MECKLENBURG COUNTY
HEALTH DEPARTMENT

3387B #8892

28 APR '17 PM 2:22

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

PERSON FILING APPLICATION:
NAME: TIMOTHY S. GUISEWHITE
ADDRESS 5229 MT. HOLLY HUNTERSVILLE RD.
CITY CHARLOTTE
STATE NC ZIP: 28216
PHONE: 704-530-1700
ALTERNATE PHONE:
E-MAIL: tsgpls@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 02309206
STREET ADDRESS: 5229 MT. HOLLY-HUNTERSVILLE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28216

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

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
(X) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(X) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

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 [X] 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

4/28/17
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

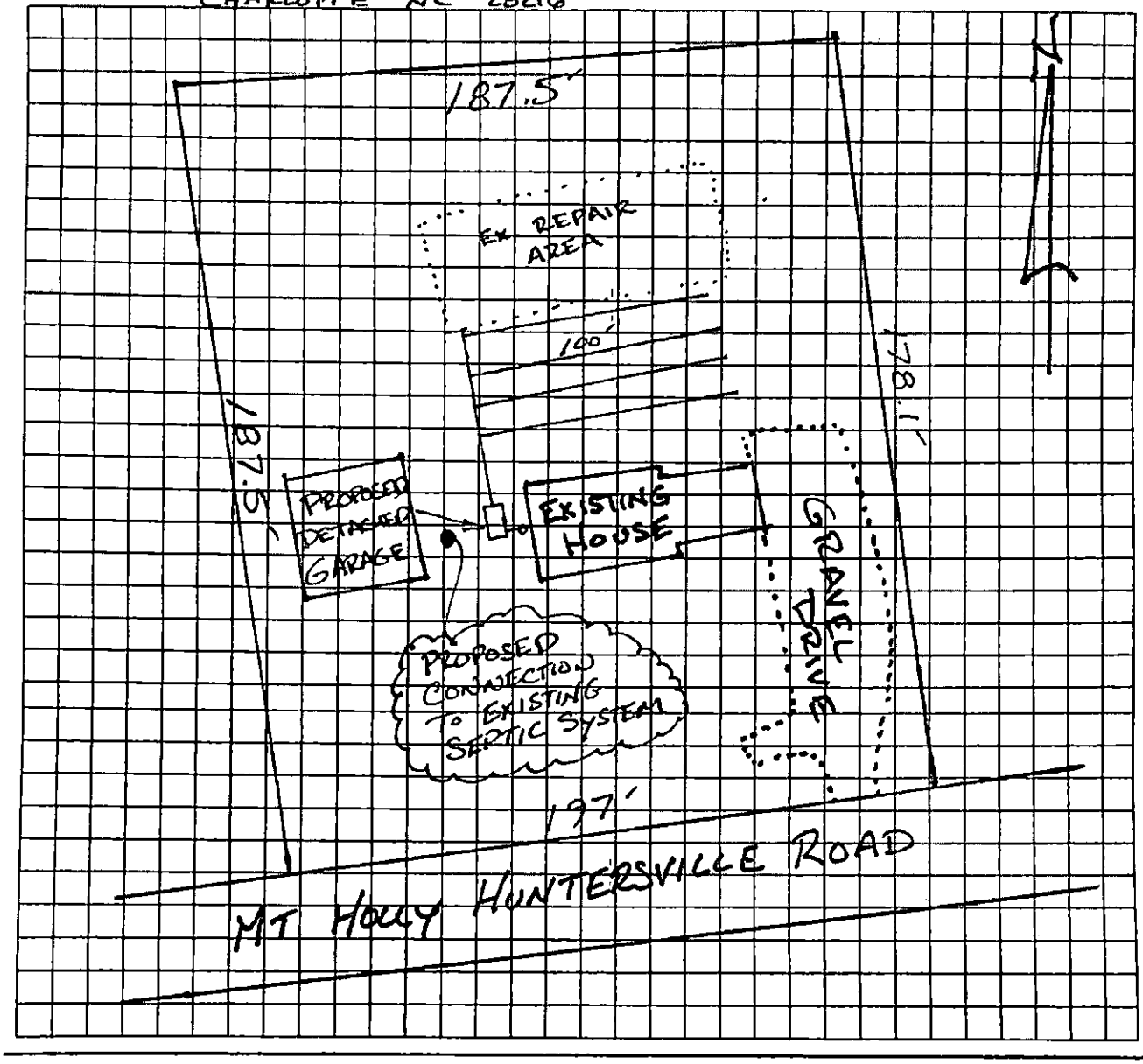
Revised on 01-03-11

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: 5229 MT. HOLLY HUNTERSVILLE RD CHARLOTTE NC 28216 Tax Parcel # 02309206



"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 Detached garage addition

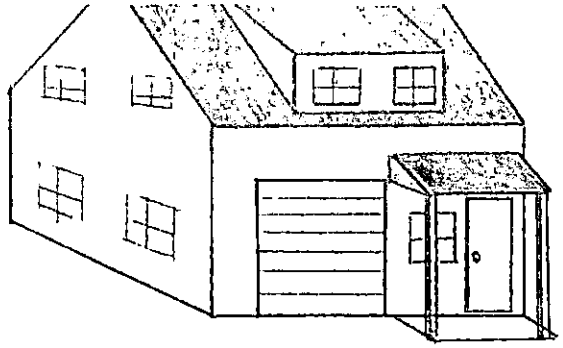
REHS Signature _____ Date 5/1/17

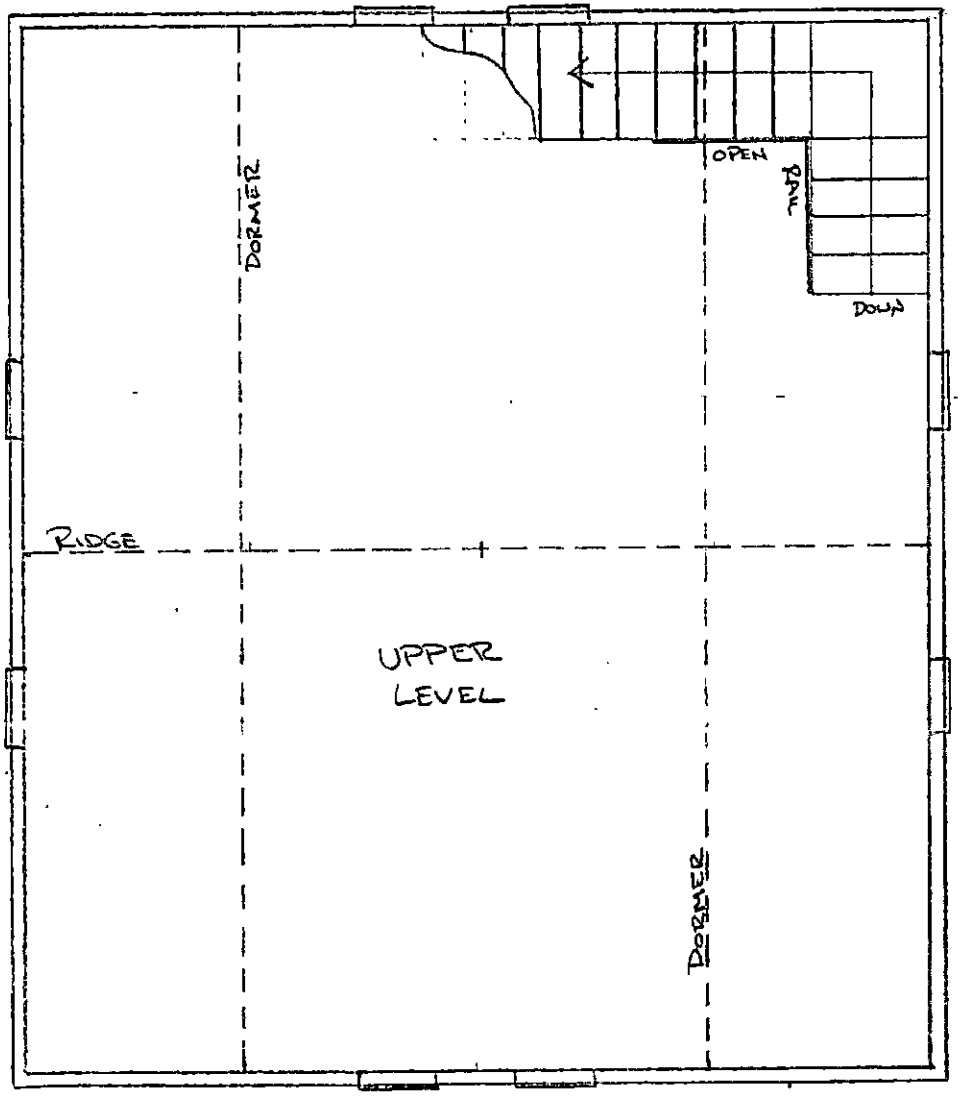
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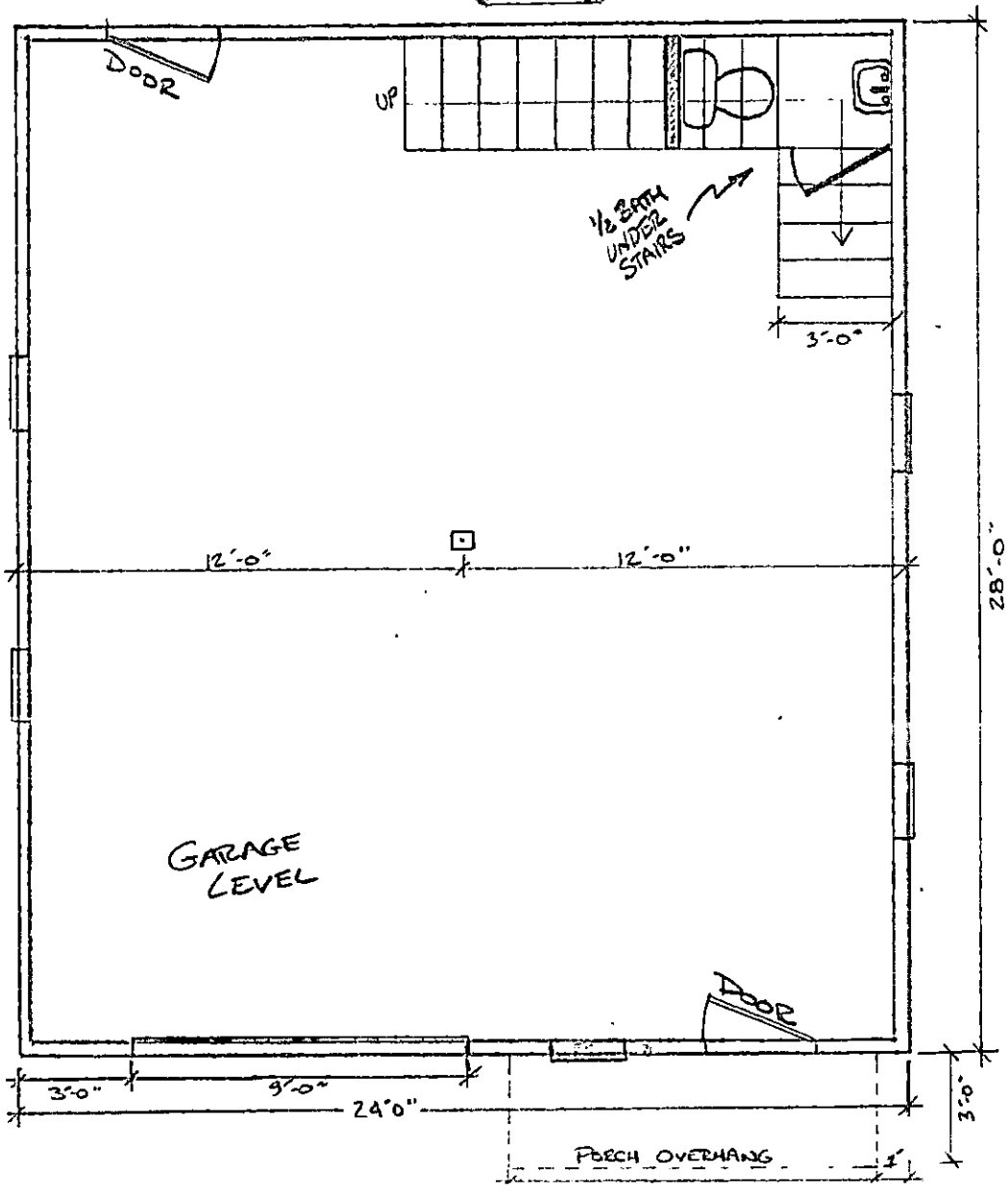
Revised on 01/03/11

5229 MT HOLLY HUNTERVILLE RD
CHARLOTTE NC 28216

PROPOSED GARAGE







MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/28/17	**Amount:**	100.00
Receipt #:	105592	**Tendered:**	100.00
Check / Auth #:	VISA 108150	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: GUISEWHITE, TIMOTHY
Attn:
Address: 5229 MT HOLLY HUNTERSVILLE RD
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 5229 MT HOLLY HUNTERSVILLE RD		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:
TIMOTHY GUISEWHITE

Bill To:

TIMOTHY GUISEWHITE
5229 MT HOLLY HUNTERSVILLE RD

Charlotte, NC 28216

Single Payment

Transaction Date:	04/28/2017 9:22 AM Pacific Time
Pay Method:	VISA **********9550
Approval #:	108150
Trace Number:	4eae5f37-568c-4723-ae63-93aca32524ef
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3387-B DATE: 6-2-00

TC: 023-092-06 ☒ L ☒ CRT

SERIAL Nº 18329

Name of Owner Donna McDonald Juris.: _____

Address of Property 5229 Mt Holly Huntersville Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 24"

Water Supply Source cmud

Distance to Water Source _____

Excavation Inspected 6-2-00

Tank(s) Inspected 6-2-00

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 2000 1500 ST 1200 SFT 126 GCCI CTR# BW Christenbury

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: type II

Kelly Rondall
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

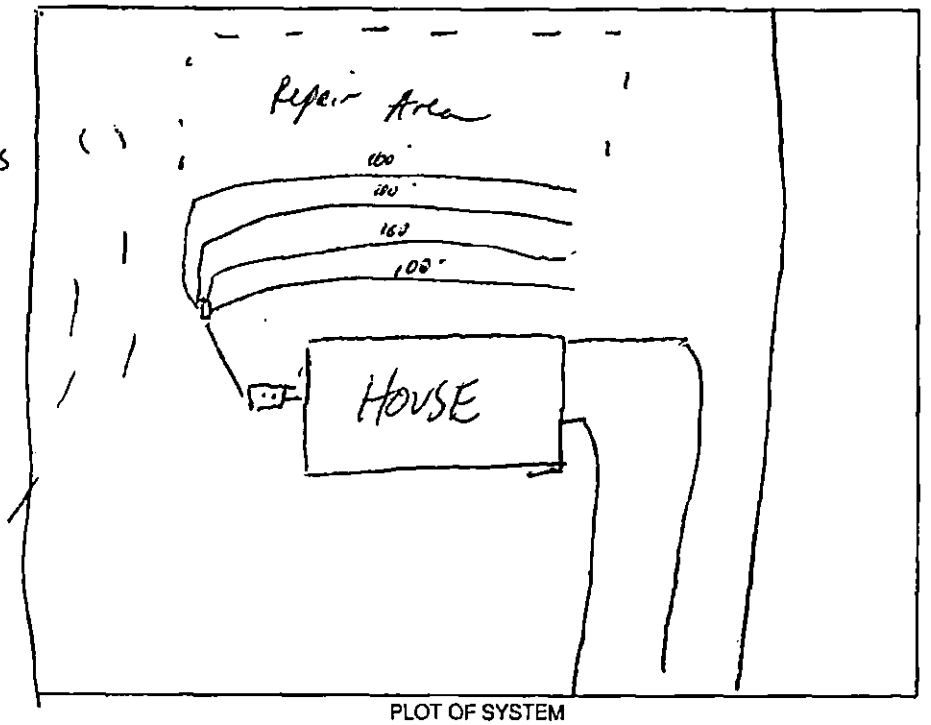
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 33878 DATE: 5/9/2000

TC: 023 092 06 ☐ X

SERIAL Nº 18373

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 5/25/99. All work shall be completed on or before 6/9/2000, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Donna McDonald

LOCATION OF PROPERTY 5229 Mt Holly Huntersville Rd

Comments: 1500ST, 4 lines x 100' long x 3' wd x 12" stone / Keep the septic system > 50' from the neighbors well

Phillip A. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY