MECKLENBURG COUNTY
HEALTH DEPARTMENT

4303B #9062

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 19938130
STREET ADDRESS: 12800 Oak Embers Ct
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: 30 LOT SIZE (acres): 0.86
TOWNSHIP:

◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 3,906
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☑ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ 1 ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ○ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ○ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ○ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ○ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ○ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/25/00 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:

NAME: Donald Christopher Jones & Sharon A. Jones
ADDRESS: 12800 Oak Embers Ct
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: (704) 392-1011
MOBILE PHONE: (704) 506-4287
FAX: (704) 392-1013
E-MAIL: chris65@bellsouth.net

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

DCJ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Donald Christopher Jones
Property Owner's or Owner's Legal Representative Signature

7/26/17
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4303 B Permit #: 9062 Tax Parcel #: 199-381-30

Property Owner: Donald and Sharon Jones

Job Location Address: 12800 Oak Embers Ct

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: 7/31/17 Construction Authorization Issuance Date 7/31/17

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: New 1000 gallons plastic tank

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

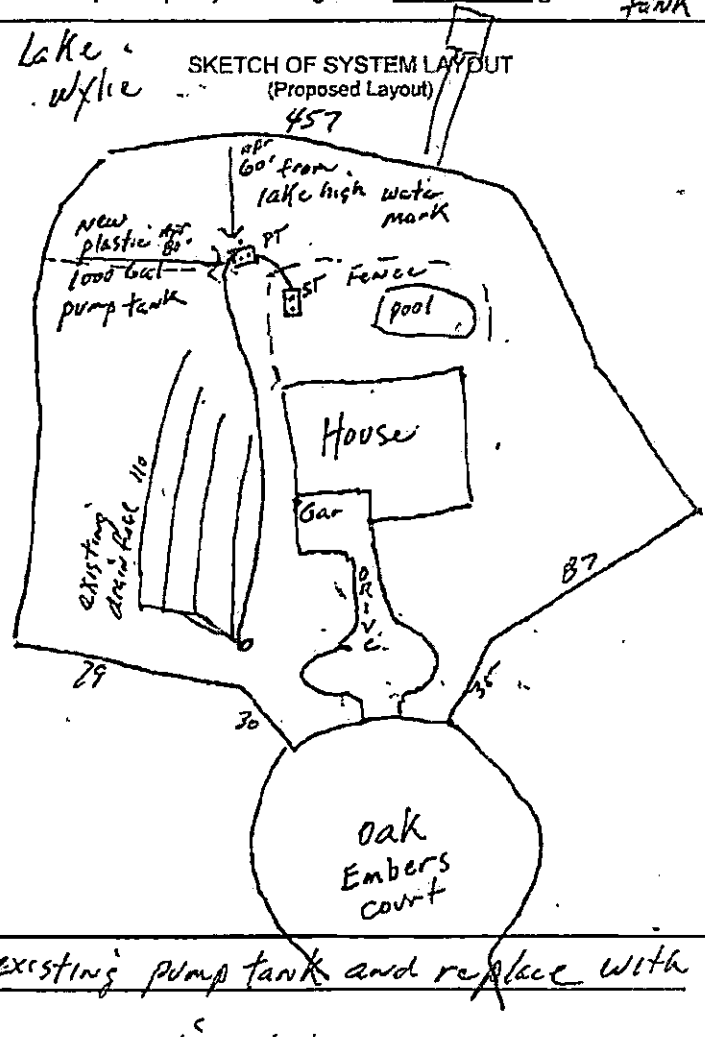
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg Abandon existing pump tank and replace with a 1000 Gal Plastic Pump Tank.

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: Donald C. Jones Date: 7-31-17

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4303 B Permit #: 9062 Tax Parcel #: 19938130

Property Owner: Donald and Sharon Jones

Job Location Address: 12800 Oak Embers Ct

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: 7/31/17 **Construction Authorization Issuance Date** 7/31/17

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: New 1000 gallons plastic tank

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

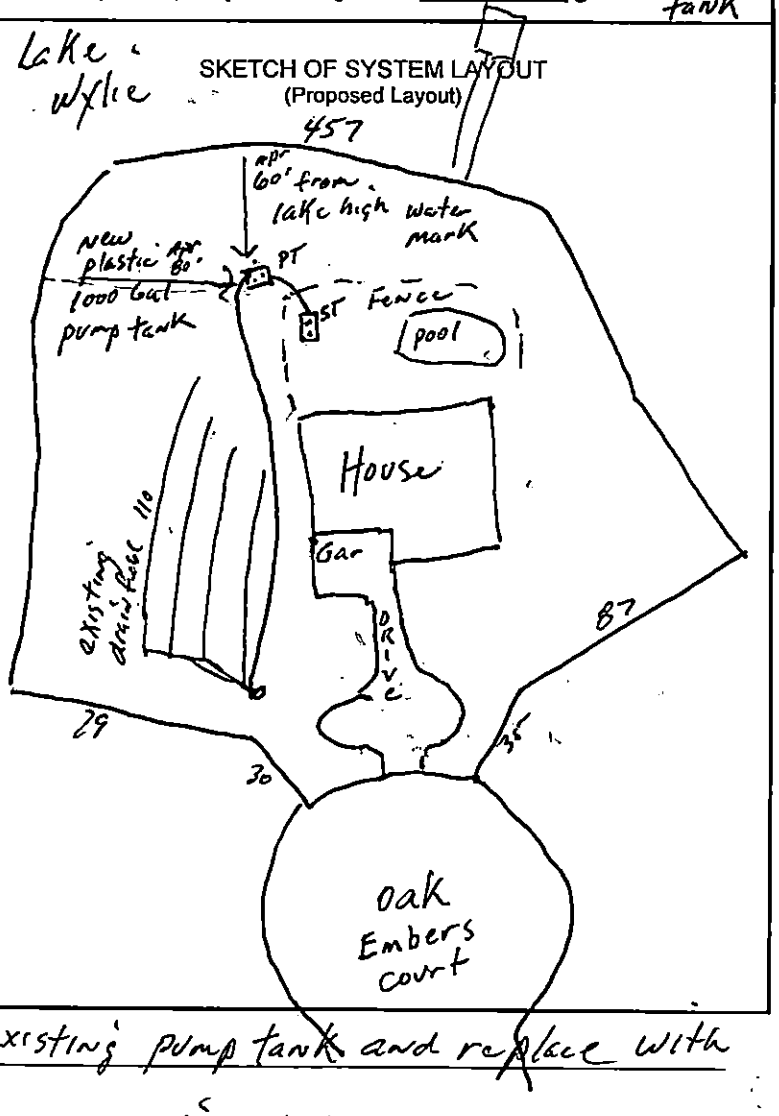
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

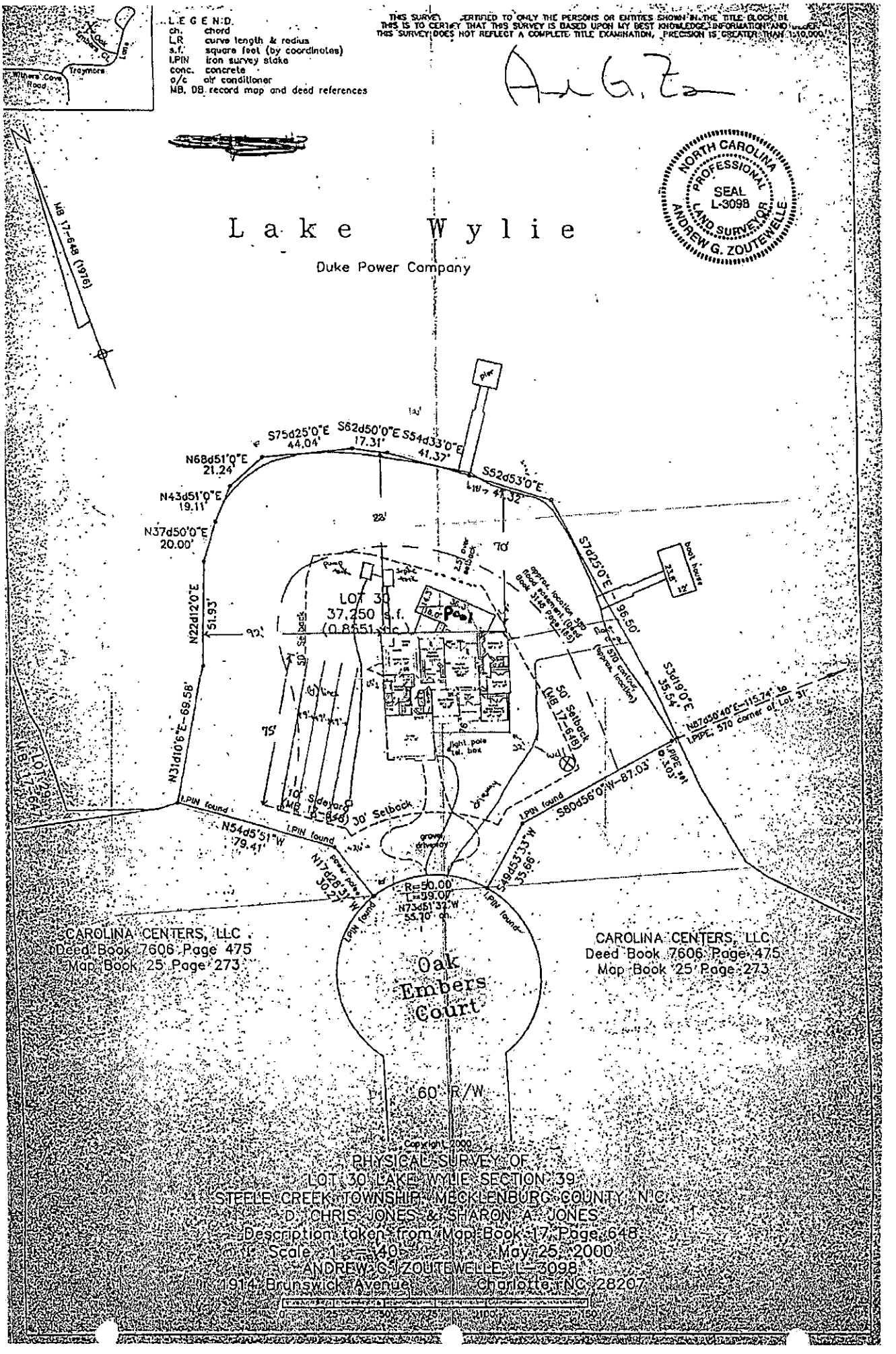


Comments: System Classification & Type: IIIg Abandon existing pump tank and replace with a 1000 Gal Plastic Pump Tank.

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: _____ Date: _____




Withers Cove Road
Traymore
Lane
L E G E N D:
ch. chord
L,R curve length & radius
s.f. square feet (by coordinates)
I.PIN iron survey stake
conc. concrete
a/c air conditioner
MB, DB record map and deed references
THIS SURVEY CERTIFIED TO ONLY THE PERSONS OR ENTITIES SHOWN IN THE TITLE BLOCK BE
THIS IS TO CERTIFY THAT THIS SURVEY IS BASED UPON MY BEST KNOWLEDGE, INFORMATION AND
THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINATION, PRECISION IS GREATER THAN 1:10,000
AUG. 25
NORTH CAROLINA PROFESSIONAL SEAL L-3098 LAND SURVEYOR ANDREW G. ZOUTEWELLE
Lake Wylie
Duke Power Company
MB 17-648 (1976)
S75d25'0"E 44.04'
S62d50'0"E 17.31'
S54d33'0"E 41.37'
S52d53'0"E 41.32'
N68d51'0"E 21.24'
N43d51'0"E 19.11'
N37d50'0"E 20.00'
N22d12'0"E 51.93'
N31d10'6"E-69.58'
S37d25'0"E 96.50'
S33d19'0"E 35.54'
S80d56'0"W-87.03'
S49d53'33"W 35.66'
N54d5'51"W 79.41'
N17d28'51"W 30.21'
R=50.00'
L=39.09'
N73d51'32"W
55.10' ch.
LOT 30
37,250 s.f.
(0.8551 ac.)
Pool
Pier
boat house
2.5' overhang
approx. location of 5' Storm Drainage Easement (DB 3168 Pg 165)
50' Setback (MB 17-648)
30' Setback
10' Sideyard (MB 17-648)
light pole tel. box
driveway
grassy driveway
I.PIN found
I.PIN found
I.PIN found
I.PIN found
I.PIPE, 570 corner of Lot 31
I.PIPE, 570 corner of Lot 29
LOT 29 (MB 17-647)
CAROLINA CENTERS, LLC
Deed Book 7606 Page 475
Map Book 25 Page 273
CAROLINA CENTERS, LLC
Deed Book 7606 Page 475
Map Book 25 Page 273
Oak Embers Court
60' R/W
Copyright 2000
PHYSICAL SURVEY OF
LOT 30 LAKE WYLIE SECTION 39
STEELE CREEK TOWNSHIP MECKLENBURG COUNTY N.C.
D. CHRIS JONES & SHARON A. JONES
Description taken from Map Book 17 Page 648
Scale 1" = 40' May 25, 2000
ANDREW G. ZOUTEWELLE L-3098
1914 Brunswick Avenue Charlotte, NC 28207
0 25 50 25 100 150

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4303B Permit #: 9062 Tax Parcel #: 199 38130

Property Owner: Donald and Sharon Jones

Job Location Address: 12800 Oak Embers Ct

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 9/7/17 Contractor Name: Stanley Septic

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 Plastic Pump Tank gallons

Liquid Capacity of Septic Tank: 1500 existing gallons Manufacture Infiltrator Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

Inspection Dates

Tank(s) Inspected: 9/7/17

Excavation Inspected: NA

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See Improvement Permit/ construction authization

Replaced pump tank w/ plastic 1000 gal Infiltrator pump tank.

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Installed 1000 gal Infiltrator Plastic pump tank Type III b

DHHS Authorized Agent: Phil Walker Signature: Phil Walker REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4303B Permit #: 9062 Tax Parcel #: 199 381 30

Property Owner: Donald and Sharon Jones

Job Location Address: 12800 Oak Embers Ct

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: I/II

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Philo Walker Date: 9/7/17

Signature: Philo Walker REHS

Mecklenburg County
Health Department

FAX

Date: 7/17/17

To: Christopher Jones

Fax number: _____

From: Philo Walker

Phone: 704-201-7673

Comments: Please sign and email back to me @ Philo.Walker@Mecklenburgcountync.gov or Fax back to my attention @ 704-336-6894. Thank You

You can also email a signed copy to Stanley Septic.
Thank you Philo 704 201 7673

Number of pages being transmitted including this cover page: 2

My fax number is (704) 336-6894

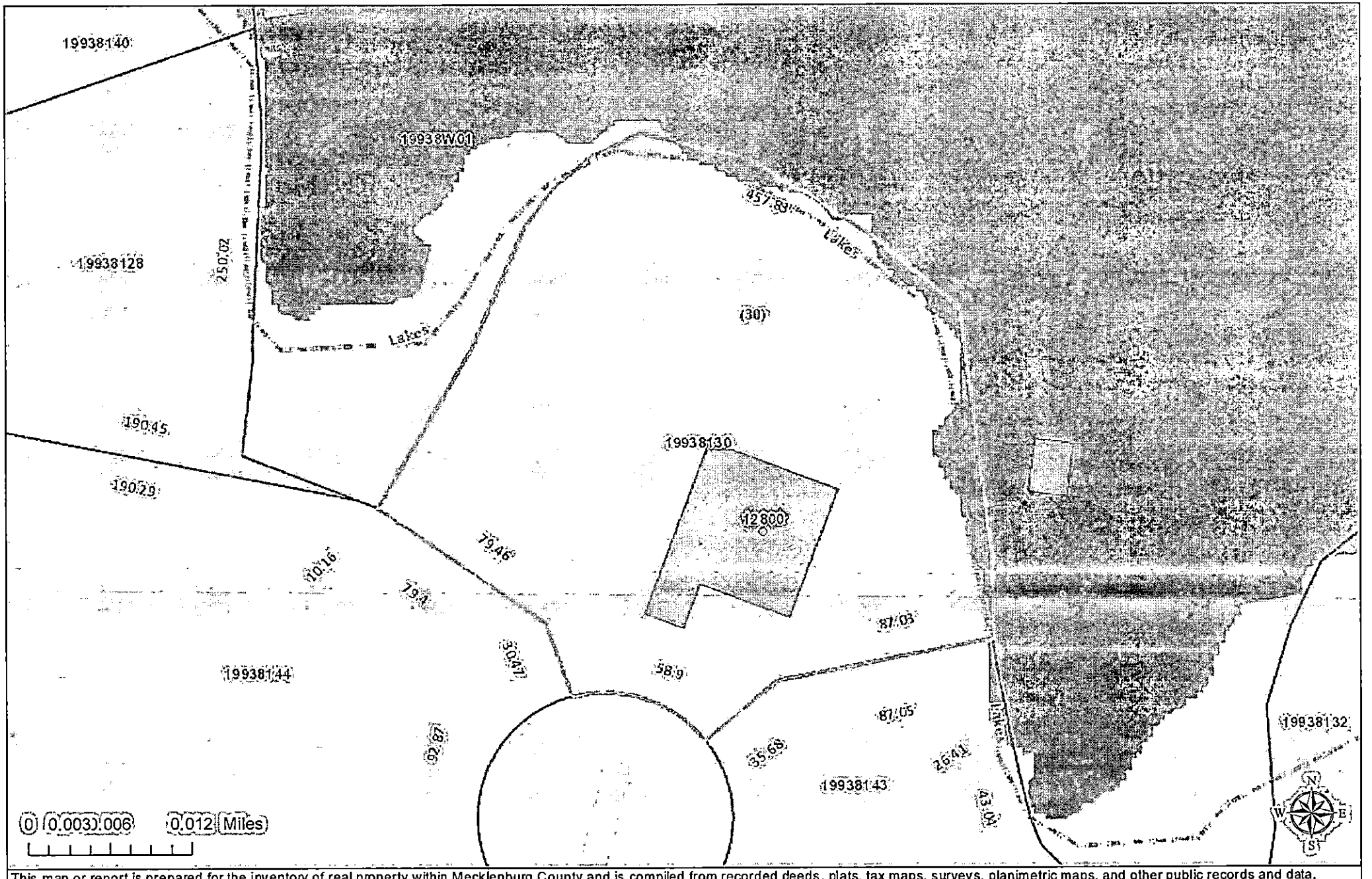
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Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 7/31/2017 1:01:02 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print
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Parcel Information

Parcel ID	Account	Parent	Previous
19938130	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
JONES DONALD CHRISTOPHER HUSBAND	12800 OAK EMBERS CT	CHARLOTTE NC 28278
JONES SHARON A WIFE	12800 OAK EMBERS CT	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L30 SEC39 M17-648	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0

Total Parcel Assessment

Building	Land	Features	Total
318600	275000	23700	617300

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
May 31 2000	185000			IMP	DEED STAMPS	11319-300	KEMP GAYLE CUMMINGS

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1	WF	T902	275000

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	2002	12800 OAK EMBERS CT UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	6066	3906	CRAWL SPACE	FACE BRICK -	GOOD 01	318600

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP2	AC-CENTRAL	0	3	3	0	1

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	2480
1	GARAGE - FINISHED	611
1	GARAGE - FINISHED	1054
1	BASEMENT - OPEN-ENDED FINISHED	1426
1	PORCH - OPEN - FINISHED	70
1	PORCH - OPEN - FINISHED	425

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 9.00%	- 0.00%	- 0.00%	- 0.00%	- 0.00%

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2002	DECK	1	495.00000	4100
1	2002	PATIO	1	120.00000	400
1	1950	BOATHOUSE	1	264.00000	1700
1	1950	BOAT RAMP	1	36.00000	0
1	2002	DOCK	1	600.00000	6600
1	2002	BOAT SLIP/CO	1	336.00000	2800
1	1950	PIER	1	180.00000	900
1	1950	BOAT RAMP	1	42.00000	0
1	1950	PIER	1	80.00000	400
1	1950	DOCK	1	80.00000	600
1	2008	POOL-VINYL	1	350.00000	6200

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	617300	0
Jun 1 2009	2009	Remodeled and/or New Addition	568000	0
Jun 1 2009	2009	Remodeled Improvements and/or New Additi	568000	0
Sep 16 2003	2003	New Improvement	562000	0

Notice Date	Tax Year	Reason	Changed To	Deferred
Mar 21 2003	2003	Countywide Revaluation	226600	0
Jan 5 1998	1998	Countywide Revaluation	191000	
Nov 15 1991	1991	Equalization of Value	156250	
Jan 2 1991	1991	Countywide Revaluation	171250	

Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
WORK ORDER SUMMARY

Work Order

Work Order ID #	93869
Department	Groundwater/Wastewater Services
Description	PME Inspection
Status	In Progress
Address	12800 OAK EMBERS CT
Location	12800 OAK EMBERS CT
Jurisdiction	Mecklenburg
X Coordinate	1399674
Y Coordinate	515386
Submitted To	WALKER, PHILO
Date Initiated	3/29/2017 2:41:52 PM
Initiated By	MICHAEL, JEREMY
Date Completed	
Completed By	
Closed By	
Unattached WO?	
Comments	
Cost Summary	
Total Cost	$0.00
Labor Cost	$0.00
Material Cost	$0.00
Equipment Cost	$0.00

Associated Service Request

Request ID	Status	Request Description	Incident Address

Initiated By	Date Initiated	Dispatch To	Submit To

Custom Fields

Field	Value
SYSTEM STATUS	
FILE NUMBER	4303B
SYSTEM CLASS	IIIb
WATER SUPPLY	
FEE	
INSPECTION YEAR DUE	2017
INSPECTION QUARTER DUE	Quarter 4

GIS Feature(s) Attached

Feature Type	Feature ID
PME_SITES	684

PME_SITES	
Name	**Value**
Address	12800 OAK EMBERS CT
Parcel ID	19938130
File #	4303B