6583 B
11609
22 SEP '20 PM 2:27

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

APPLICATION TYPE: (X) 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: Andre Richmond/America's Best Realty & Builders
ADDRESS: 4500 Steepleton Way
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704-400-8180
ALTERNATE PHONE:
E-MAIL: abrbuilders@yahoo.com
Acct #: X49513

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Frank Purnell
ADDRESS: 9439 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-787-0086
ALTERNATE PHONE:
E-MAIL: tpurnell@bellsouth.net

JOB LOCATION INFORMATION
TAX PARCEL #: 139-033-55
STREET ADDRESS: 9439 Stonebridge Way
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Stonebridge @ Mint Hill
LOT #: 52

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: 5
NUMBER OF OCCUPANTS: 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.

Owner's/Agent's Signature

9/22/20
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

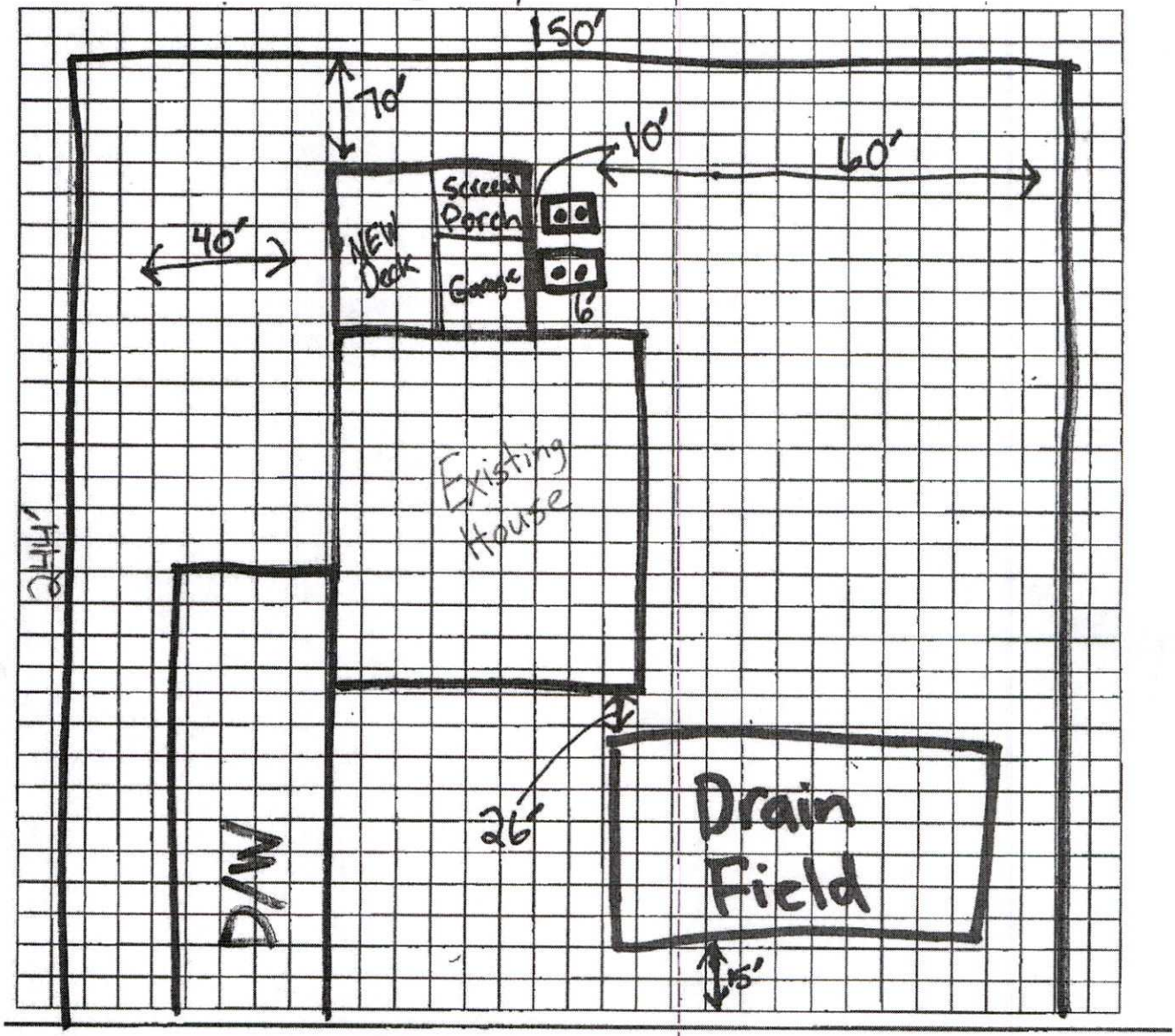
Revised on: 01/03/11

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: 9439 Stonebridge Way 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

Proposed deck/garage is off Septic + Pump tank. Footer is 5 ft. off septic tank.

Brandon Blevins 10/9/20
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 980-314-1660. FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Builder Sent In plans: Has note on keeping footer 5 ft. from Tanks. -BPS (See attached plan).

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that America's Best Realty & Builders is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 9439 Stonebridge Way Mint Hill
   Number Street Town
   (Or Parcel Number)

FRANK PURNELL
Property Owner (print name)

Property Owner (signature)

9/22/2020
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/22/20	**Amount:**	100.00
Receipt #:	123993	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

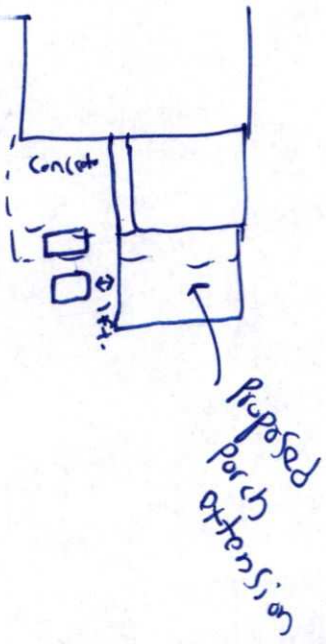
Account #: X49513
Contractor: AMERICA'S BEST REALTY
Attn:
Address: 13534 PLAZA ROAD EXTENSION
Address: SUITE 108
City/State/Zip: CHARLOTTE, NC 25215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9439 STONEBRIDGE WAY		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	4.27	427.38			

Sending new design
Staying 5ft off tanks.



LEGEND

BRICK VENEER

STUD FRAMED WALL

EXST. FRAMED WALL

TH. MARBLE THRESHOLDS @ BATH DOORS
ALUM. THRESHOLDS @ EXTERIOR DOORS

(T) TEMPERED GLASS WINDOW

(E) EGRESS WINDOW

f x d WINDOW/DOOR SIZES

HB. HOSE BIB

C.J. CONCRETE JOINTS W/ SEALANT

WALL SECTION

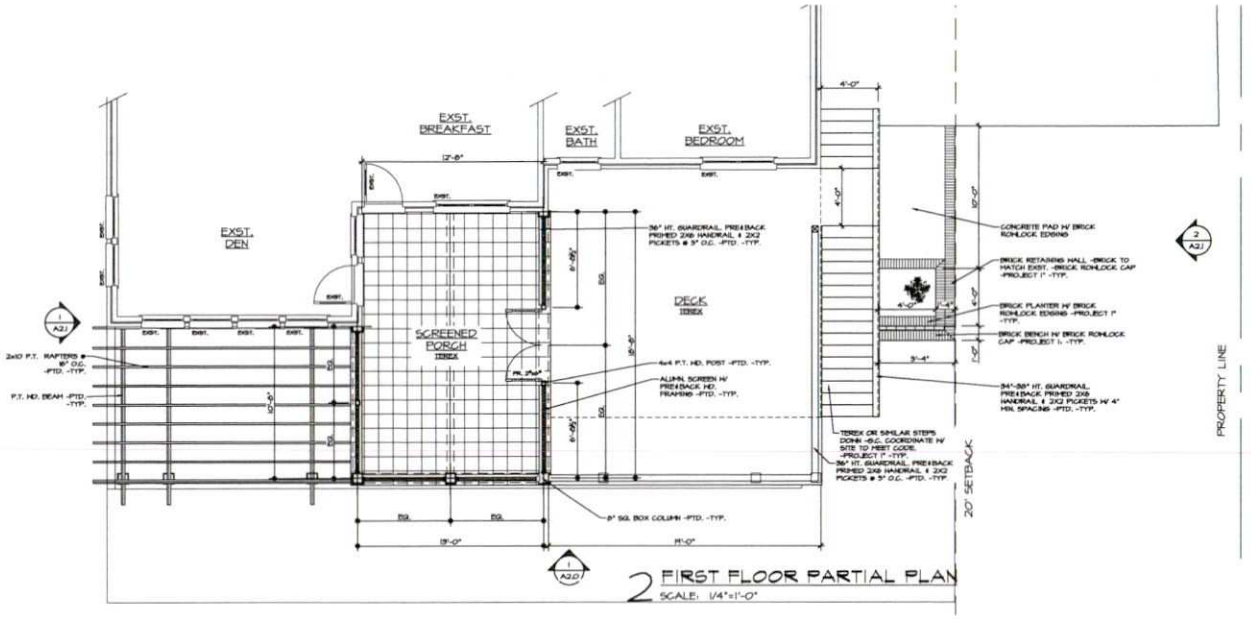
ELEVATION

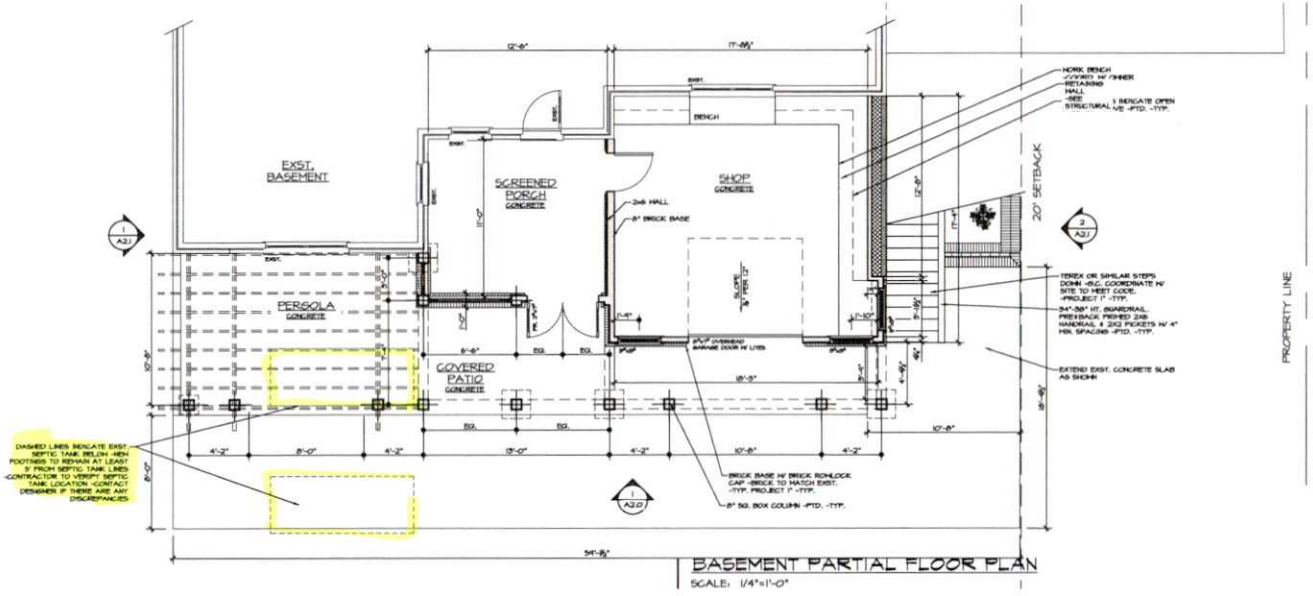
DIMENSION FACE TO FACE

DIMENSION TO CENTERLINE

GENERAL NOTES:

. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING DIMENSIONS. CONTACT DESIGNER IF THERE ARE DISCREPANCIES.





KIRA
Mc EACHERN
RESIDENTIAL DESIGNS
Charlotte , N. C. 28278
Phone: 980 312 0389

SCALE 1/4"=1'-0"

PURNELL RESIDENCE
9439 STONEBRIDGE WAY
MINT HILL, NC

ISSUED:
DATE DESCRIPTION
10/05/2020 PERMIT

REVISION
DATE DESCRIPTION

THESE DOCUMENTS AND THE DESIGN CONTAINED THEREIN ARE THE PROPERTY OF KIRA McEACHERN AND ARE NOT TO BE USED IN WHOLE OR IN PART WITHOUT THE WRITTEN CONSENT OF KIRA McEACHERN. ALL COMMON LAW, STATUTORY AND OTHER RESERVED RIGHTS, INCLUDING THE COPYRIGHT, THE OWNER SHALL NOT ISSUE OR REPEAT THIS ISSUE OF THE DRAWINGS, DOCUMENTS IN CUTTY or suction, MICROMEDIA or VIRTUAL

SHEET TITLE:
FLOOR PLANS

A-1.1

KIRA
MC EACHERN
RESIDENTIAL DESIGNS
Phone 980.312.0280
Charlotte, N.C. 28270

SCALE: 1/16"=1'-0"

PURNELL RESIDENCE
9494 STONEBRIDGE WAY
MINT HILL, NC

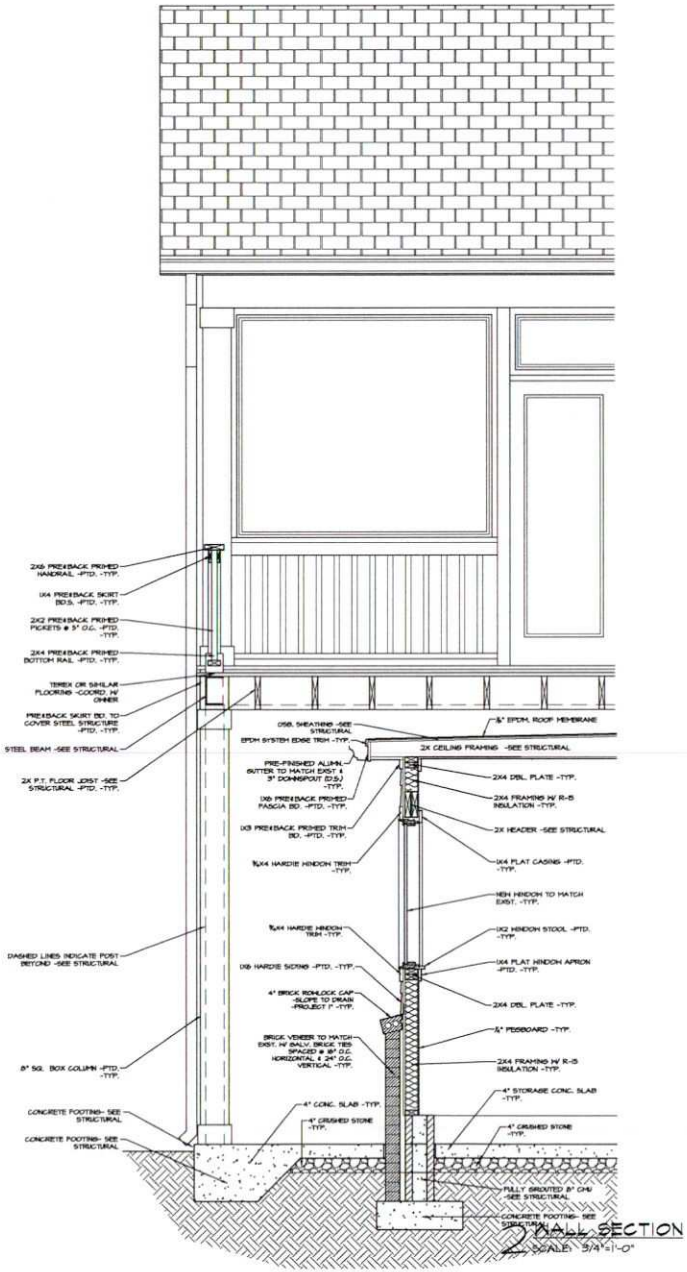
ISSUED DATE	DESCRIPTION
10/05/2020	PERMIT

REVISION DATE	DESCRIPTION

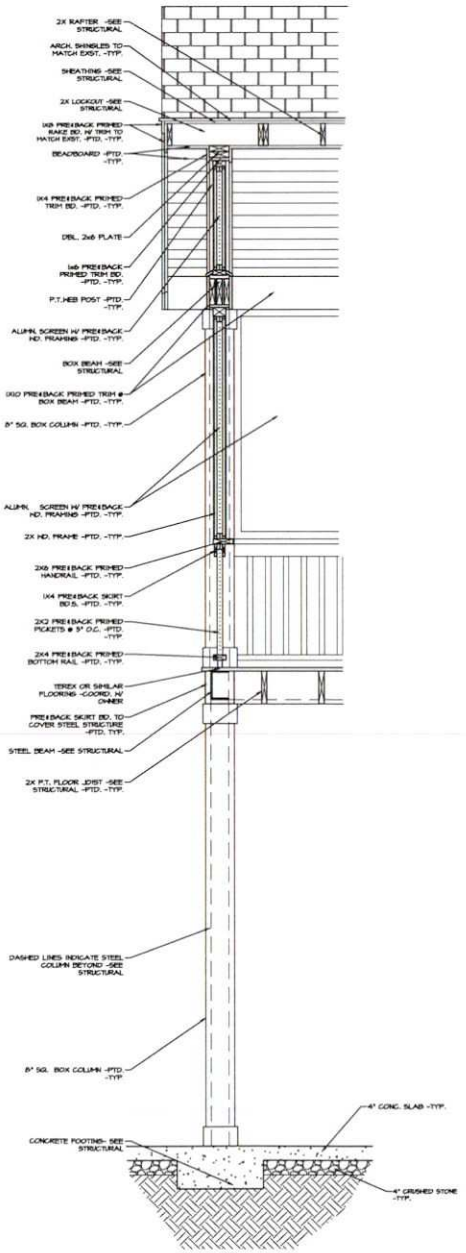
SHEET TITLE
SITE PLAN

A-1.0

PARTIAL SITE PLAN
SCALE: 1/4"=1'-0"



2 WALL SECTION
SCALE: 3/4"=1'-0"



WALL SECTION
SCALE: 3/4"=1'-0"

KIRA
Mc EACHERN
RESIDENTIAL DESIGNS
Charlotte, N.C. 28279
Phone: 980 312 0288

SCALE: 1/4"=1'-0"

PURNELL RESIDENCE
9434 STONEBRIDGE WAY
MINT HILL, NC

ISSUE: DATE	DESCRIPTION
10/05/2020	PERMIT

REVISION DATE	DESCRIPTION

THESE DOCUMENTS AND THE DESIGN CONTAINED THEREIN ARE THE PROPERTY OF KIRA Mc EACHERN, INC. (KME) WITH RESPECT TO THIS PROJECT. THE DESIGNER SHALL RETAIN ALL COMMON LAW, STATUTORY AND OTHER RESERVED RIGHTS, INCLUDING THE COPYRIGHT. THE OWNER SHALL NOT BE DEEMED TO BE THE AUTHOR OF THE DESIGN CONTAINED IN THESE DOCUMENTS, EXCEPT BY MUTUAL AGREEMENT IN WRITING.

SHEET TITLE:
WALL SECTION

A-3.0