12190

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

Ok To Release Hold for an addition

(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 AB 05.12.21 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 ☐ _____

#12190

6 MAY '21 AM11:11

MECKLENBURG COUNTY
HEALTH DEPARTMENT 19649

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: Oak Meadow Investments, LLC
ADDRESS: 1307 Old Charlotte Rd SW
CITY: Concord
STATE: NC ZIP: 28027
PHONE: (704) 737-7773
ALTERNATE PHONE:
E-MAIL: jen.oakmeadow@outlook.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Joseph & Lisa Turley
ADDRESS: 20329 Norman Colony Rd
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 904-8051
ALTERNATE PHONE:
E-MAIL: lisaturleyrealestate@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00113403
STREET ADDRESS: 20329 Norman Colony Rd
CITY: Cornelius
STATE: NC ZIP: 29031

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2

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

Home is permitted for 3 bedroom only applicant was told they will need alteration app to increase bedroom

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 800 sq ft addition - no bed or bath being added

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 — 4/12/21 Date

Oak Meadow Investments, LLC

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

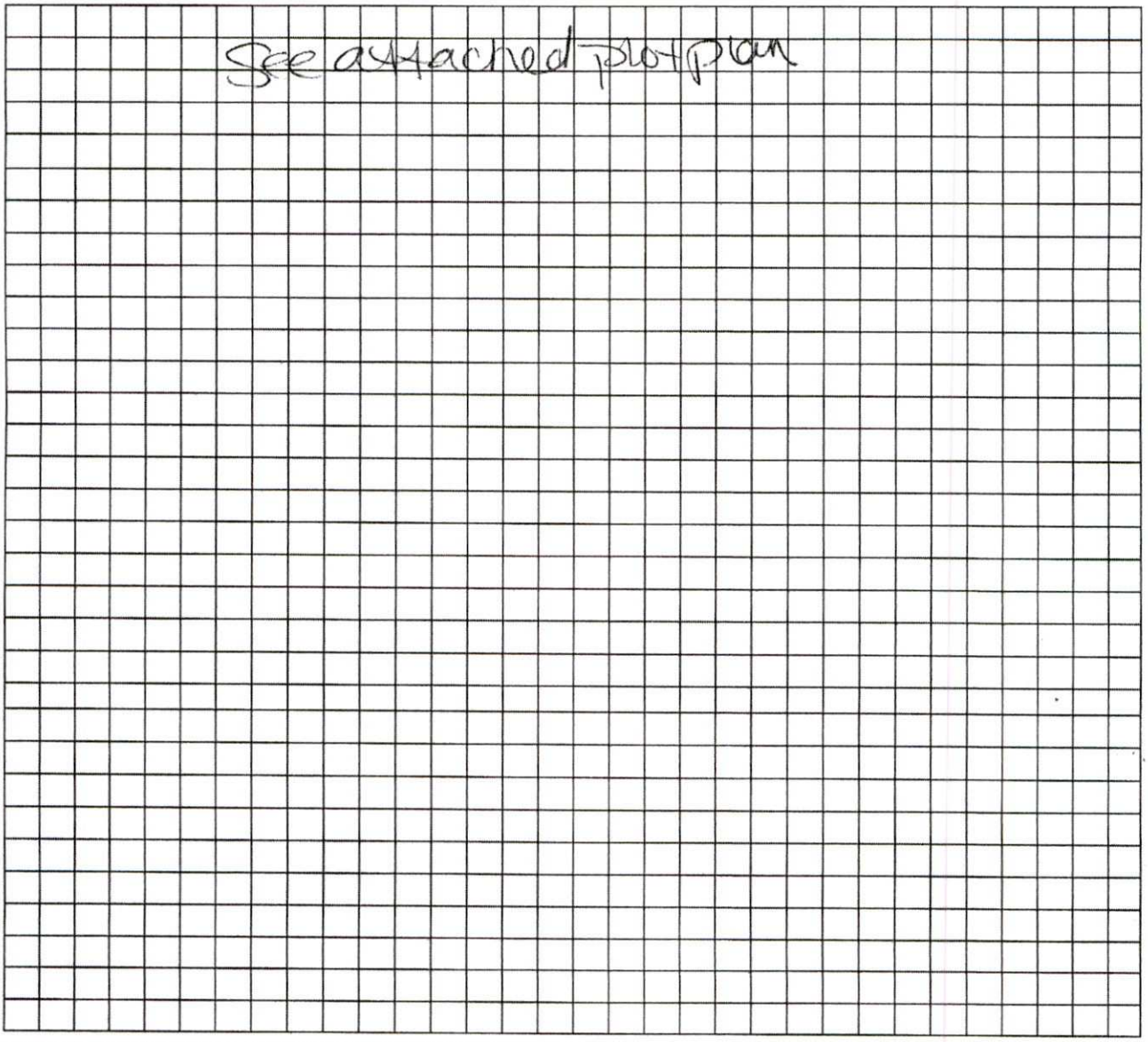
Revised on: 03/27/19

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: 20329 Norman Colony Rd Tax Parcel #: 00113403



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

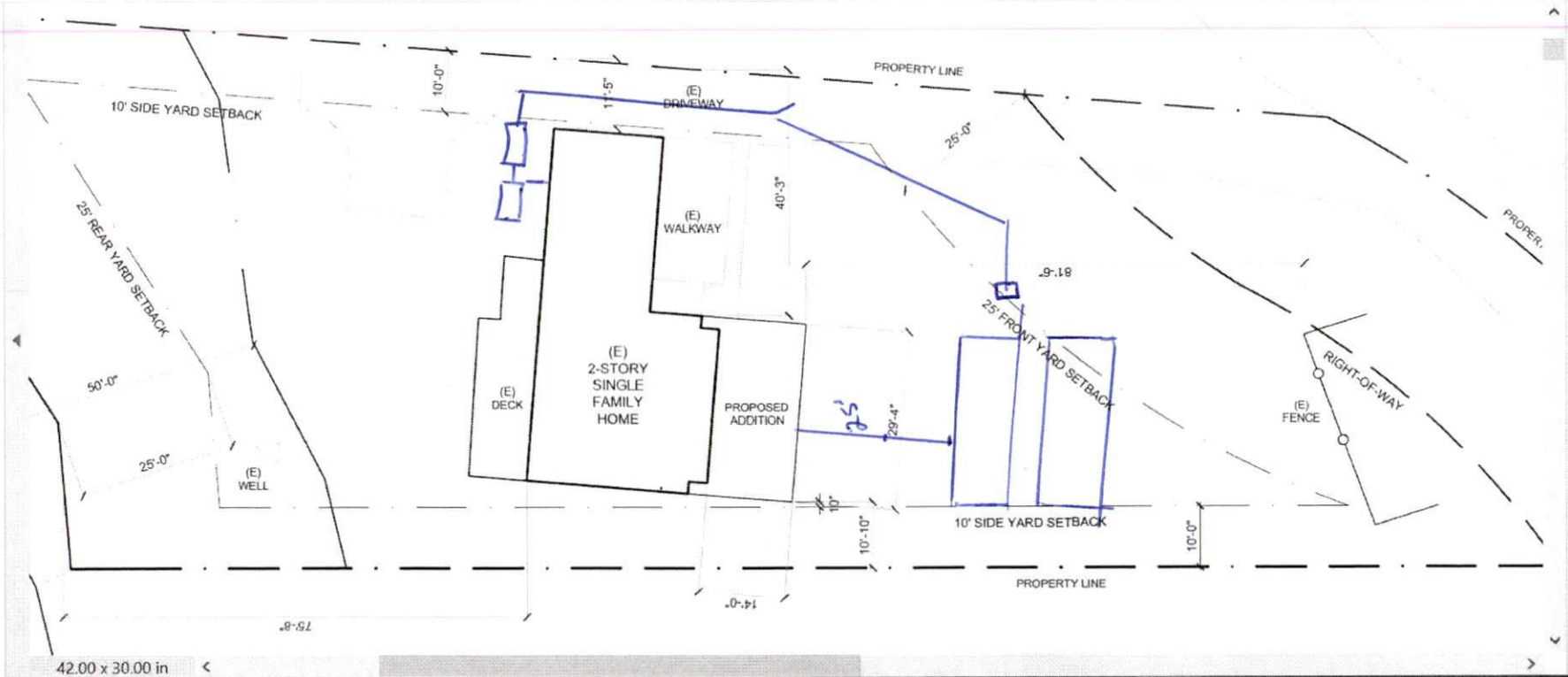
foundation drain must be 25' from drainlines. No bedroom in addition

REHS Signature 5-17-21 Date

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

0091_Turley Residence - Construction + Permit Set - 04.12.2021.pdf - Adobe Acrobat Reader DC (32-bit)
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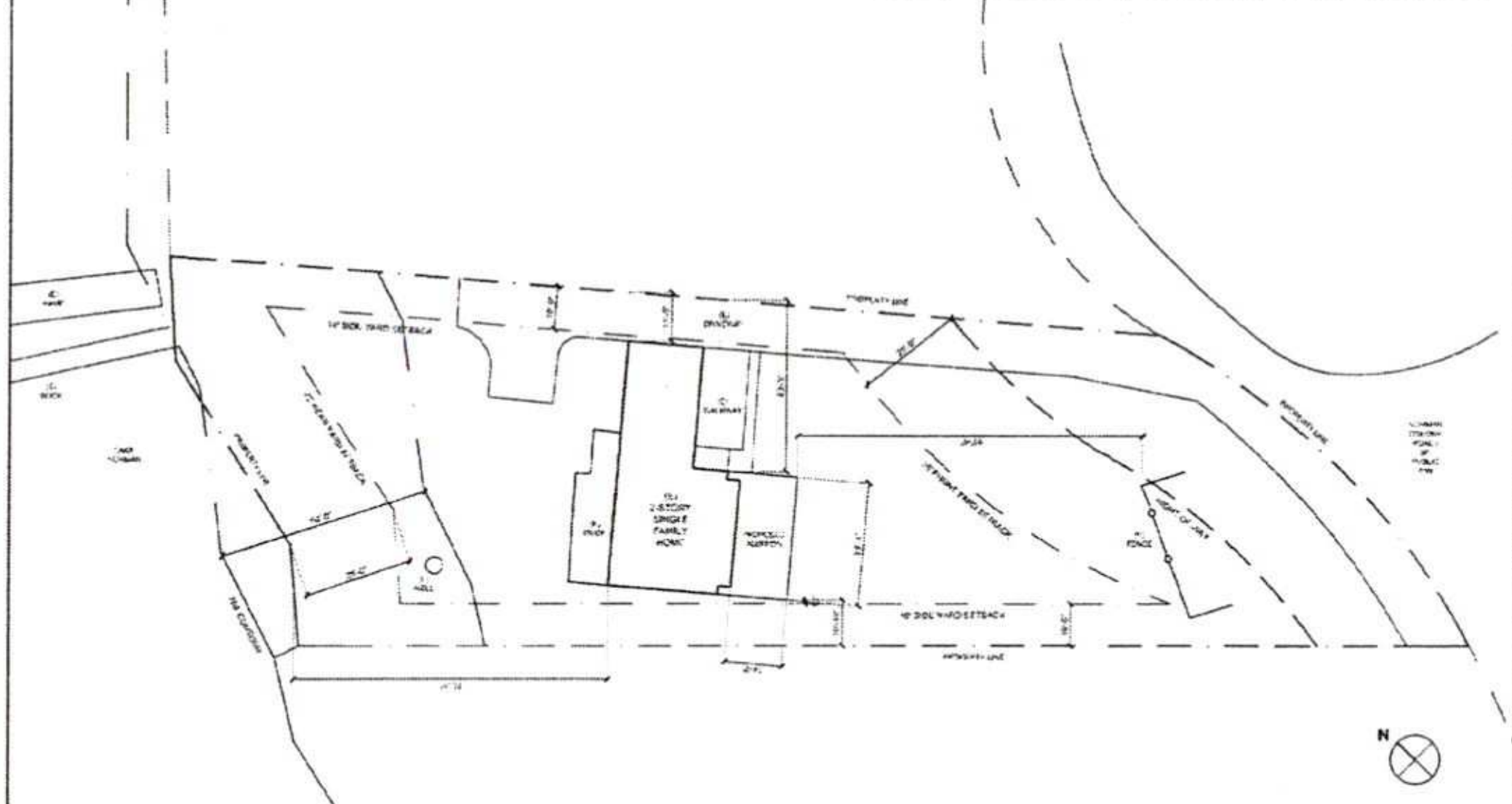


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TURLEY RESIDENCE

20329 NORMAN COLONY ROAD, CORNELIUS NC 28031

PROPOSED : ADDITION & REMODEL



N

PROPOSED SITE PLAN

SCALE $\frac{1}{16}$" = 1'-0"

GENERAL NOTES

DRAWING INDEX

ARCHITECTURAL

T.01	TITLE SHEET
A0.01	DEMOLITION PLAN
A2.01	CONSTRUCTION & REFLECTED CEILING PLAN
A2.02	FINISH & ELETRICAL PLAN
A2.03	FURNITURE & ELECTRICAL PLAN
A2.04	ROOF PLAN
A4.01	EXTERIOR ELEVATIONS
A4.02	EXTERIOR ELEVATION & SECTIONS
A6.01	INTERIOR ELEVATONS & DOOR / WINDOW SCHEDULES

STRUCTURAL

S000	GENERAL NOTES
S001	FOUNDATION & BASEMENT PLAN
S002	MAIN FLOOR FRAMING PLAN
S003	UPPER FLOOR FRAMING PLAN
S004	ROOF FRAMING PLAN
S005	SHEAR WALL PLAN
S006	TYPICAL DETAILS

ABBREVIATIONS

PROFESSIONALS

PROJECT DATA

OWNER

PROJECT ADDRESS

OCCUPANCY GROUP

CONSTRUCTION TYPE

LOT

APPLICABLE CODES

FRONT SETBACK

SIDE SETBACK

REAR SETBACK

MAXIMUM HEIGHT

PROJECT DESCRIPTION

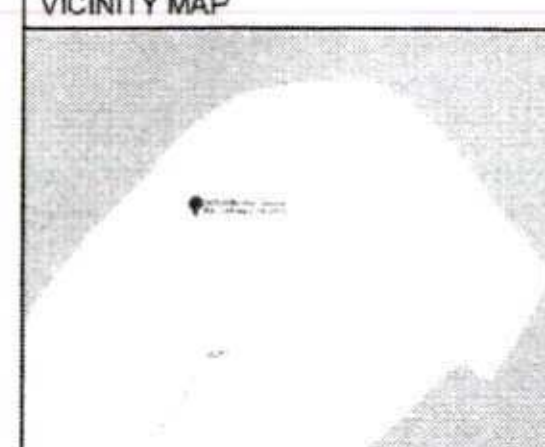
LOT COVERAGE

CODE REVIEW

PROJECT NOTES

SYMBOLS

VICINITY MAP



arch rysa lis+

TURLEY RESIDENCE

DATE | DESCRIPTION

archrysalis.com

T.01

TITLE SHEET

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 Oak Meadow is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

20329 Norman Colony Rd Cornelius
Number Street Town
(Or Parcel Number)

Lisa Turley
Property Owner (print name)

Lisa Turley
Property Owner (signature)

5/11/2021
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/11/21	**Amount:**	100.00
Receipt #:	128717	**Tendered:**	100.00
Check / Auth #:	VISA 055749	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #: 200000
Contractor: CARSON, JENNIFER
Attn:
Address: 20329 NORMAN COLONY RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 20329 NORMAN COLONY RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
JENNIFER CARSON

Bill To:

JENNIFER CARLSON

Single Payment

Transaction Date: 05/11/2021 12:08 PM Pacific Time
Pay Method: VISA **********3934
Approval #: 055749
Trace Number: 83cbc1c0-1b24-4327-9ab9-963af7be603f
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.

C of A (s) No. 19649

Date Issued JULY 11TH 1984 Serial 6783

T. C. No 001-134-03 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner BIGHAM (LAST) REECE (FIRST) JR, (MIDDLE)

Location of Property 20329 NORMAN Colony Rd.

Application Number 19649 Permit Number 19649

Inspection Data:

Liquid Capacity of Tank 1000 gal LS 1500 gal ST. Tank Material Pre Cast Concrete

Total Length of Drain Tile 400 lin. FT Number of Lines 4 + 5

Depth of Filter Material 18 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source > 50 FT

Excavation Inspected 7-11-84 (DATE) Tank Inspected 7-11-84 (DATE)

Nitrification Field Inspected 7-11-84 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Health Commission 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 _____

Ralph Mullis
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

19649

Date Issued 6-4-84

Serial No. 07273

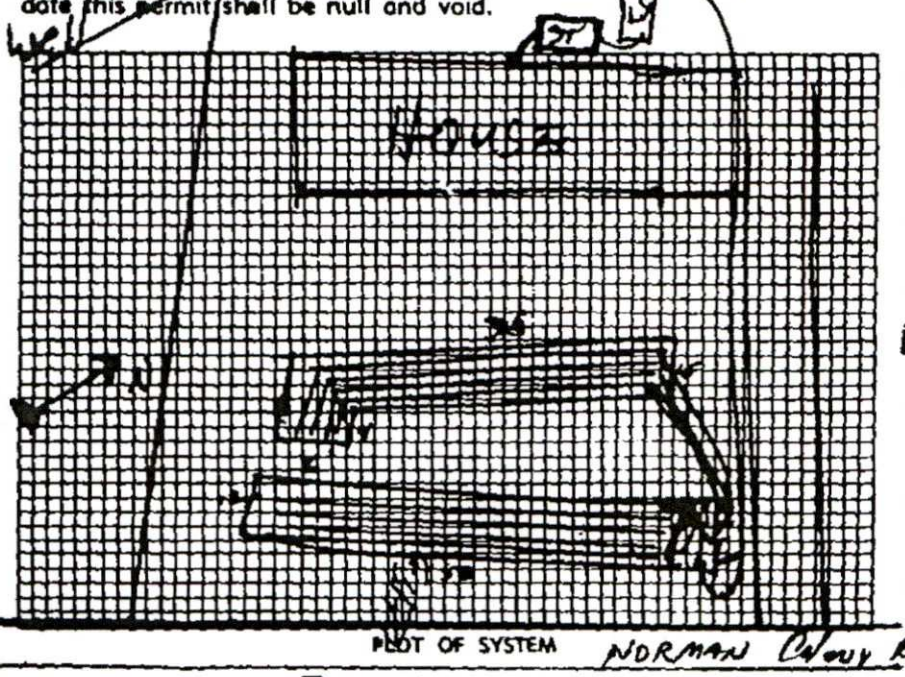
ICAR(S) Permit No. [redacted]

T. C. No. [redacted]

Map Date 04-134-03 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 21111, dated 6-1-84 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 JULY 4th, 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM NORMAN COLONY RD.

Permeability Rate PS IV1

Liquid Capacity of Tank 1000 gal LS 1500 gal ST.

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 400 Lin FT.

Number of Lines 4 + 5

Distance from House 5 FT

Distance from Property Line 10 FT

Distance from Well >50 FT

NAME OF OWNER BIGHAM, REECE JR

LOCATION OF PROPERTY 20329 NORMAN COLONY RD, Lot 2

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

Comments: One Beds to be 50 FT x 12 FT x 18 inches stone + one Bed to be 40 FT x 15 FT x 18 inches Stone - hay or straw cover grade boards USE THREE DUST 2 OX

* rised on LS

Division or Section Head

Roger Gibbs

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

EHD-S-76

Environmental Health Department's Copy