100.00 chk 2731 3/22/11

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

File #

PW 317303 PW 4986 12049

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

owner

PERSON FILING APPLICATION:

NAME: JERRY HUNTER

ADDRESS: 2222 SAM WILSON RD

CITY: Charlotte

STATE: NC ZIP: 28214

PHONE: 704 399 5327

ALTERNATE PHONE:

E-MAIL:

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION

NAME:

ADDRESS:

CITY:

STATE: ZIP:

PHONE:

ALTERNATE PHONE:

E-MAIL:

JOB LOCATION INFORMATION

TAX PARCEL #: 053-143-03

STREET ADDRESS: 2222 Sam Wilson

CITY:

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: P2 1977

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: 3

NUMBER OF OCCUPANTS: 2

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

*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.

Jerry Hunter — Owner's/Agent's Signature

3.22.11 — 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

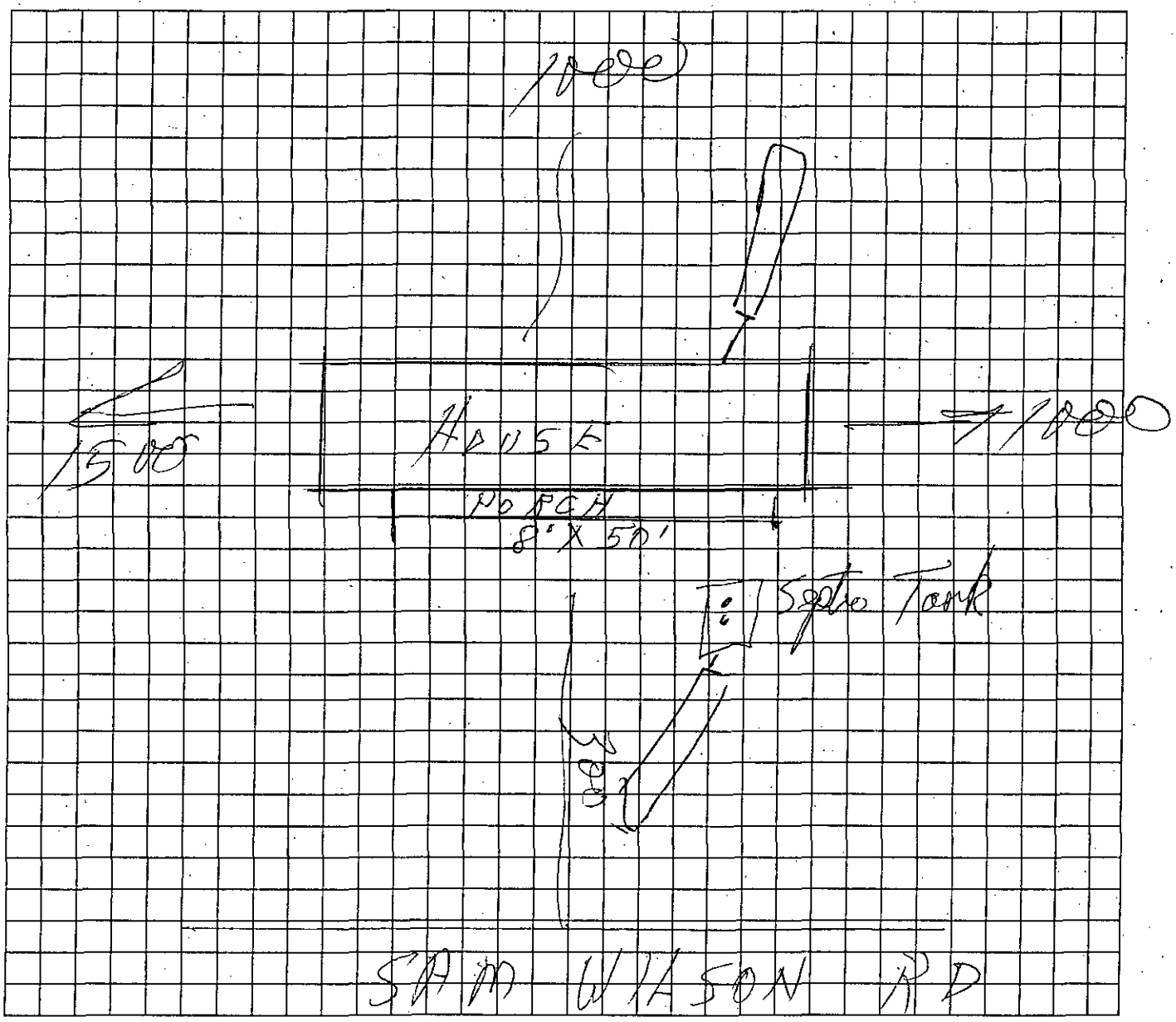
Revised on: 01/03/11

File #: 12049

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: 2222 Sam Wilson Tax Parcel #: 053-143-03



*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

Approved for porch addition
use existing system
Phil Walker RS 3/23/11
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