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 LE 9/22/15 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

12331 application # 7780

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

18 SEP '15 PM 2:19

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Daniel Morey
ADDRESS: 10433 Stonemede Ln
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (815) 474-4188
ALTERNATE PHONE:
E-MAIL: morey.dan@gmail.com

PROPERTY OWNER: [☑] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 23110124
STREET ADDRESS: 10433 Stonemede Ln
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Providence Ridge
LOT #: 18

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~~ 4
NUMBER OF OCCUPANTS: ~~3~~ 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.

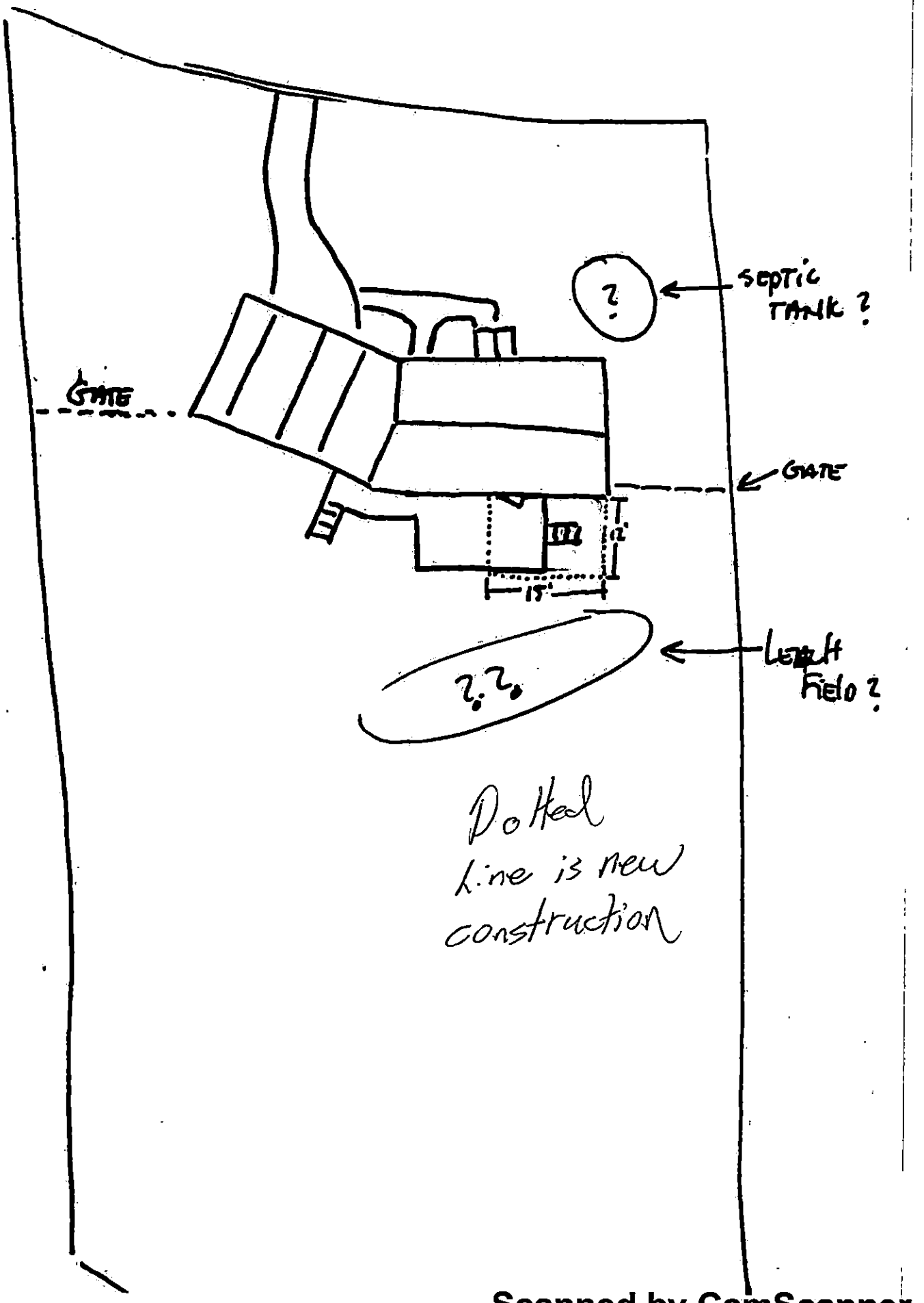
Owner's/Agent's Signature

9/18/15
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

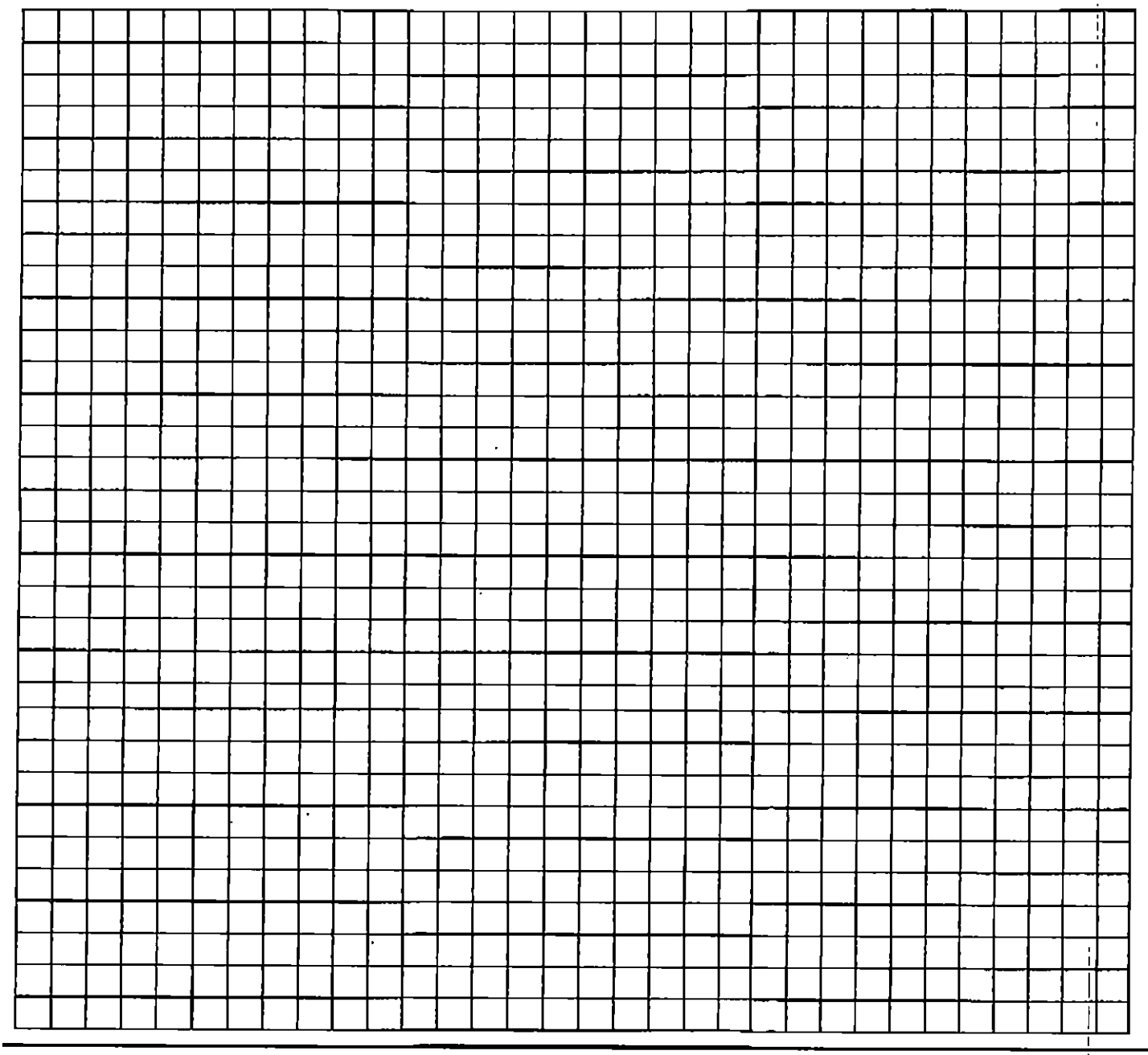


Scanned by CamScanner

File #: _____ PROPOSED LAYOUT 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: _____ Tax Parcel #: _____



*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

Permit approved. Piping will meet required setbacks

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: DANIEL MOREY

Bill To:

DANIEL MOREY
7810 GREYLOCK RIDGE RD

Matthews, NC 28105

Single Payment

Transaction Date: 09/22/2015 12:30 PM Pacific Time
Pay Method: VISA **********2679
Approval #: 01233B
Trace Number: 1d74012c-6cb7-4749-9593-1eacff6df8da
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/22/15	**Amount:**	100.00
Receipt #:	96193	**Tendered:**	100.00
Check / Auth #:	VISA 01233B	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MOREY, DANIEL
Attn:
Address: 7810 GREYLOCK RIDGE RD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10433 STONEMEDE LN		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Date Received_____

APT No. 12331
P.O.
T. C. No 231-101-01

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BOB McLEMORE & CO., INC.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER P.O. Box 25746 CHAR. ZIP 28212

3) PHONE NO. Home_____ Office 545-6111

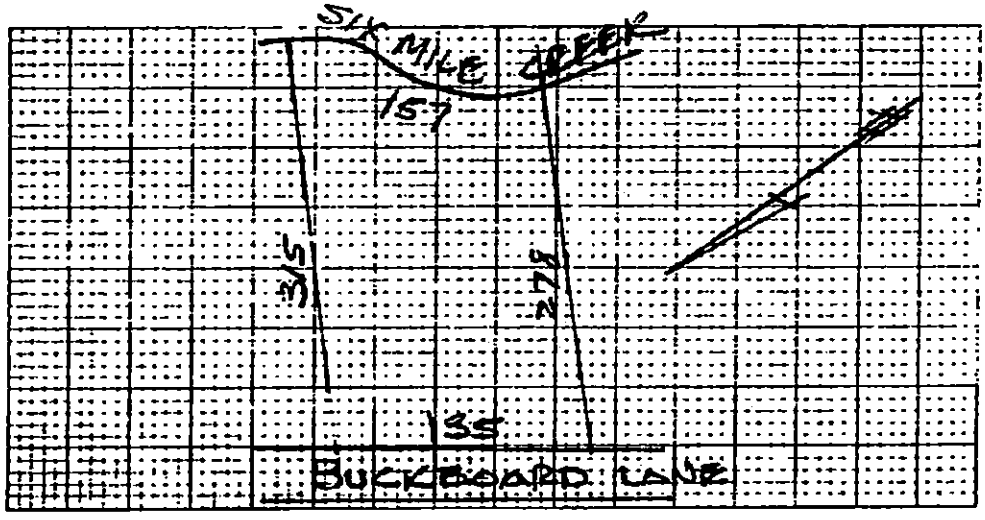
4) LOCATION OF PROPERTY BUCKBOARD LANE
(STREET OR COUNTY ROAD)

5) SUBDIVISION PROVIDENCE RIDGE LOT NO. 18 BLOCK NO. A

MAP BOOK NO_____ PAGE NO._____

6) DEED REFERENCE: DEED BOOK_____ PAGE NO._____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Peter C. Bobel
OWNER

FORM NO. EI-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation May 4, 1977 APT NO. 12331

Owner Bob McConnell and Co., Inc.

Location of Property Buckboard Lane lot No. 15 Block A

Tornado No. P.O. 231-101-01

Soil Suitability Ratings

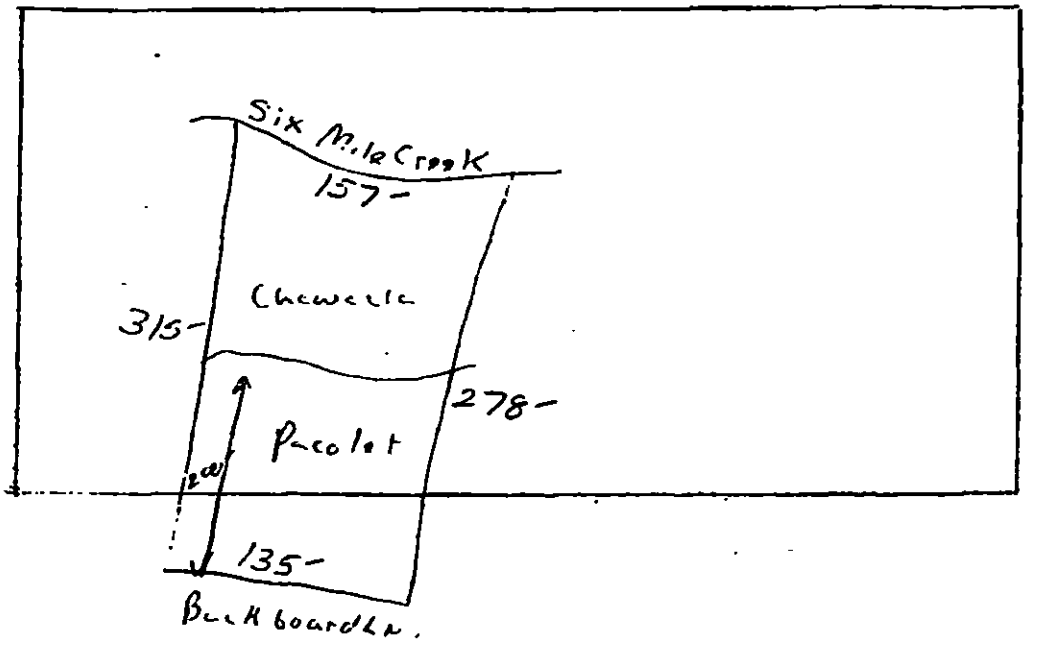
Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Pacolet		Chewacla	
2. Soil Slope	suitable 8-15%		—	
3. Soil Depth	suitable >48"		—	
4. Soil Texture	provisionally suitable clay		—	
5. Soil Structure	provisionally suitable blocky		—	
6. Restrictive Horizons	—		—	
7. Soil Drainage	suitable water table >6'		unsuitable poorly drained	
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate		unsuitable seasonal high water table 6"-18" from surface	
9. Other	60 min./in. —		unsuitable poorly drained	
10. Overall Rating	provisionally suitable		unsuitable	

Remarks Recommendations Based on this investigation, the lot was found to have an acceptable area of provisionally suitable soils for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in. and should be placed in the area of Pacolet soils.

W. Edward Casavant
Soil Scientist

3/75
HUD 559

DIAGRAM OF PROPERTY



3/18/75
EHD 539

Serial No. 0757

PTR No. 12331

Date Issued May 18, 1977

T. C. No. P.O.231-101-01

Map Date

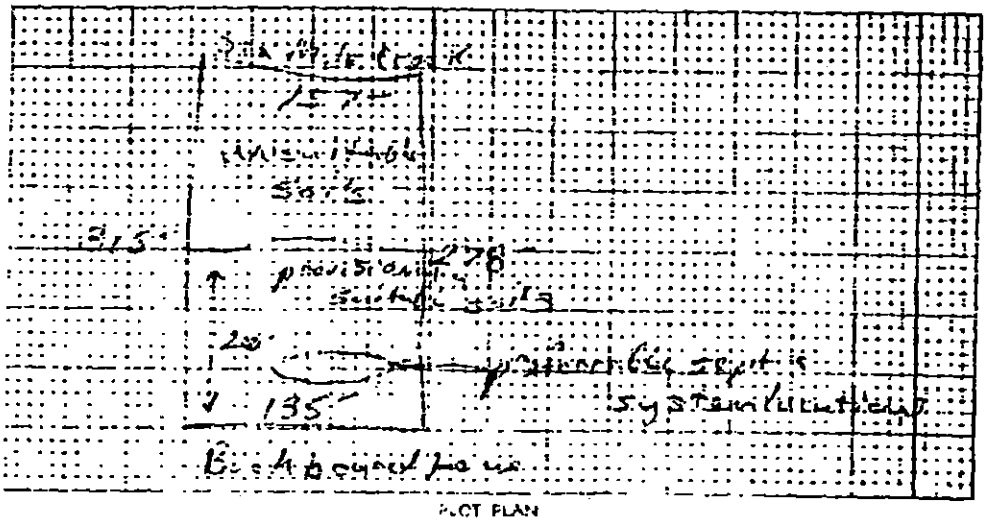
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Bob McLemore & Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25746, Charlotte, NC ZIP 28212

LOCATION OF PROPERTY Buckboard Lane
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 18 BLOCK NO. A



PLOT PLAN

...the Mecklenburg C...unt... ...ation was conducted ...

Provisionally Suitable
60 min/in.

...This ...oad lot is approved ... ...subsurface, soil ch... ...following terms and conditions

1. ...
2. ...
3. ...
4. ...

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date.

EHD-5-74 Soil Scientist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 3/16/78

ICAR(S) Application No. 12331

T. C. No. _____

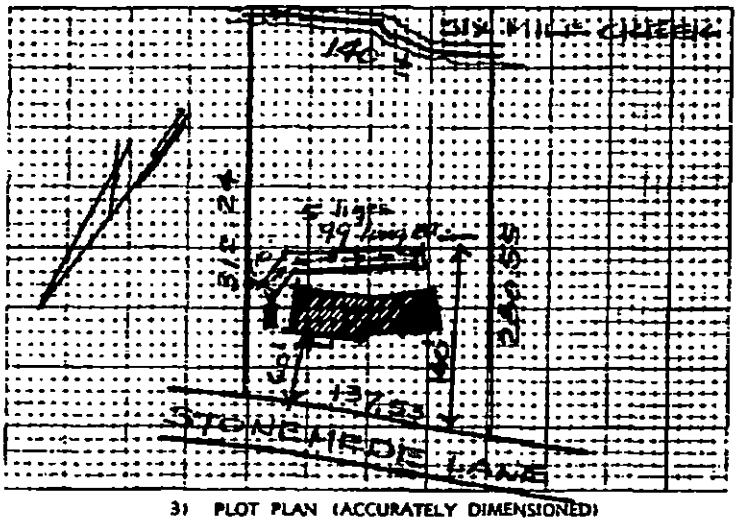
Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ____ No
7) Garbage Disposal ____ Yes ✓ No
8) Dishwasher ✓ Yes ____ No
9) Water Supply:
A) Individual Well _____
B) Governmental System _____
C) Community System:
1. Well source ✓
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER GOEBEL (LAST), PETER (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 8200 INDIAN TRAIL RD. CHAR. 28212

15) PHONE NO Home _____ Office 545-4206

16) LOCATION OF SYSTEM 10433 STONEMEDE LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION PROVIDENCE RIDGE Lot No. 18 Block No. A

Map Book No. 18 Page No. 120

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 5-18-77
→ 60 MIN/IN

20) PTR NUMBER (See Instructions) 12331

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3-16-78
DATE OF APPLICATION

Peter L Goebel
OWNER

FORM NO. E-4-4-1-7

HEALTH DEPARTMENT'S COPY

Date Issued 3/17/78 Serial No. 1638

LA No. 12331

T. C. No. P.O. 231-101-01

Map Date -

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR IMPROVEMENT PERMIT INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Goebel, (LAST) Peter (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 8200 Indian Trail Road, Charlotte, N. C. ZIP 28212

LOCATION OF LOT 10433 Stonemede Lane (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 18 BLOCK NO. A

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 12331. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

John R Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 5 April

Serial No. 1497

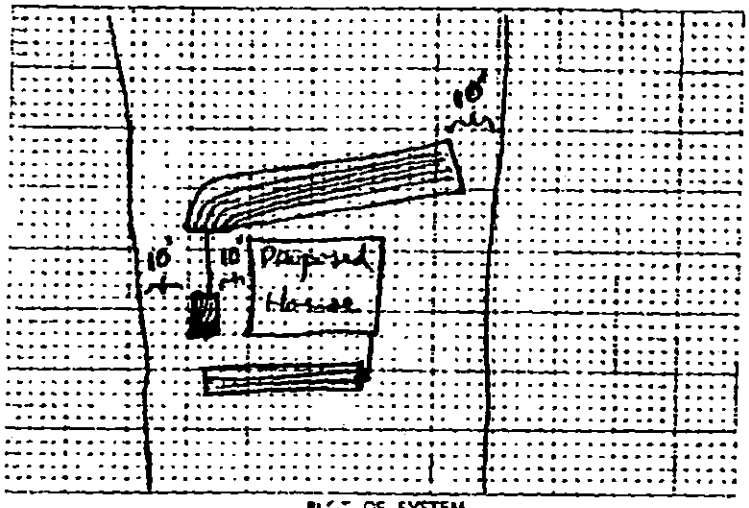
ICAR(S) Permit No. 12331

T C. No. 231-1601

Map Date

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 ✓ 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 12321 dated 3/16/78 and this permit shall be void and of no effect if the information provided in the application is not true or accurate. All work shall be completed on or before 5 May, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast

Absorption and or Nitrification Lines

Total Line Length 495' & 125'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well community

NAME OF OWNER Peter L. Gabel

LOCATION OF PROPERTY 1C433 Stonemede Lane - (Lot 18-A)

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 can be covered up or otherwise rendered uninspectable or connected 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 (15'x99'x12") S.T. (12'x32'x17" stone) with

Division or Section Head

Environmentalist Stephen J. Wood

* 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-5-76

Environmental Health Department's Copy

Serial No. 1510

C of A (s) No. 12331

Date Issued 12 May 75

T. C. No. 231-106-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Gore (LAST) Peter (FIRST) L. (MIDDLE)

Location of Property 10433 Stanmade Ln.

Application Number 12331 Permit Number 12331

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Con

Total Length of Drain Tile 495' & 125' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 24" - 18"

Water Supply Source Community Distance from Water Source (N/A) > 100'

Excavation Inspected 12 May (DATE) Tank Inspected 12 May (DATE)

Nitrification Field Inspected 12 May (DATE)

Washing Machine Line Inspected, If Applicable 12 May (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~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 these 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 good job - good soil - Steep Grade

Environmentalist

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
HEALTH DEPARTMENT

12331 application # 7780

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

18 SEP '15 PM 2:19

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: Daniel Morey
ADDRESS: 10433 Stonemede Ln
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (815) 474-4188
ALTERNATE PHONE:
E-MAIL: morey.dan@gmail.com

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 23110124
STREET ADDRESS: 10433 Stonemede Ln
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Providence Ridge
LOT #: 18

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~~ 4
NUMBER OF OCCUPANTS: ~~3~~ 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [X] 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.

Owners/Agent's Signature

9/18/15
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