

18916 MARY ARDREY CR

00151130

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2199B/9370A DATE: 3/31/94

TC: 001 511 30 ☐ L ☐ CRT

SERIAL Nº 15835

Name of Owner Carolyn Walker Juris.:

Address of Property 18916 Mary Audrey Cir

Inspection Data:

Tank Material PCC

Total Length of Drainfield 534 WL

Number of Lines 3 + 4 @ 186 + 348 SL

Cover Depth 8"

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected 3/31/94

Tank(s) Inspected 3/31/94

Wash Line Inspected 3/31/94

High Water Alarm Inspected —

PLOT

Design: 1994, 1500ST, 558SFW, 1044SFST, 12" stone ceil/con CTR# A Cornelius

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Septic system designed for 4 bedroom residence Type II

Philip J. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Approval

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

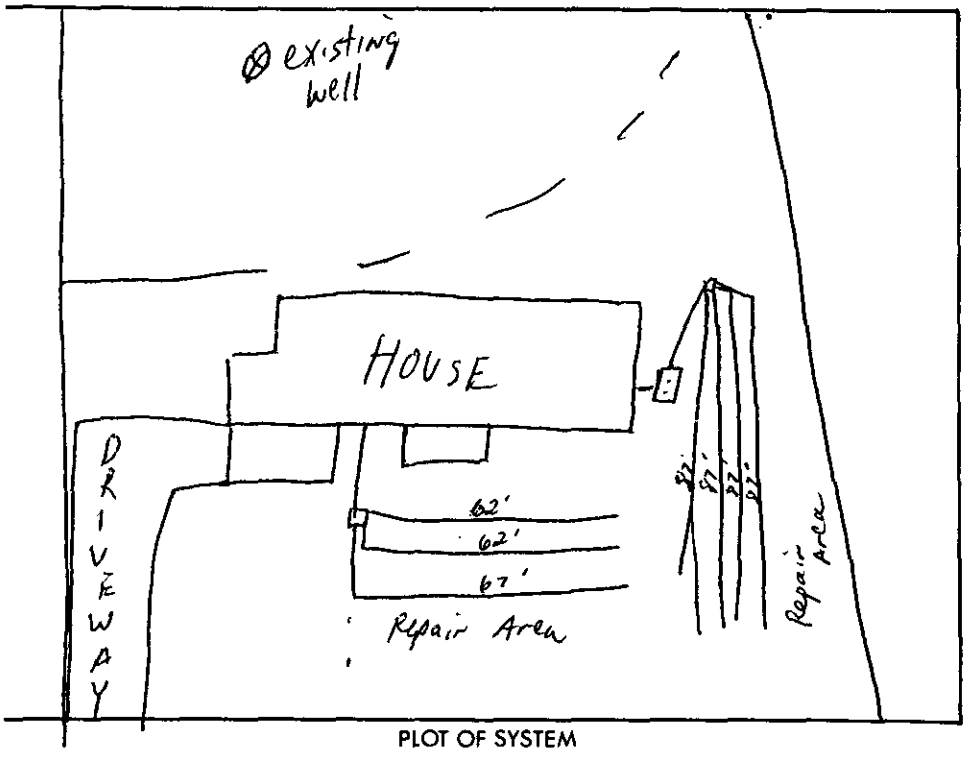
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2199B/9370A DATE: 3/24/94

TC: 001 511 30 ☐ L

SERIAL Nº 15866

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 the application dated 3/22/94. All work shall be completed on or before 4/24/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 18A~~ 15A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 (WL) / SL feet

Total Line Length 186' (WL) + 348' (SL) feet

Number of Lines 3 (WL) + 4 (SL)

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Carolyn Walker

LOCATION OF PROPERTY 18916 Mary Audrey Cir

Comments: 1500 ST, WL 3 lines x 62' long x 3' wd x 12" stone
SL 4 lines x 87' long x 3' wd x 12" stone | Keep septic system
750' from septic system

J. Walker for S. Denis 3/24/94
Division or Section Head

Philip S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

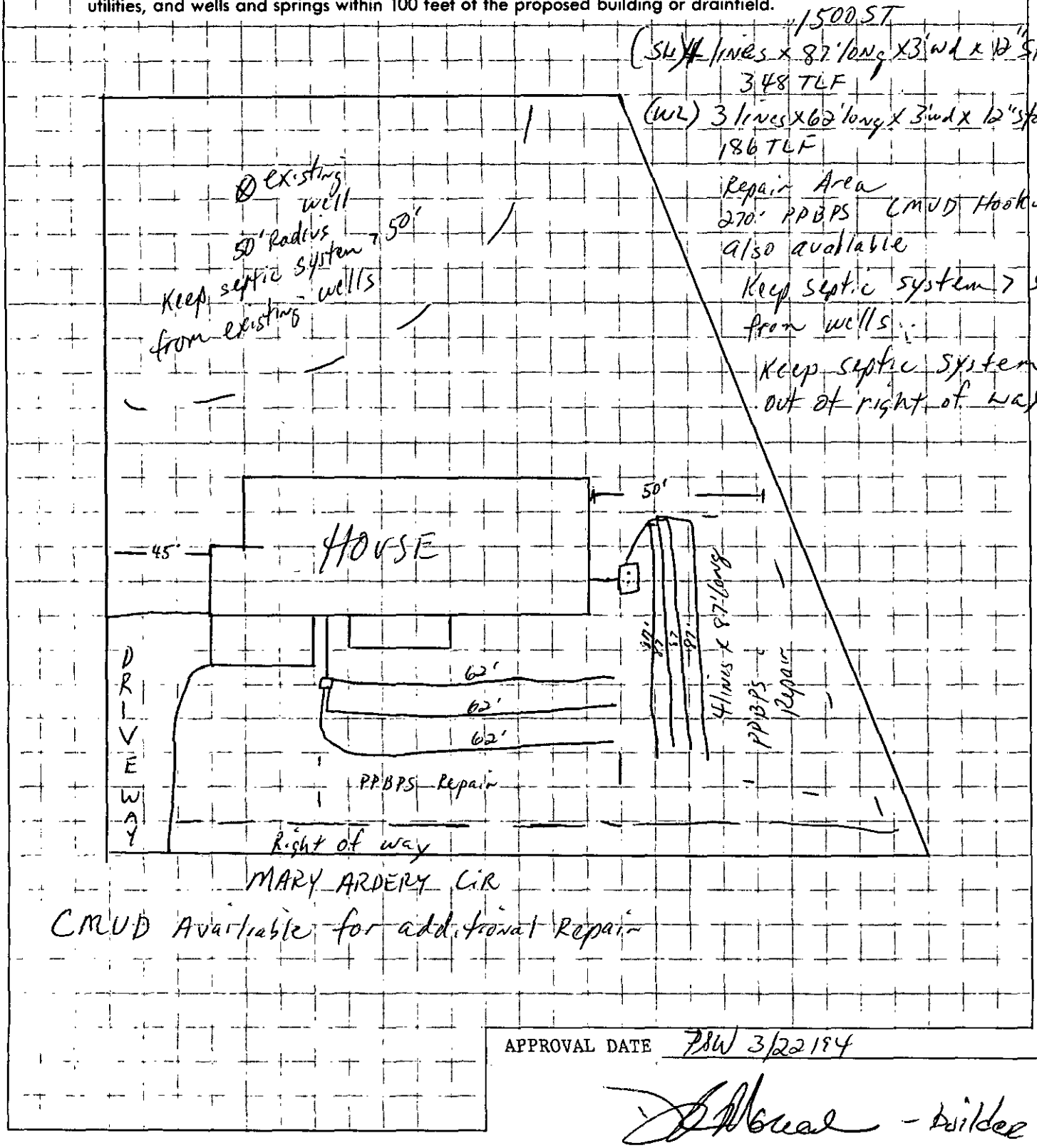
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2199 B / 93704

TC: 001 511 30

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE PSW 3/22/84

[signature] - Builder

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2199B/9370A

Pd $200.00 3/10/94 #16 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 3/10/94

PERSON FILING APPLICATION:
NAME: [redacted] Walker, Carolyn (last) (first) (mi)
ADDRESS: P.O. Box 1370 PHONE: (704) 892-9258
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: R001-511-30
STREET ADDRESS: 18916 Mary Andrey Circle
ZONING:

PROPERTY OWNER:
NAME: Partel Ken (last) (first) (mi)
ADDRESS: 18916 Mary Andrey Circle PHONE: (__) ____
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Patricks Purchase

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 17 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Carolyn Walker Date: 3/10/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 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.

... PPBPS Repair

CMUD Repair also available

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo S. Walker Jr. 3/22/94
Environmentalist Date

T. Walker for S. Daniel 3/22/94
Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

March 23, 1994

Mr. Ken Partel
18916 Mary Audrey Circle
Huntersville, NC 28078

RE: Property located on 18916 Mary Ardrey Circle (Lot #17)
FILE: 2199B/9370A
PARCEL: 001-511-30

Dear Mr. Partel:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20245) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20245

File: 2 19931 9370A Action 1

Parcel: 001-511-30

PC

Location: 18916 Mary Audrey Circle

Subdivision: Patricks Purchase

Lot: 17 Block: Acres: 1.0

Owner: Ken Patel
Address: 18916 Mary Audrey Cir.
Huntersville, N.C. 28078

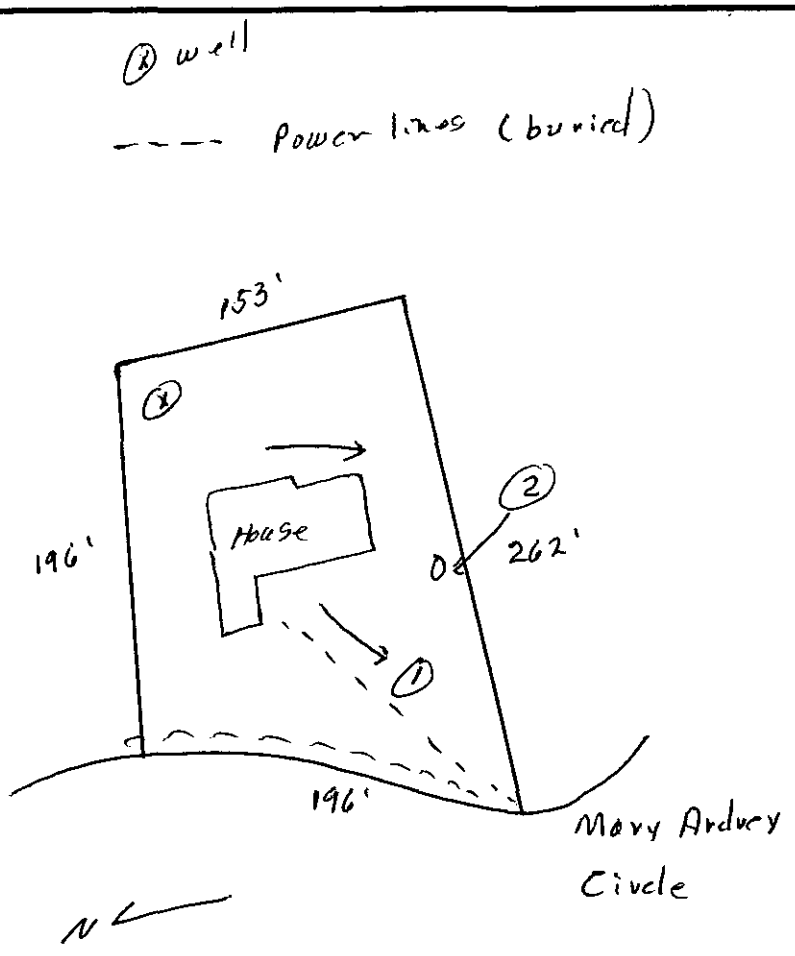
Comments: 100% Repair
Power line to house may have to be relocated, .3 gal/sft/day LTAR, Diversion off

Described by: William R. Mills

Date: 3-23-94

*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) slight Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub L Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 742" TO WATER	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 742"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 742"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-like	slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

2199B1937DA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

N 50' cht 1,500 2/24/94 DX

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Berry (last) Charles (first) F (mi)

ADDRESS: 5232 Crestlanche PHONE: (704) 596-4239

CITY: Charlotte STATE: N.C ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 4001-511-30

STREET ADDRESS: 18916 Mary Ruley Cr

ZONING:

PROPERTY OWNER:

NAME: Rae Tell (last) Ken (first) (mi)

ADDRESS: 20000 Oak Newman Blvd APT. P PHONE: (__) _____

CITY: Cornelius STATE: N.C ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 11 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ken Rae Tell Date: 12/23/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 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.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

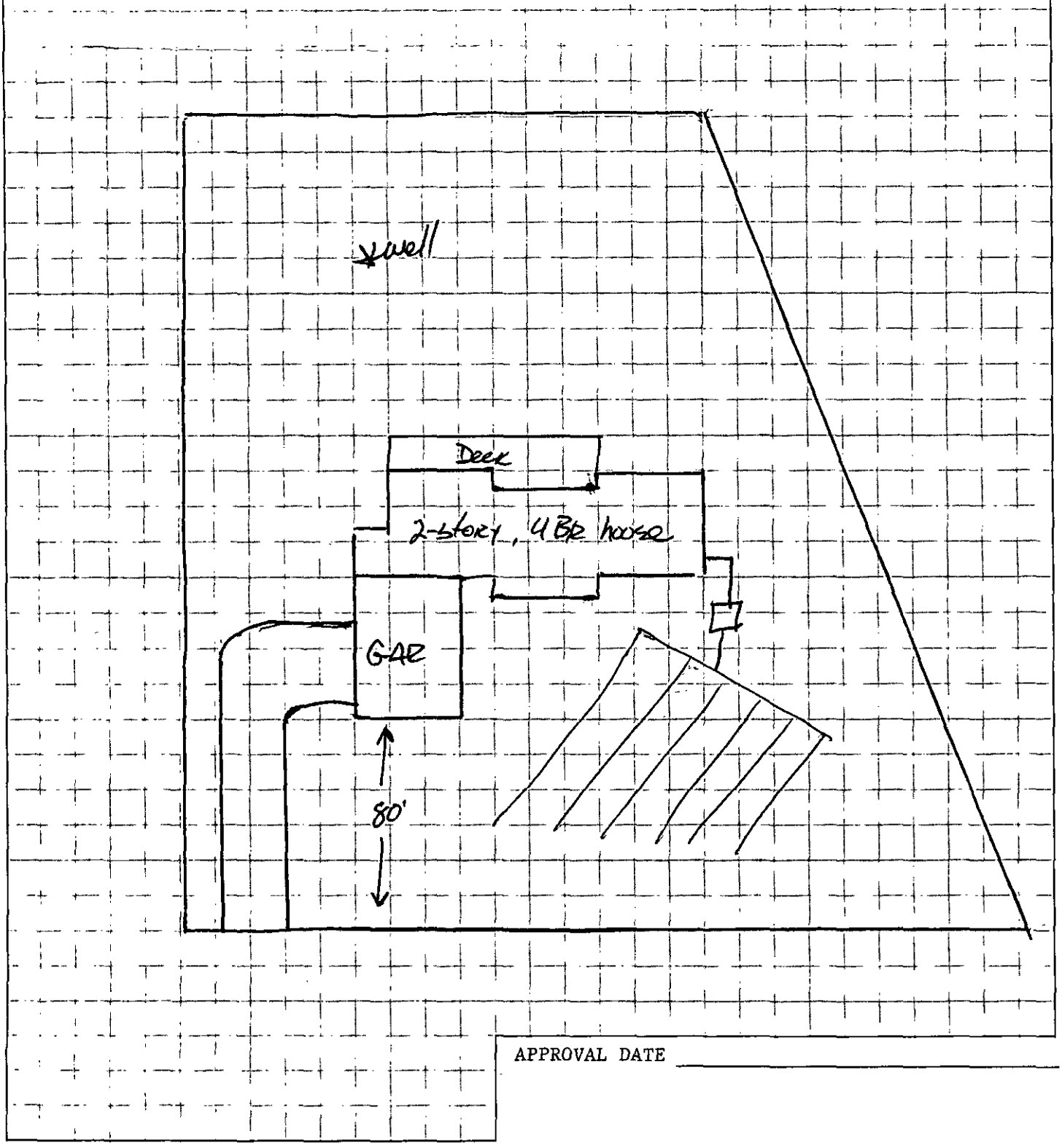
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2199B19370A

TC: 001-511-30

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY
HEALTH DEPARTMENT

J99B 8297

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

17 JUN '16 PM 1:07

APPLICATION TYPE: ☑ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL (ex. well for irrig. only)
○ 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: John Hoskins
ADDRESS: 745 Kinghurst Dr
CITY: Rock Hill
STATE: SC ZIP: 29730
PHONE: 803 517 8489
ALTERNATE PHONE: 803 325 1010
E-MAIL: john@tylandscape.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Geoff D'Amico
ADDRESS: 18916 Mary Audrey Cir
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 614 937 4554
ALTERNATE PHONE:
E-MAIL: damico35@msn.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00151130
STREET ADDRESS: 18916 Mary Audrey Cir
CITY: Cornelius
STATE: NC ZIP: 28031

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: 5
NUMBER OF OCCUPANTS: 4

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 (Gazebo) ☐ 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 _____ Date 6/17/16

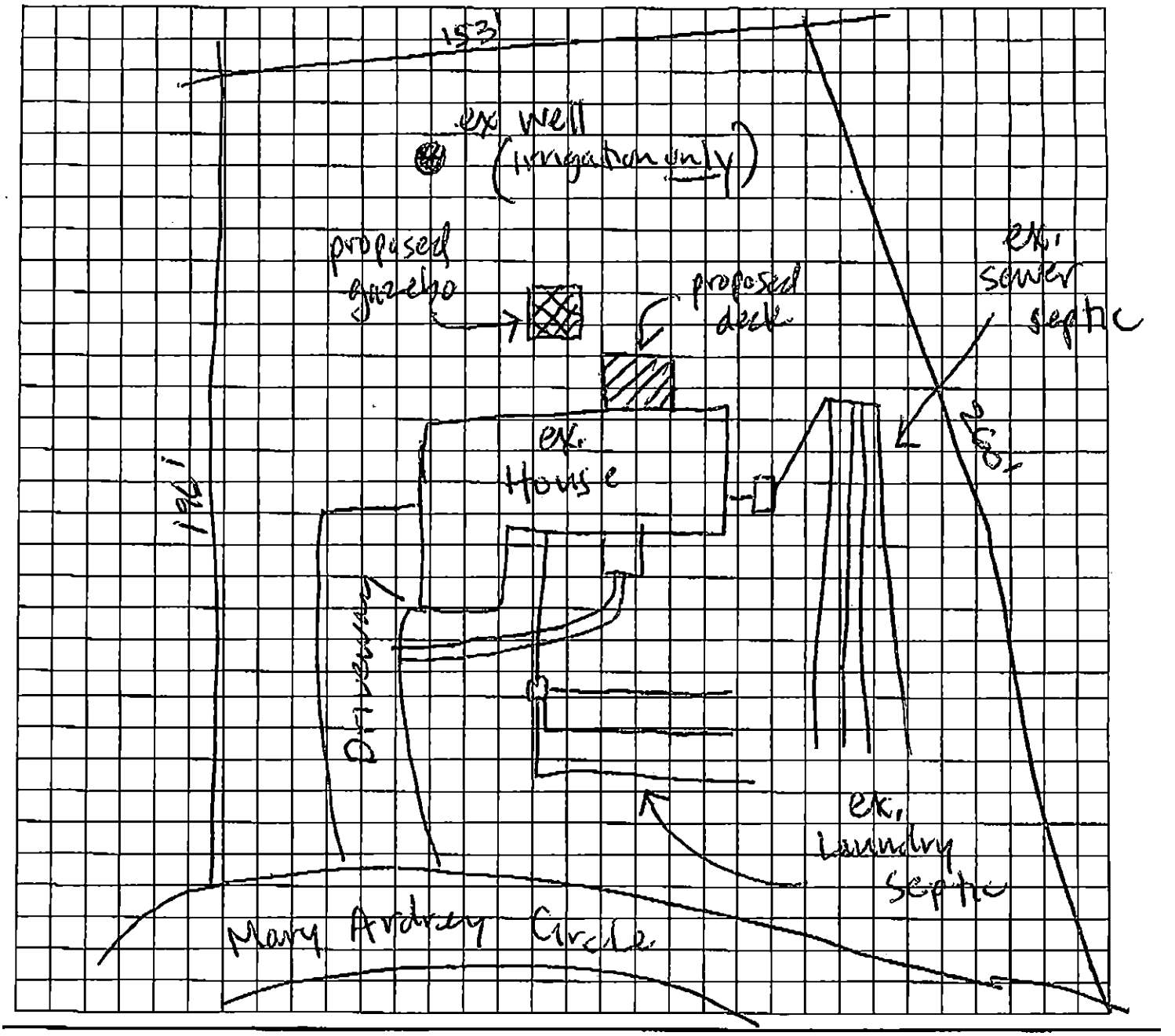
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

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: 18916 Mary Ardrey Cir Tax Parcel #: 00151130



"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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/20/16	**Amount:**	100.00
Receipt #:	100828	**Tendered:**	100.00
Check / Auth #:	MC 74345K	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: HOSKINS,JOHN
Attn:
Address: PO BOX 4253
Address:
City/State/Zip: ROCK HILL, SC 29732

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18916 MARY ARDREY CIR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JOHN HOSKINS

Bill To:

JOHN HOSKINS
PO BOX 4253

Rock Hill, SC 29732

Single Payment

Transaction Date: 06/20/2016 9:56 AM Pacific Time
Pay Method: **********6925
Approval #: 74345K
Trace Number: 7b113e63-1ba3-4dd8-83b6-e55ca39d5d15
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

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 6/20/16 LE 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. ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

J99B 8297

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

17 JUN '16 PM 1:07

APPLICATION TYPE: ☑ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL (ext. well for irrig. only)
○ 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: John Hoskins
ADDRESS: 745 Kingshurst Dr
CITY: Rock Hill
STATE: SC ZIP: 29730
PHONE: 803 517 8489
ALTERNATE PHONE: 803 325 1010
E-MAIL: john@tglandscape.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Geoff D'Amico
ADDRESS: 18916 Mary Audrey Cir
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 614 937 4554
ALTERNATE PHONE:
E-MAIL: damico35@msn.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00151130
STREET ADDRESS: 18916 Mary Audrey Cir
CITY: Cornelius
STATE: NC ZIP: 28031

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: 5
NUMBER OF OCCUPANTS: 4

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 (Gazebo) ☐ 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

6/17/16
Date

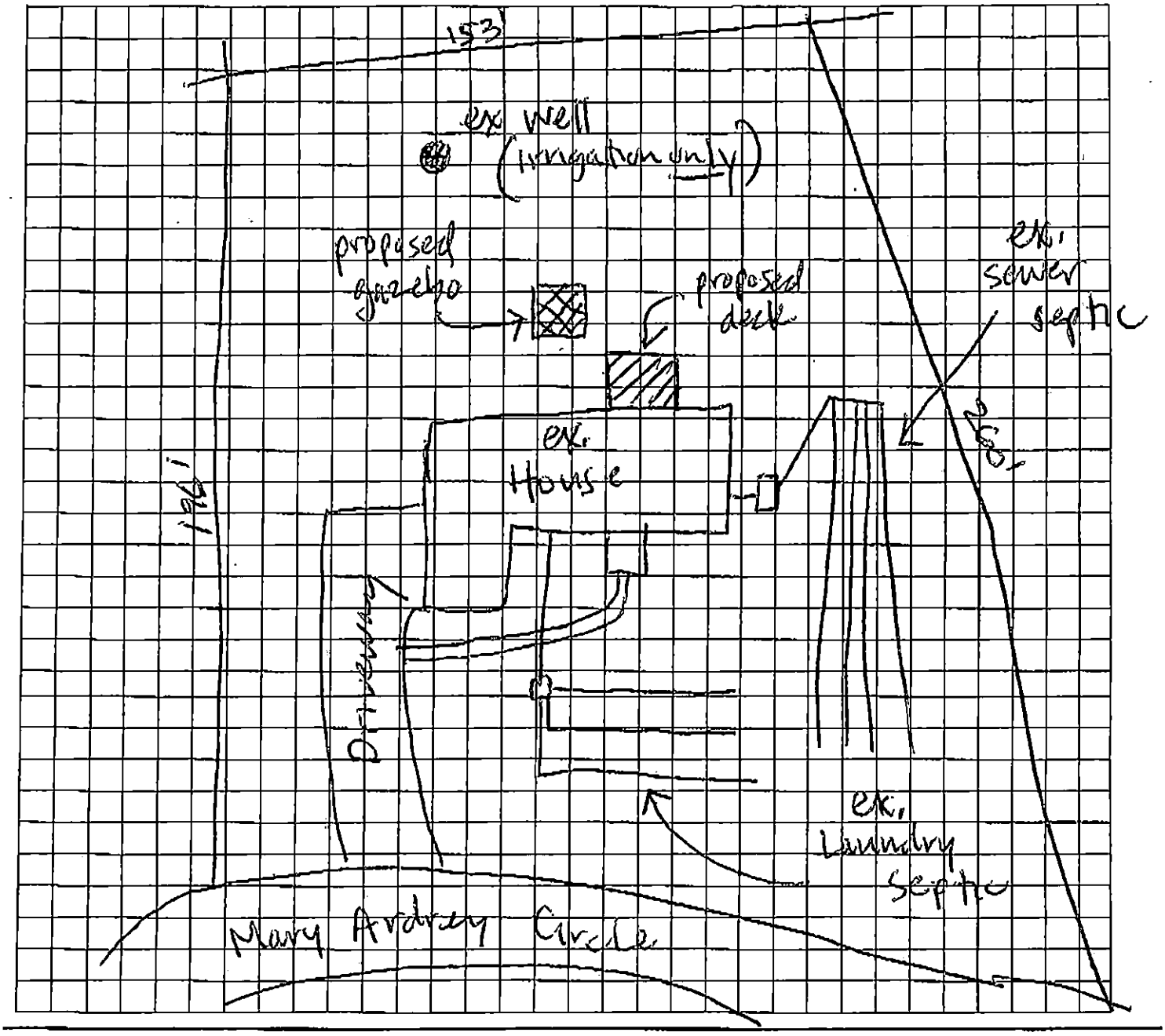
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

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: 18916 Mary Ardrey Cir Tax Parcel #: 00151130



"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

O.K. TO USE FOR A PORCH AND GAZEBO ADDITION

REHS Signature 6/21/16 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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/20/16	**Amount:**	100.00
Receipt #:	100828	**Tendered:**	100.00
Check / Auth #:	MC 74345K	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: HOSKINS,JOHN
Attn:
Address: PO BOX 4253
Address:
City/State/Zip: ROCK HILL, SC 29732

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18916 MARY ARDREY CIR		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JOHN HOSKINS

Bill To:

JOHN HOSKINS
PO BOX 4253

Rock Hill, SC 29732

Single Payment

Transaction Date: 06/20/2016 9:56 AM Pacific Time
Pay Method: **********6925
Approval #: 74345K
Trace Number: 7b113e63-1ba3-4dd8-83b6-e55ca39d5d15
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

App. #: 8297

Fee: 100.0000

Date: 6/20/2016

CRT[ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT

Groundwater & Wastewater Services

FILE #: 2199B

TYPE APPLICATION:

(●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC AND WELL

( ) ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE ( ) EXCHANGE MOBILE HOME - SAME # OF BEDROOMS

(●) ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION

NAME: HOSKINS,JOHN

ADDRESS: 745 KINGHURST DR

CITY: ROCK HILL

STATE: SOUTH CAROLINA ZIP: 29730

PRIMARY PHONE: 803-517-8489 ALTERNATE PHONE: 803-325-1010

EMAIL: JOHN@TGRLANDSCAPE.COM

JOB LOCATION INFORMATION:

TAX / PARCEL #: 00151130

STREET ADDRESS: 18916 MARY ARDREY CIR

CITY: CORNELIUS NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

PROPERTY OWNER: [ ] Same as Filer

NAME: GEORFF D'AMICO

ADDRESS: 18916 MARY ARDREY CIR

CITY: CORNELIUS

STATE: NORTH CAROLINA

ZIP: 28031

PRIMARY PHONE: 614-937-4554

ALTERNATE PHONE:

EMAIL: DAMICO35@MSN.COM

General Comments:

WATER SUPPLY:

[✓] MUNICIPAL (M) [ ] PUBLIC (C) [ ] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY

( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE ( ) OTHER

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 0

NUMBER OF SHIFTS: 0

INDUSTRIAL WASTES?: ( ) YES ( ) NO

UNDERGROUND STORAGE TANKS?: ( ) YES ( ) NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] DEN [ ] GARAGE

[ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN

[ ] STORAGE SHED [✓] DETACHED PORCH/DECK [ ] OTHER

Print Update Go to Front Counter

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 6/21/2016 11:12:16 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.