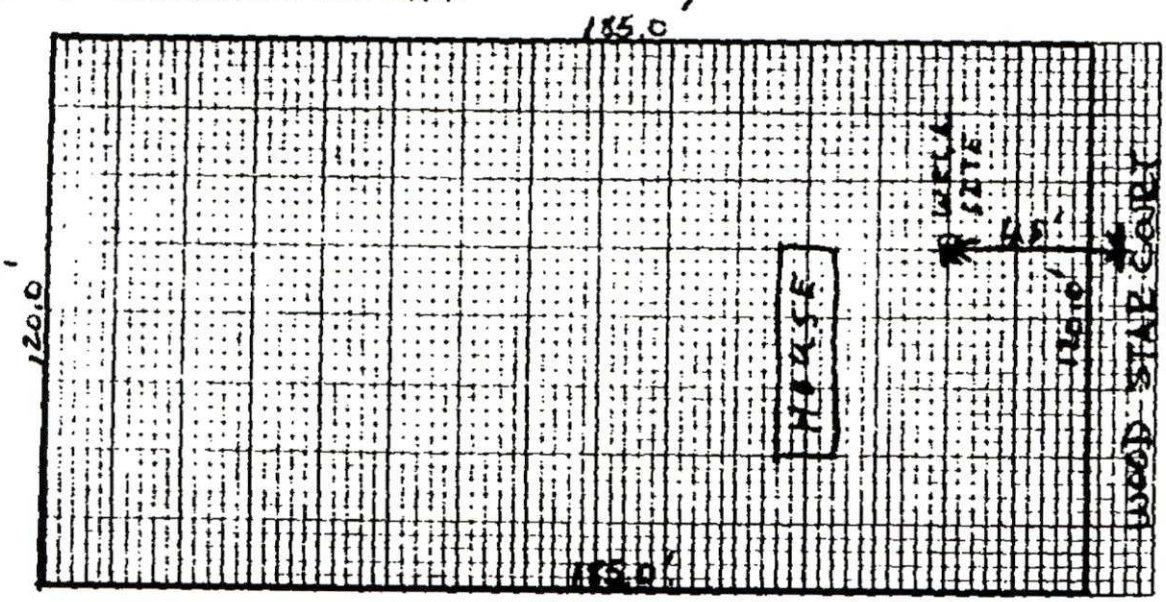
SUBDIVISION Wood Hollow LOT NO. 30 BLOCK NO. 3

MAP BOOK NO. 17 PAGE NO. 71

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Crawford Well Drilling LICENSE NO. 232

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 X individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

February 14, 1974
DATE OF APPLICATION

Robert P. Bourne
OWNER

Vice President, Klutts Realty & Construction Co., Inc.

Application approved and permit hereby granted

Permit No: 7535

Jerry Burleson
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

MECK COUNTY HEALTH DEPT.

T. C. No. PC. 193-331-A

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Crawford Well Drilling Reg. No 379 Well Permit No. 7525

1. Town Matthews County Mecklenburg
2. Location 3531 Wood Star Court - Lot 30 Block 3 Quadrangle No. 5
   Show a sketch of location on back of form
3. Owner Hicks Realty & Const. Inc.
   Address 1433 Emeryiwood Dr. - Charl. 28210
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well Domestic Date Completed 6-18-74
6. Rig type or method Auger Total Depth 165
7. Casing: Depth From 0 to 160 ft. Diam. 6" in. Type .185
8. Grout: Depth From 0 to 20 ft. Material Cement Method
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) 125-145
11. Static Water Level: 80 ft. ~~above~~ below top of casing
    which is ____ ft. above land surface. Elev. ____
    Date 6-18-74
12. Yield (gpm) 10 Method of testing Air
13. Pumping Water Level: 50 ft. after 8 hrs.
    at 10 gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method Hth
16. Permanent Pump: ✓ Type Deepwell Make Myers
    Installed — Date 6-18-74 By Crawford
    Capacity 10 (gpm) Hp. 1/2
    Intake depth ____ Airline depth ____
17. Remarks: ____

I do hereby certify that this well record is true and ~~exact~~.

Charles R Crawford
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0	40	Red Clay
40	107	Yellow Sand
107	165	Blue Granite

FORM NO. E-22-9-1-72

Date Received 2-26-74

MECK COUNTY HEALTH DEPT.

APT No. 9525

T. C. No. 193-334-

Map Date 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Klutts Realty & Construction Co., Inc.
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 1433 Emerywood Drive Charlotte, N. C. ZIP 28210

3) PHONE NO Home 525-5265 Office same

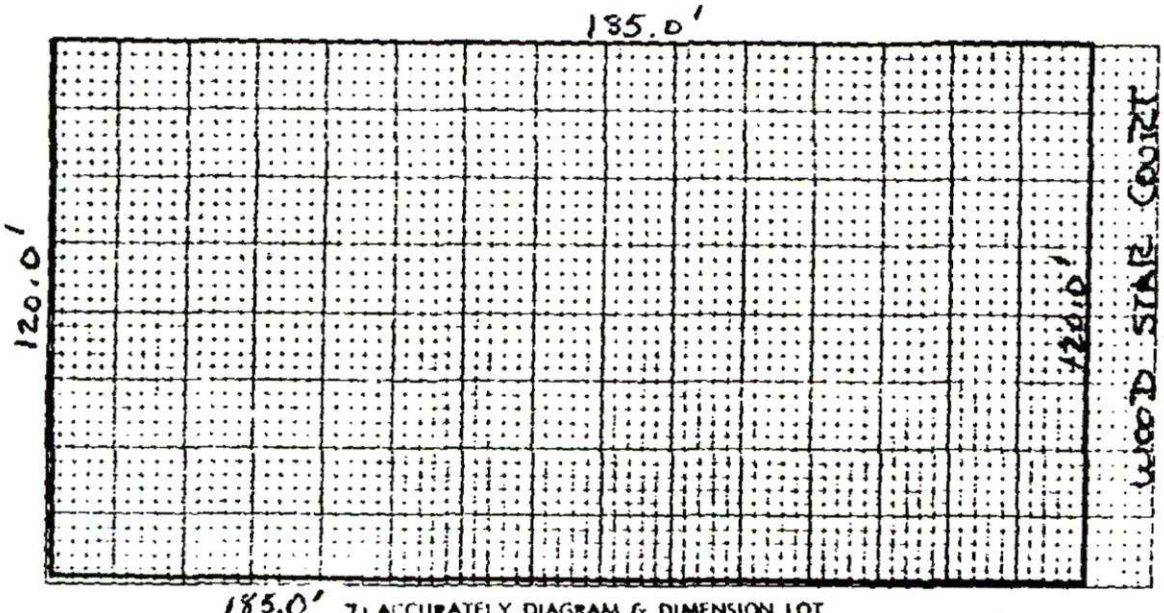
4) LOCATION OF PROPERTY 2521 Wood Star Court
(STREET OR COUNTY ROAD)

5) SUBDIVISION Wood Hollow LOT NO 30 BLOCK NO. 3

MAP BOOK NO 17 PAGE NO. 71

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

OWNER

Vice-Pres., Klutts Realty & Const. Co.

FORM NO E-1-E-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4077

PTR No 7525
P.U. 334-30
T C No 193-331-06
6-10-74
Map Date 10-11-73

Date Issued March 1, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

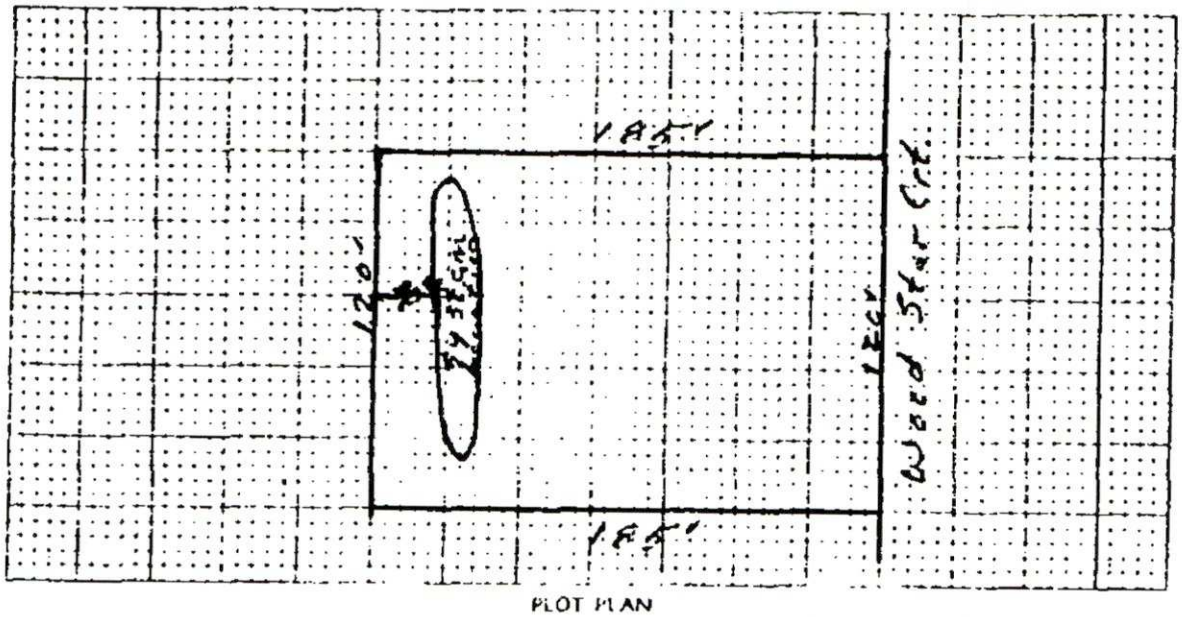
PERCOLATION TEST REPORT

NAME OF OWNER Klutts Realty & Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1433 Emerywood Drive ZIP 28210

LOCATION OF PROPERTY 2521 Wood Star Court
(STREET OR COUNTY ROAD)

SUBDIVISION: Wood Hollow LOT NO 30 BLOCK NO 3



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 60*min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with surface, 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 void 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.

*Results determined by soil analysis.

W. Curtis Lyon, Jr. Soil Scientist

John R. Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3-8-74

ICAR(S) Application No 7525

T C No 13-534-06

Map Date 10-11-73

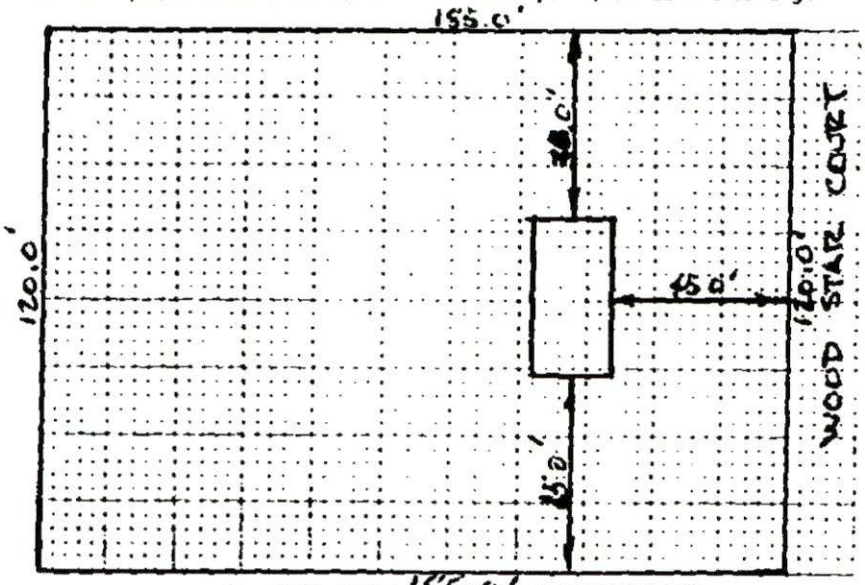
MECKLENBURG COUNTY HEALTH DEPARTMENT 6-10-74

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 the 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



3) PLOT PLAN (APPROXIMATELY DIMENSIONED)

4) Number of Bedrooms — 3

5) Existing Use — N/A

6) Existing Sewage Disposal — N/A

7) Water Supply — ✓ Yes ___ No

8) Garbage Disposal — ___ Yes ✓ No

9) Driveway — ✓ Yes ___ No

10) Water Use:
A Individual Supply ✓
B Governmental ___
C Community ___
1 Well ___
2 Spring ___

11) Public Water — ___ Yes ✓ No

12) Property Owned — ✓ Yes ___ No

13) FHA Case No. ___

14) VA Case No. UNKNOWN

15) NAME OF OWNER KUTTS REALTY & CONSTRUCTION CO., INC.
(LAST, FIRST, MIDDLE)

16) ADDRESS OF OWNER 1433 EMERYWOOD DRIVE

17) PHONE NO Home 525-2864 Office SAME

18) LOCATION OF SYSTEM 2521 WOOD STAR COURT
(STREET OR COUNTY ROAD)

19) SUBDIVISION Wood Hollow Lot No 30 Block No 3

Map Book No 17 Page No 71

20) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ SB-60

21) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 2-28-74

22) PTR NUMBER (See Instructions) 7525

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 hereon shall be void and of no effect if any of the above facts are not true

DATE OF APPLICATION 3/7/74

OWNER Charles P. Beam Jr. vice-president

REVISED E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued March 11, 1974

Serial No. 3893

IMPROVEMENTS ~~ERR~~ PERMIT

LA No 7525

T C No 193-33~~4~~-06

Map Date 10-~~31~~-73 6-10-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Klutts Realty & Construction Co., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1433 Emerywood Drive ZIP

LOCATION OF LOT 2521 Wood Star Court
(STREET OR COUNTY ROAD)

SUBDIVISION Wood Hollow LOT NO 30 BLOCK NO 3

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/inch on an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 7525. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

M. A. Eddy
Environmentalist

John R. Adkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 14 Jan. 74

Serial No. 5[illegible]9

ICAR(S) Permit No 7525

~~LOT~~ T C No 193 ~~334-30~~ 334-06

Map Date ~~11 Oct 73~~ 6-10-74

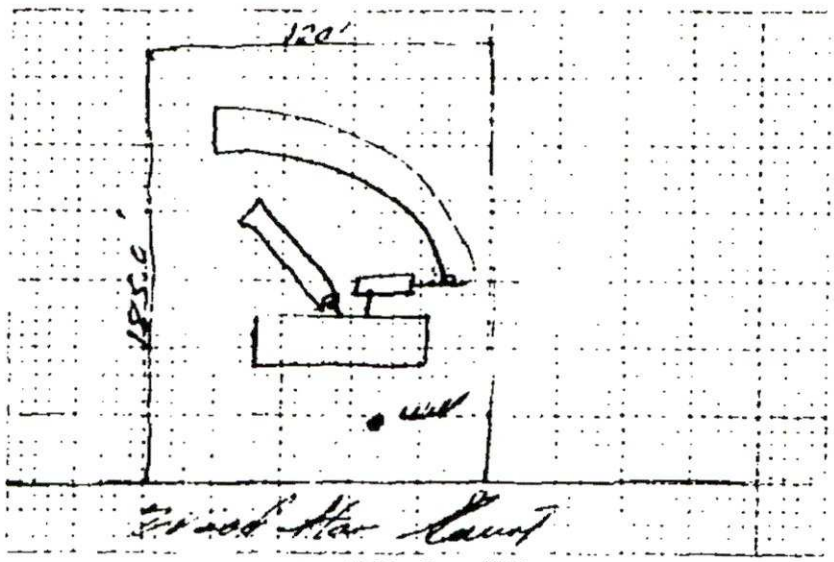
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 7525 dated 7 Jan 74 and this permit shall be void and of no effect if the information provided in the application is not [illegible] All work shall be completed on or before 14 Jan 74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600' + 150' (W.M.) 3 (7 ± 1'x50'x17")

Number of Lines 6 (15'x100'x17")

Distance from House 10'

Distance from Property Line 15'

Distance from Well 100'

NAME OF OWNER Liberty Realty & Const. Co. Inc.

LOCATION OF PROPERTY 2521 Wood Star Court (Lot 30-3)

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 County Septic (County)

Division / Section Head

Environmentalist W. 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 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 E-5-9-1-72

Serial No. 4942

C of A (s) No 75-25

334-30

T C No 193-

6-10-74

Map Date

Date Issued 19 Jun 74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner ___ LAST Whitley FIRST Realty & Const. Co. MIDDLE Inc

Location of Property 2521 Woodstar Court (Lot 30-3)

Application Number 7525 Permit Number 7525

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

3 (2' x 50' x 17")

Total Length of Drain Tile 600 + 150' WM Number of Lines 6 (15' x 100' x 17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Lot Well Distance from Water Source 100'

Excavation Inspected 19 Jun 74 DATE Tank Inspected 19 Jun 74 DATE

Nitrification Field Inspected 19 Jun 74 DATE

Washing Machine Line Inspected, If Applicable 19 Jun 74 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 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 County Septic (Conto)

Environmentalist

FORM NO E-6-9-1-72