

16309 BELLE ISLE DR

00131240

1/4/2008

duponbj

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

PERMIT CHECKLIST

File # 4379B

T.C. 001-312-40

Property Address 16309 Belle Isle Drive

Residential ($500) X

Commercial ($700) _____

FEES	*PAID*	*DATE*
Improvement Permit	$200	1/25/02
Construction Authorization	150 sf	2/6/02
Operation Permit	_____	_____
Use Existing System	_____	_____
Additional Trip Fees	_____	_____
	_____	_____
	_____	_____

ITEMS NEEDED TO PROCEED (mark with an "X")

		DATE SUBMITTED
Signatures	X	_____
Agreement Forms	_____	_____
Certified Operator	_____	_____

Additional Fees

ADDITIONAL COMMENTS

_____

House not on septic system per Jeremy Michelone, R.S. 8/26/04

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** MS X
DATE: 2/6/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4379B

PARCEL NO: 001-312-40

JOB LOCATION ADDRESS: 16309 Belle Isle Drive

PROPERTY OWNER: Mark Adkins

BUILDING CONTRACTOR: Thomas D. Manley

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Henry P. Medlin R.S. DATE: 01/30/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4379B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Condition of I.P.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Thomas D. Manley 2/6/02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 43798 CONDITIONS OF IMPROVEMENT PERMIT Tax Number 001-312-40

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Plus existing Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400 + existing Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: Yes Type: Lake Norman Minimum separation distance: 50'				
Site modifications required:				
Additional Conditions: → Property does not require 100% Repair → Plumb washing machine into existing septic system → Install 4 lines x 100' x 3' x 12" Stone				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1600 Absorption Area (Sq ft) 533' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, Treatment and Disposal in effec 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 Departmen
- This Improvement permit is transferable.

Terry L. Medlin R.S. 1/30/02
DEHNR Authorized Agent Date

Thomas L. Mundy 2/6/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

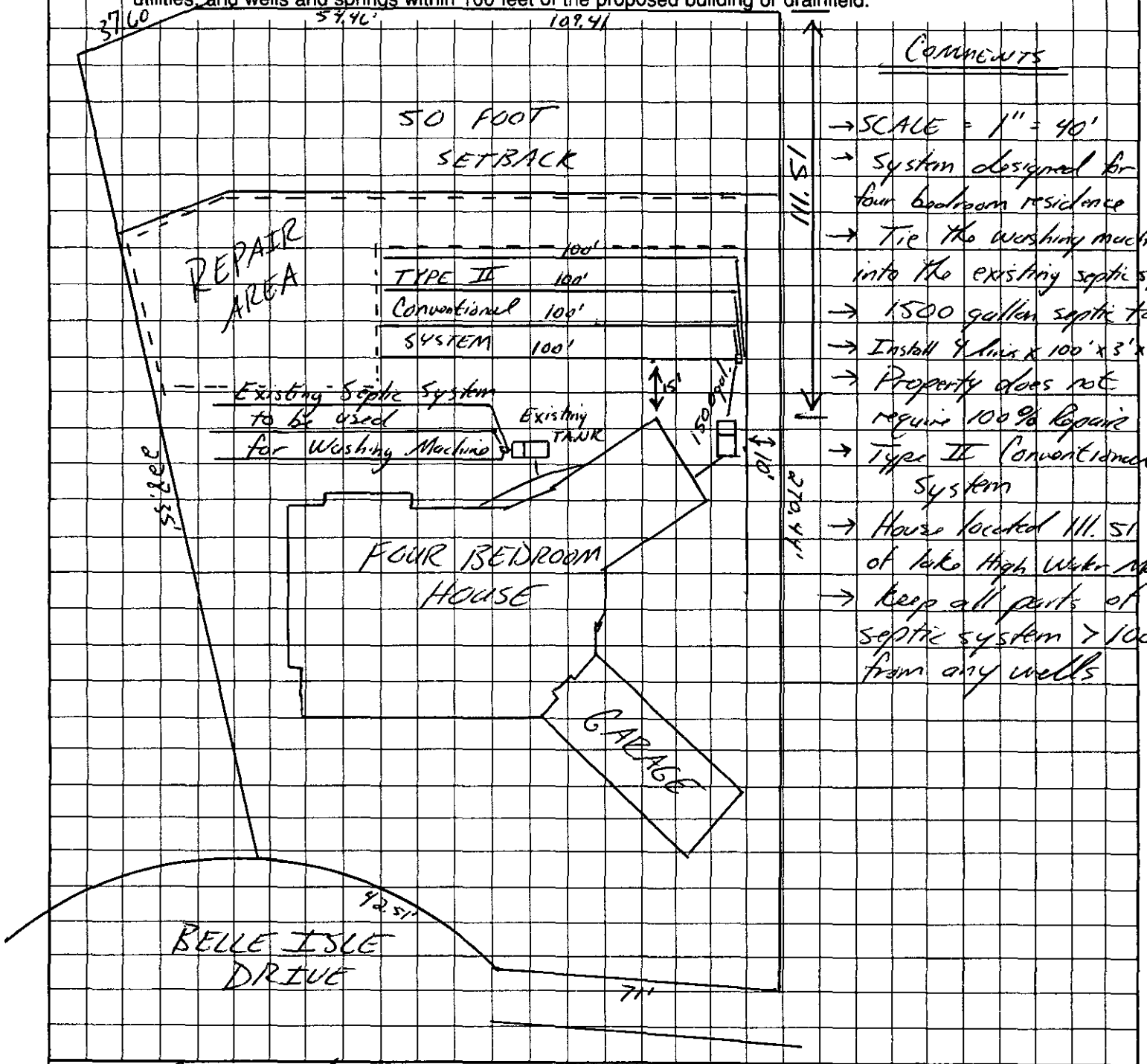
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

LAKE NORMAN

FILE: 43798

TC: 001-312-40

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.



Comments

- → SCALE = 1" = 40'
- → System designed for four bedroom residence
- → Tie the washing machine into the existing septic system
- → 1500 gallon septic tank
- → Install 4 lines x 100' x 3' x 12" stone
- → Property does not require 100% Repair
- → Type II Conventional System
- → House located 111.51' of lake high water mark
- → Keep all parts of septic system > 100' from any wells

Thomas D. Mundy

OWNER/AGENT SIGNATURE

DATE 2/6/02

APPROVAL DATE Tommy P. Nicholas R.S. 1/30/02

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

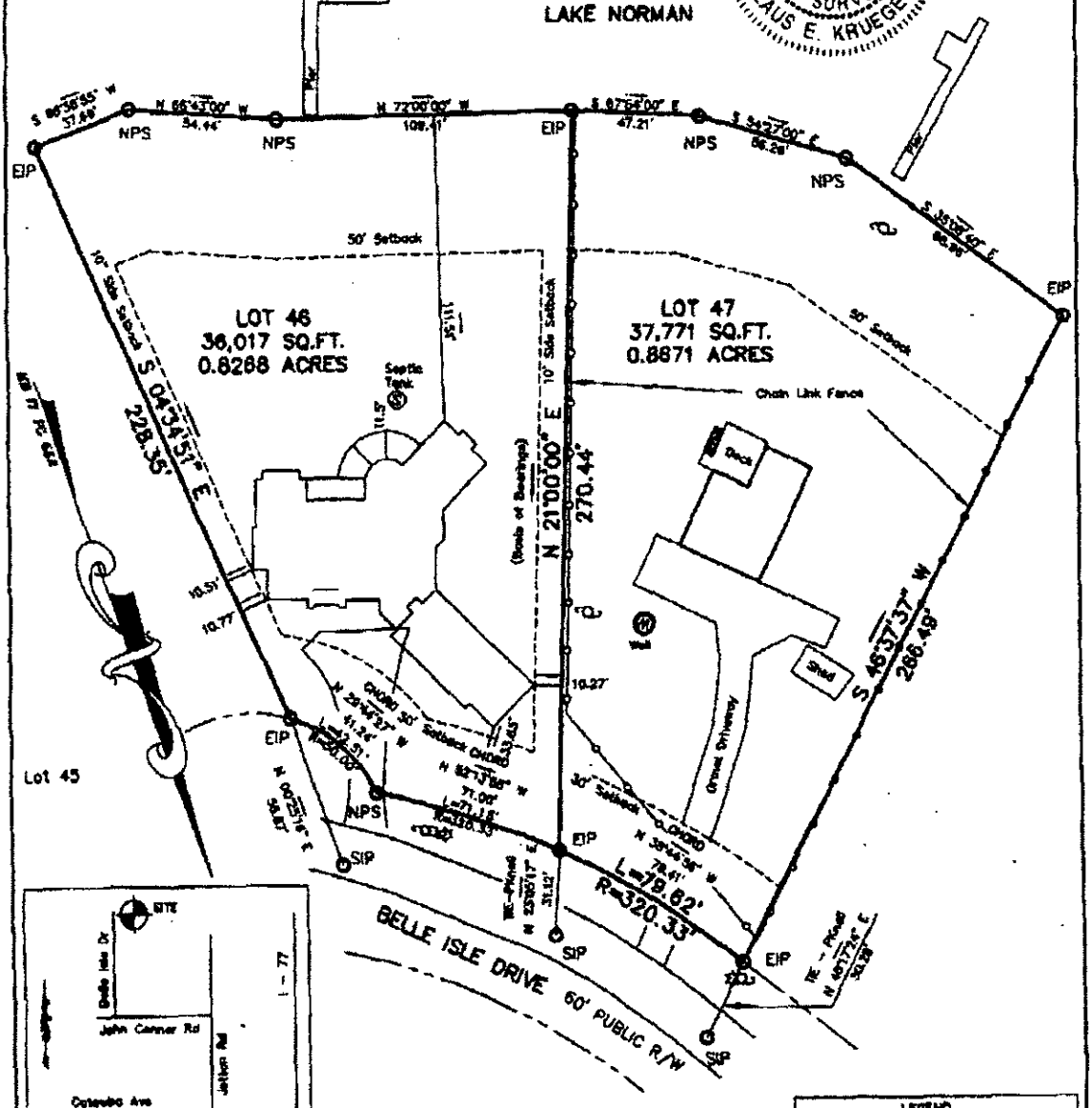
PINNACLE LAND SURVEYING, PA

SURVEYING – PLANNING – MAPPING
P.O. BOX 2727 (704) 398-8120
HUNTERSVILLE, NC 28070 FAX (704) 398-1226

© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3808

NORTH CAROLINA PROFESSIONAL SEAL L-3808 LAND SURVEYOR KLAUS E. KRUEGER



VICINITY MAP – Not to Scale

0 25 50 100
1 inch = 50 ft.

LEGEND	
SETBACK	
EASEMENT	
PROPERTY LINE	
LINES NOT SURVEYED	
FEATURE	
RIGHT OF WAY	
SET IRON PIN	○ SIP
EXISTING IRON PIN	○ EIP
CONCRETE MONUMENT	■ CM
NO PIN SET ○ NPS	WATER METER
POWER POLE	CATCH BASIN
SEWER MANHOLE	LAMP POST
UTILITY BOX	ELECTRIC BOX

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision. This survey is of an existing parcel of land. The Rise Error of Closure was better than 1:10,000. I did not do a full title search on this property.

This house is located in Zone X – (Areas determined to be outside 500-year flood plain) as shown on FIRM map Panel 370158 0008 B dated February 3, 1983.

DATE of:
Survey 01/02/02
Drawing 01/02/02
Job No: 2695
File: 16309BELLEISLE
Drawn by: KEK

For Buyer:
MARK R. ADKINS
Plat Plan of:
16309 BELLE ISLE DRIVE
CORNELIUS, NORTH CAROLINA 28031
CITY of CHARLOTTE, MECKLENBURG COUNTY

Map Recorded in Map Book 17 Page 552
Lot 46, Crescent Land & Timber Corp., Section 2
Deed Recorded in Deed Book 11794 Page 560
Tax Parcel # 001-312-40
Currently Owned by: Mark R. Adkins

FEE: 200
DATE: 1/25/02

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4979B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00131240.

STREET ADDRESS: 16309 Belle Isle Dr

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: 46

TOWNSHIP (CHECK ONE):

- ✓ 0 MECKLENBURG
- __ 1 CHARLOTTE
- __ 2 DAVIDSON
- __ 3 CORNELIUS
- __ 4 PINEVILLE
- __ 5 MATTHEWS
- __ 6 HUNTERSVILLE
- __ 7 MINT HILL

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

- __ SINGLE MOBILE HOME(S)
- __ DOUBLE WIDE (D)
- ✓ HOUSE (H)
- __ MODULAR HOME (M)
- __ MULTIPLE FAMILY (U)
- __ OTHER (O)

HEATED SQUARE FOOTAGE: 7776

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Footings & Basement Slab Concrete walls

- __ WITHOUT BASEMENT ON SLAB CRAWL SPACE
- ✓ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Want To Use Existing System

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: —

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- __ MUNICIPAL (M)
- ✓ PRIVATE WELL (P)
- __ SHARED WELL (S)
- __ OTHER 'SPRINGS' (O) Will be City Water Before Completion

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ __ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: (LAST) Adkins (FIRST) Mark (MI)

ADDRESS: 5015 B West WT Harris Blvd

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: (704) 509 — 1981

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Manley, Thomas D. (LAST) (FIRST) (MI) Manley Custom Homes, Inc

DAYTIME PHONE: (704 363 — 4543

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Manley Custom Homes, Inc Thomas D. Manley DATE: 1/25/02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

B 98369

336-3800

Thomas D. Manley
President

Manley Custom Homes, Inc.

"Our Trademark is Personal Attention"

19809-B North Cove Rd.
Suite 103
Cornelius, NC 28031

Phone: 704-895-3672
Mobile: 704-363-4543
Nextel: 283

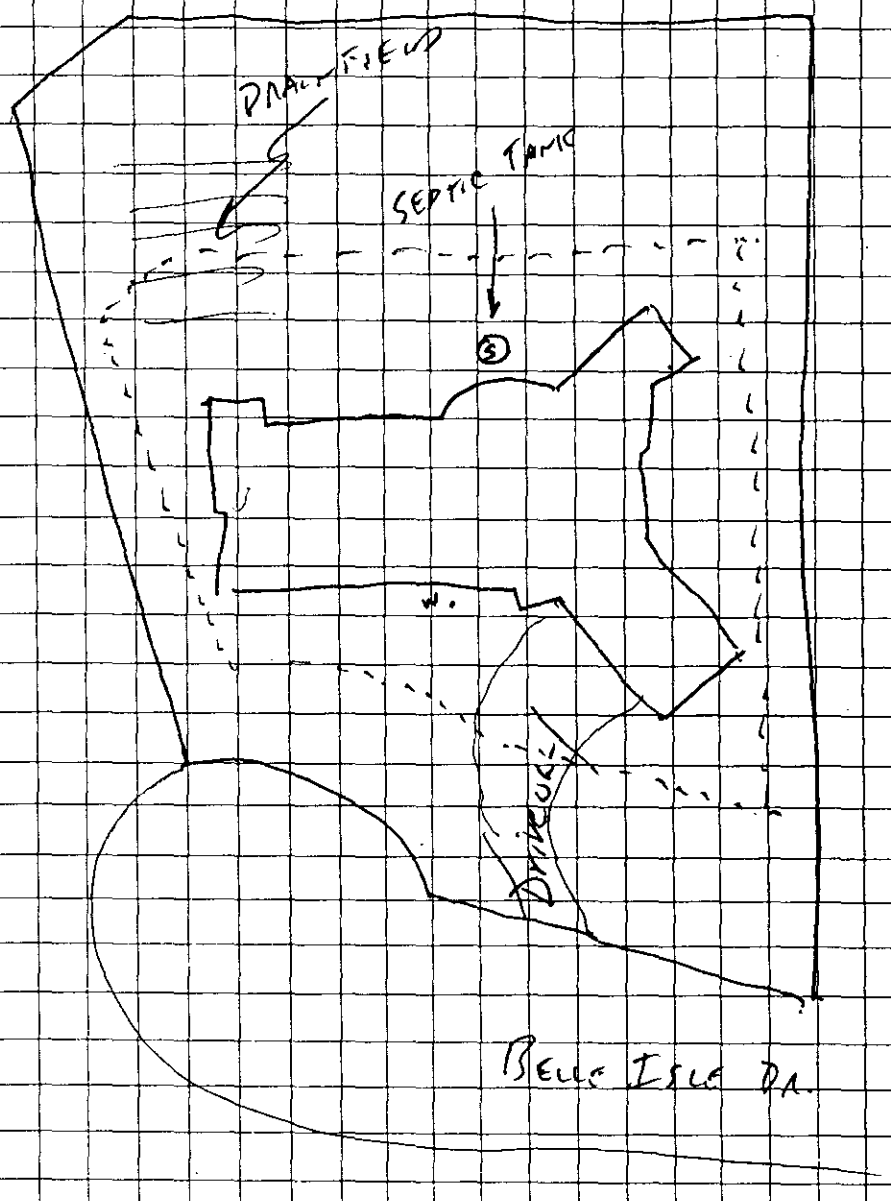
PROPOSED PLOT PLAN

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

FILE: 4379 B

TC: 00131240

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.



Manley Coston Hagelin Thomas D. Manley
OWNER/AGENT SIGNATURE

DATE 1/25/02

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's C

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

ACS # 1

Sheet: _____
Property ID: 001-312-40
Lot #: _____
File #: 43798

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Donald A. Bond
APPLICANT: Augusta Homes
ADDRESS: _____
DATE EVALUATED: 6-3-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 600gpd PROPERTY SIZE: .83
LOCATION OF SITE: 16309 Bell Isle Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 8-20% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		3-8"	SBK/cl	Fr/SEXP/SS/SP					
		8-48"	SBK/C	Fi/SEXP/SP					
		Some	large Floater	Rocks Present					
2	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		4-12"	SBK/scl	Fr/SEXP/SS/SP					
		12-48"	SBK/C	Fi/SEXP/SP					
3	LS	0-8"	gr/scl	Fr/SEXP/SS/SP	750" TO soil wetness	50"	N/A	None	PS .391 F2 IV
		8-50"	SBK/C	Fi/SEXP/SP					
4	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	754" TO soil wetness	54"	N/A	None	PS .391 F2 IV
		6-54"	SBK/C	Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.391 F2	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Mallin LSS - 6-4-00
OTHER(S) PRESENT: _____

FILE # 43798

COMMENTS Lot not 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

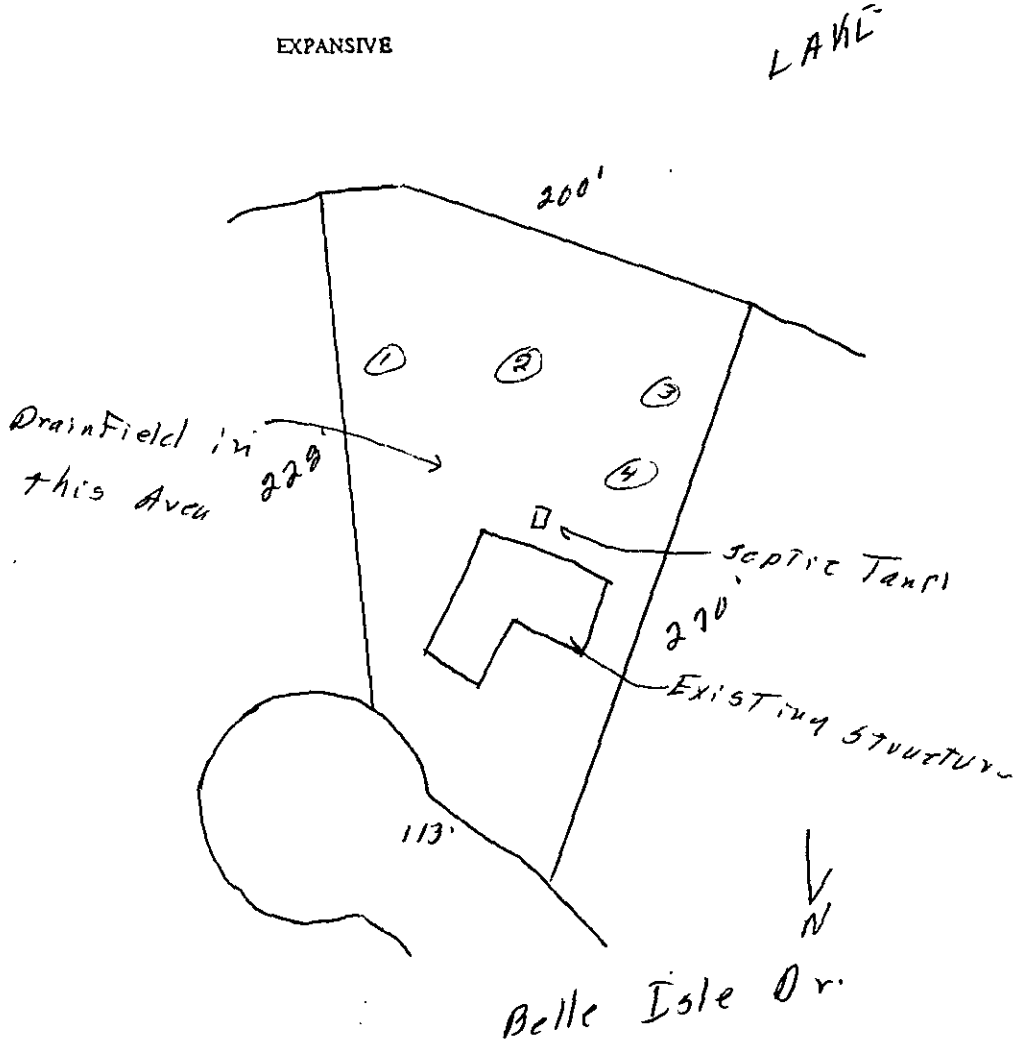
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00
DATE: 7/18/00 Emailed

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I CENT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 43796

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00131240

STREET ADDRESS: 16309 Bell Isle Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: N/A 46 Ph 5

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
X 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 6500 ±

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT /ON SLAB
__ CRAWL SPACE
X WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES X NO	WELL, SPRINGS OR WATERLINES	X YES __ NO
EXISTING WASTEWATER SYSTEMS	X YES __ NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Sapatas Chany (LAST) (FIRST) (MI)	NAME: Agusta Homes (LAST) (FIRST) (MI)
ADDRESS:	DAYTIME PHONE: ( ) -
CITY: Cornelius STATE: NC ZIP: 28031	Ken Wrench - 905-8976
DAYTIME PHONE: 704 892 0479	Ken Talbott - 634-0845

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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SIGNED: Agusta Homes DATE 07/18/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202

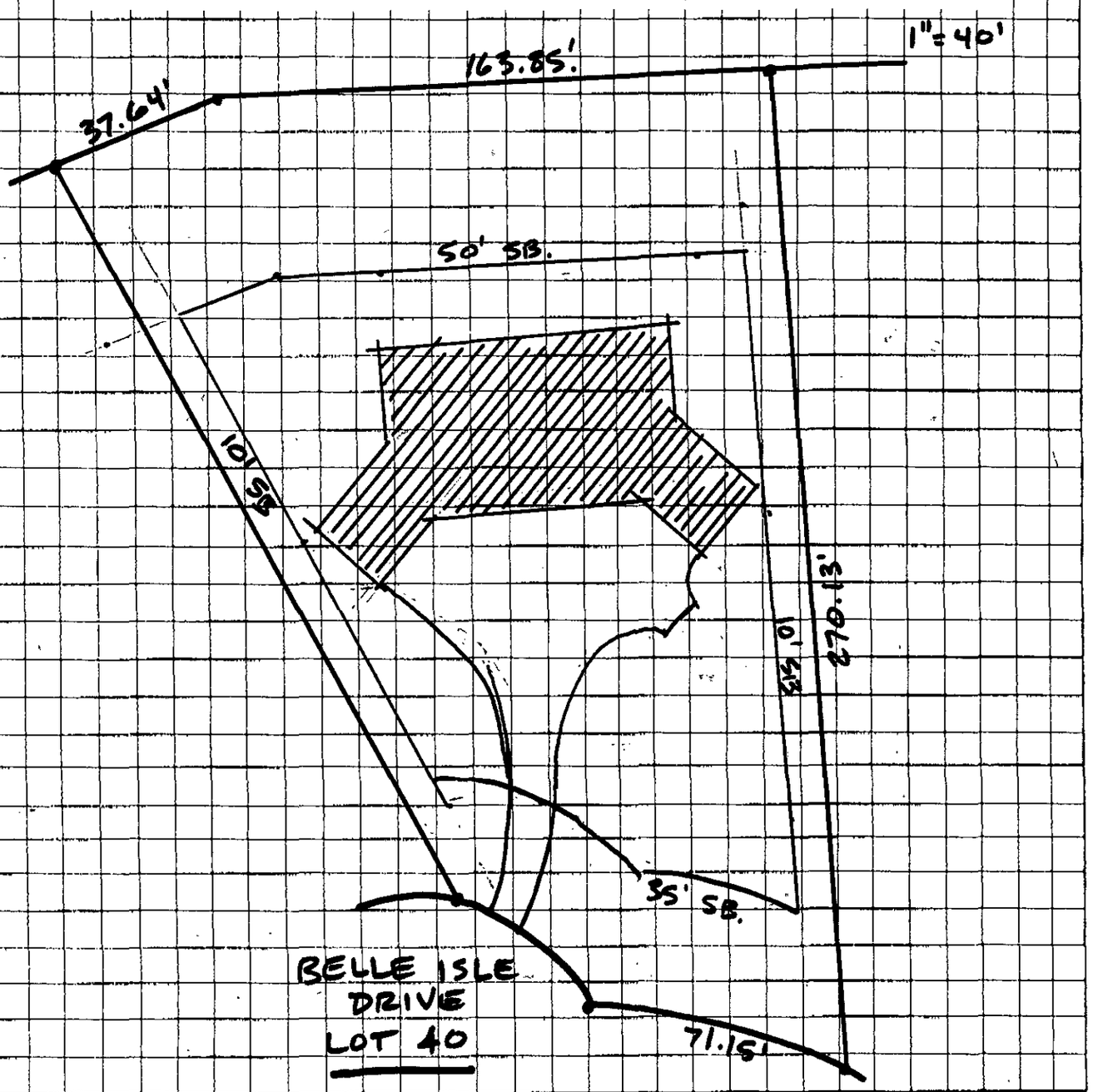
FILE: _____

CHARLOTTE, NC 28202
PHONE (704) 336-5102

TC: 001-31-40

#4379B

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 _____

OWNER/AGENT SIGNATURE

DATE

16309 Belle Isle Drive

Mecklenburg County
Health Department

Basic Steps for a New Septic Tank System

1. Make application for an **Improvement Permit** at the Mecklenburg County Health Department (MCHD). The application is to include a plat of the property (see other side for more information). If a legal agent represents the property owner, written documentation of representation must accompany the application. Total fee is $500 for residential & $700 for commercial (an initial $200.00 for residential or $400 for commercial fee is to be paid when the application is submitted for this first step).

2. If the site is acceptable for on-site sewage disposal, the MCHD will issue an Improvement Permit.