


15016 E ROCKY RIVER RD

00725107

7/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

Signatures

Fees

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001600** GWS File #: **15269** Tax Parcel #: **007-251-07**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 12/19/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 962 # Bedrooms: 2 # Occupants: 1

Building Foundation: Crawl Space Water Supply: Private Well

**II. Initial System Type:** Approved Accepted **System Classification:** IIIg

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 240 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 600 | Total Trench Length (ft): | 200 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** N/A **System Classification:** VIb

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 0 | LTAR ($gpd/ft^2$): | 0.0 | Septic Tank Size (gal): | 0 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 0 | Trench Spacing (ft): | 0 | Absorption Area ($ft^2$): | 0 | Total Trench Length (ft): | 0 |
| Maximum Trench Depth (in): | 0 | Depth of Media (in): | 0 | Distribution Device: | N/A | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Cina Buchanan Owner/Legal Agent: _____
Print Name

Signature: Cina Buchanan, RS Signature: _____

Date Issued: 12/19/2006

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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On-Site Wastewater Section

## IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001600** GWS File #: **15269**

**IV. Permit Conditions/Comments:**

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
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DENR Authorized Agent: Cina Buchanan Owner/Legal Agent:_____
Print Name

Signature: Cina Buchanan, RS Signature:_____

Date Issued: 12/19/2006

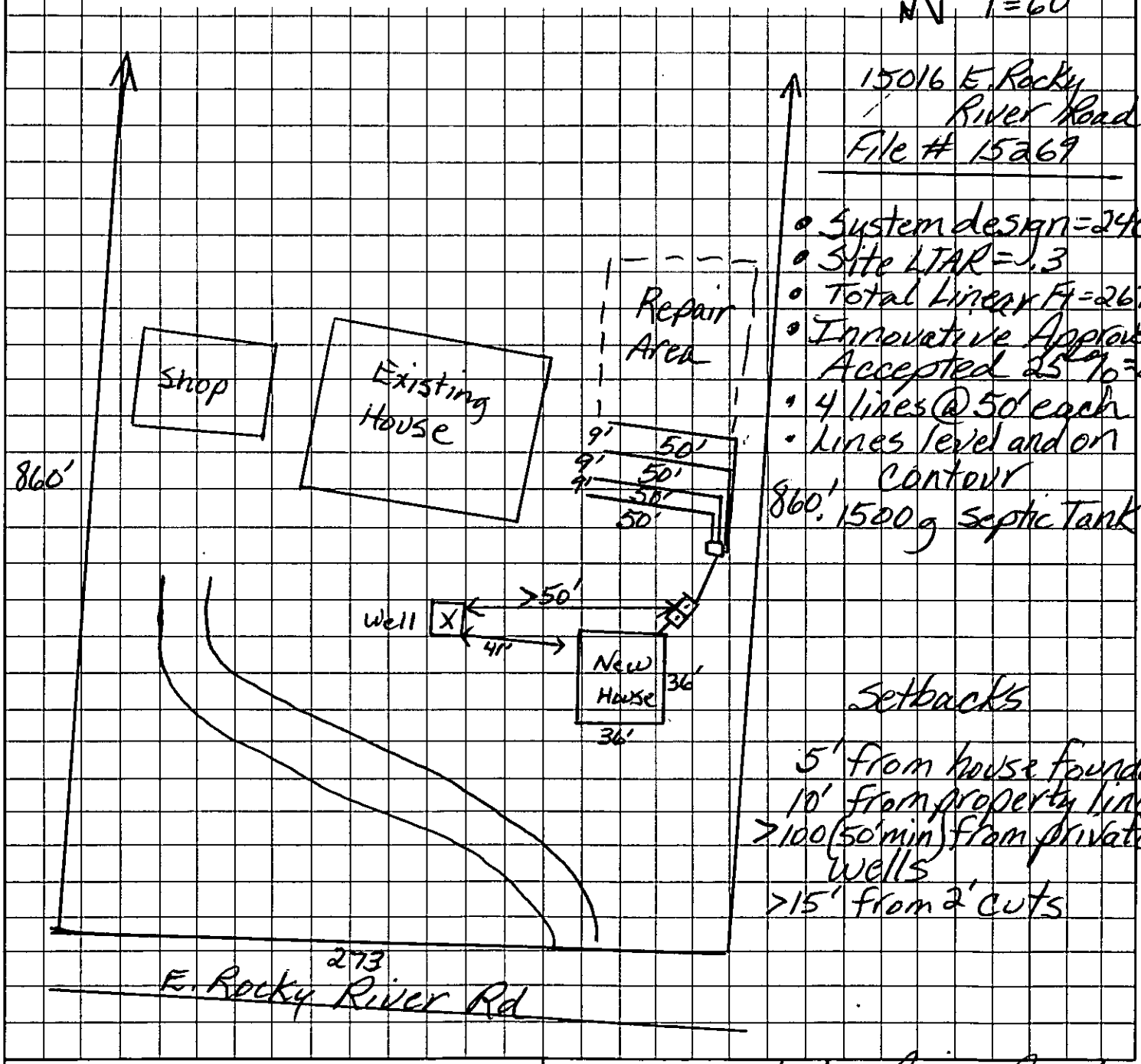
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 15269

TC: 007-251-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12/19/06 Cina Buchanan RS

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

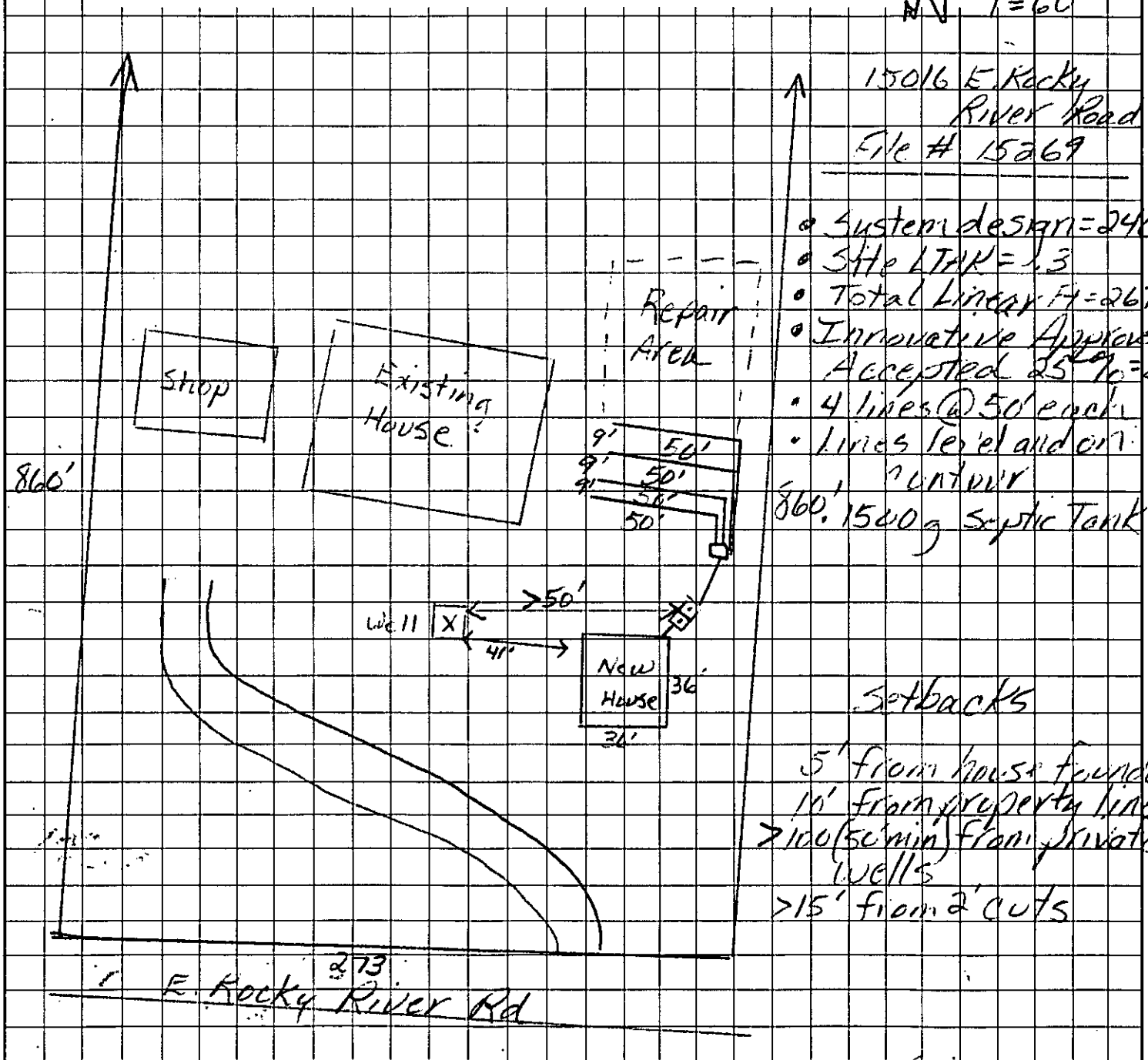
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 15269

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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12/19/06 Lina Kuchiara KS

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 007-251-07
Lot #:
File #: 15269
AppID: 1600
Code: 1

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM

Owner: Paul & Elizabeth Hageman
Applicant:
Address: 15016 E. Rocky River Road, Davidson, N. C. 28036
Date Evaluated: 11/13/06
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: Approx. .1a
Location of Site: 15016 E. Rocky River Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well-possibly shared [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 8 | 0-6 | GR/SCL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 6-29 | SBK/SC | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 29-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-7 | GR/SCL | " | " | " | " | " | " |
| | | 7-48 | SBK/SC | FI/SEXP/S/P | | | | | |
| 3 | " | 0-9 | GR/SCL | FR/SEXP/SS/SP | " | " | " | " | " |
| | | 9-44 | SBK/SC | FI/SEXP/S/P | | | | | |
| | | 44-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-6 | GR/SCL | " | " | " | " | " | " |
| | | 6-36 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 36-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
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| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | |

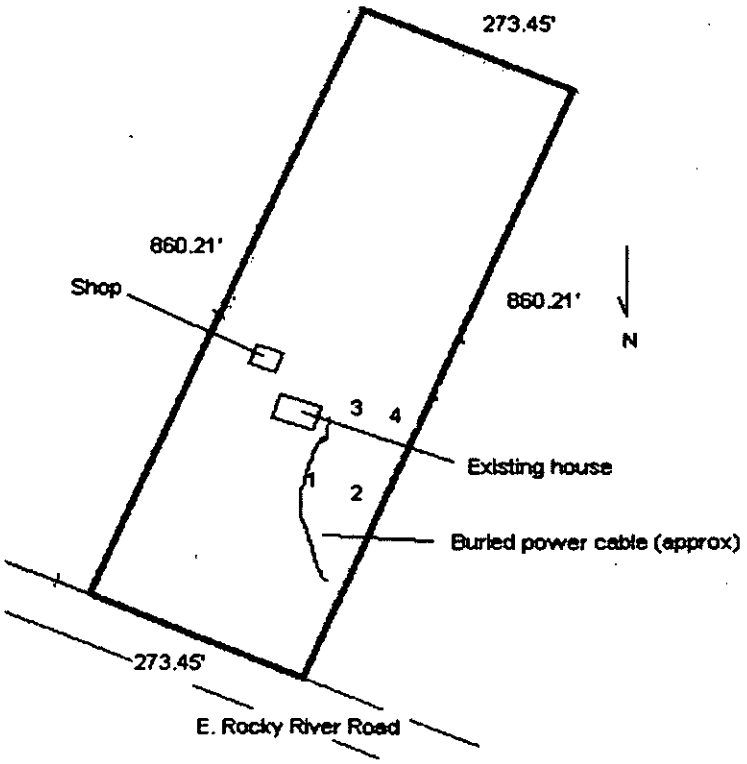
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/14/2006, W. R. Marlin
Others Present: E. Hageman

**COMMENTS:**
Does not require 100% repair

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Foot Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 007-251-07
Lot #:
File #: 15269
AppID: 1600
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Paul & Elizabeth Hageman
Applicant:
Address: 15016 E. Rocky River Road, Davidson, N. C. 28036
Date Evaluated: 11/13/06
Proposed Facility: Residence
Design Flow (.1949): 240gpd
Property Size: Approx. .1a
Location of Site: 15016 E. Rocky River Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well-possibly shared [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
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| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | b PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
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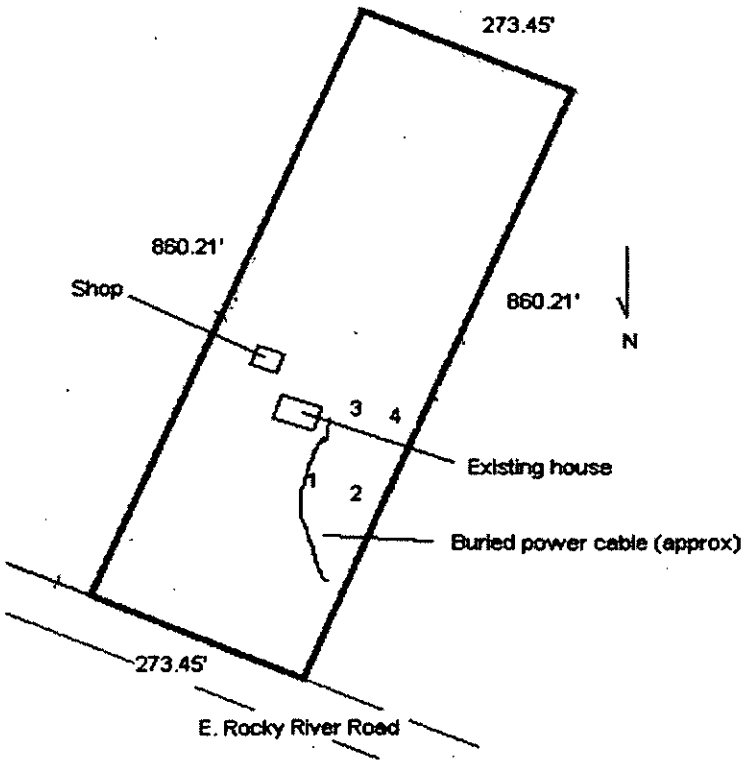
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| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



#1600

GWS – RES. APP 07/05

SEPTIC FEE: 100.00
DATE: 10-7-05
CRT: 142

**PERMIT APPLICATION FOR A RESIDENTIAL SITE**
**IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION**
**FOR ON-SITE WASTEWATER SYSTEM**
**NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL**
**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

WELL FEE:
DATE:
CRT:

**FILE #** 15269

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

**WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 007-257-07
STREET ADDRESS: 15016 E. ROCKY RIVER
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: ~~007-257-07~~
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

**BUILDING INFORMATION:**

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 962
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☒ YES ☐ NO | WELLS, SPRINGS, OR WATER LINES | ☒ YES ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☒ YES ☐ NO | DESIGNATED WETLANDS | ☐ YES ☒ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☒ YES ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES ☒ NO |

**PROPERTY OWNER:**

NAME: PAUL + ELIZABETH HAGEMAN
ADDRESS: 15016 E. ROCKY RIVER
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: 704 892 5913 WORK PHONE:
MOBILE PHONE: 704 763-5443 FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** NOV. 1979

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Paul R Hageman
Elizabeth J Hageman 10/31/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 Date

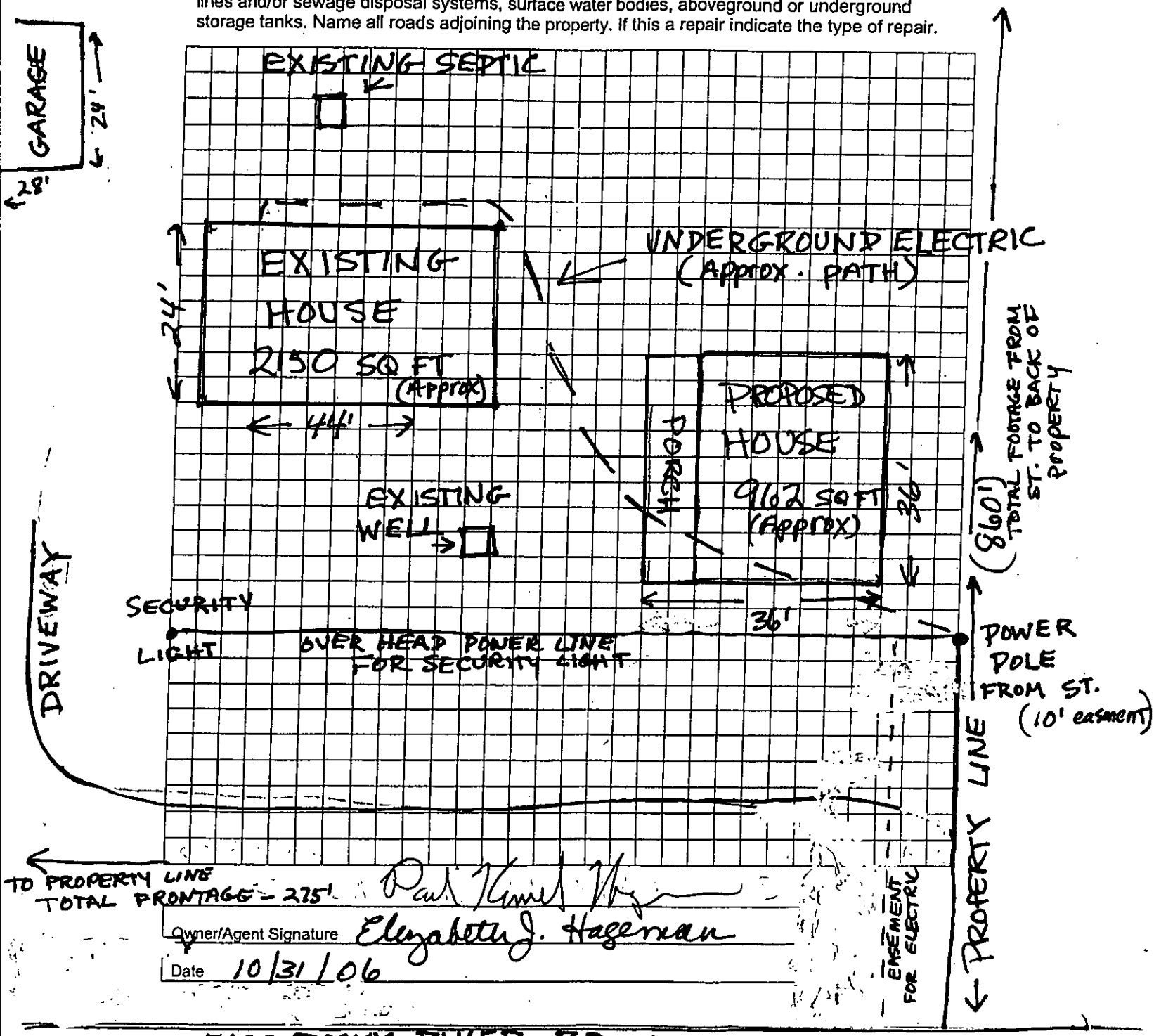
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

# PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




Owner/Agent Signature Elizabeth J. Hagerman

Date 10/31/06

LBC 12/15/04

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/01/06 | **Amount:** | 100.00 |
| **Receipt #:** | 46691 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHECK 4122 | **Returned:** | 100.00 |
| **Received By:** | MULLIVR | | |

**Account Information**

**Account #:** 100000
**Contractor:** HAGEMAN, PAUL & ELIZABETH
**Attn:**
**Address:** 15016 ROCKY RIVER RD E
**Address:**
**City/State/Zip:** DAVIDSON, NC 28036

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>PN#00725707/15016 E ROCKY RIVER RD | | 1 | 100.00 | 100.00 |

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

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

MECKLENBURG COUNTY

# LAND USE AND ENVIRONMENTAL SERVICES

## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 09/15/06 | **Amount:** | 100.00 |
| **Receipt #:** | 46009 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CASH | **Returned:** | 0.00 |
| **Received By:** | DAUGHVB | | |

**Account Information**

**Account #:** 200000
**Contractor:** CASH CUST (LAST NAME FIRST)
**Attn:**
**Address:** 15016 E ROCKY RIVER RD
**Address:**
**City/State/Zip:** DAVIDSON, NC 28036

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>15016 E ROCKY RIVER RD | | 1 | 100.00 | 100.00 |

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

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

---

09/15/2006 11:27 AM LUESA Mecklenburg County 704 432 2523 3/3

Waiting to hear from Kelley

Applicant wants to build new house for relative

1 or 2 bedrooms

$200 Additional fee

Waiting for Application for Attention

detailed scale w/ driveway showings

FEE: $100.00
DATE: 9-15-06
CRT [ ] VISA

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**
**MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES**
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 15269

**TYPE APPLCATION:**

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

**PERSON FILING APPLICATION:**

NAME: PAUL + ELIZABETH HAGEMAN
ADDRESS: 15016 E. Rocky River Rd
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 704 892-5913
ALTERNATE PHONE: 704 763-5443

**PROPERTY OWNER:**

NAME: PAUL + ELIZABETH HAGEMAN
ADDRESS: SAME
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**

TAX/PARCEL #: 007-251-07
STREET ADDRESS: 15016 E. Rocky River Rd
CITY: DAVIDSON
STATE: NC NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1980

**TOWNSHIP:**

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

**WATER SUPPLY:**

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**

- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:**

TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

1 or 2

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☒ OTHER Small rental (residential) bldg.

*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.

Elizabeth J. Hageman — Owner's/Agent's Signature
9/15/06 — Date

*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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

EHS Signature — Date

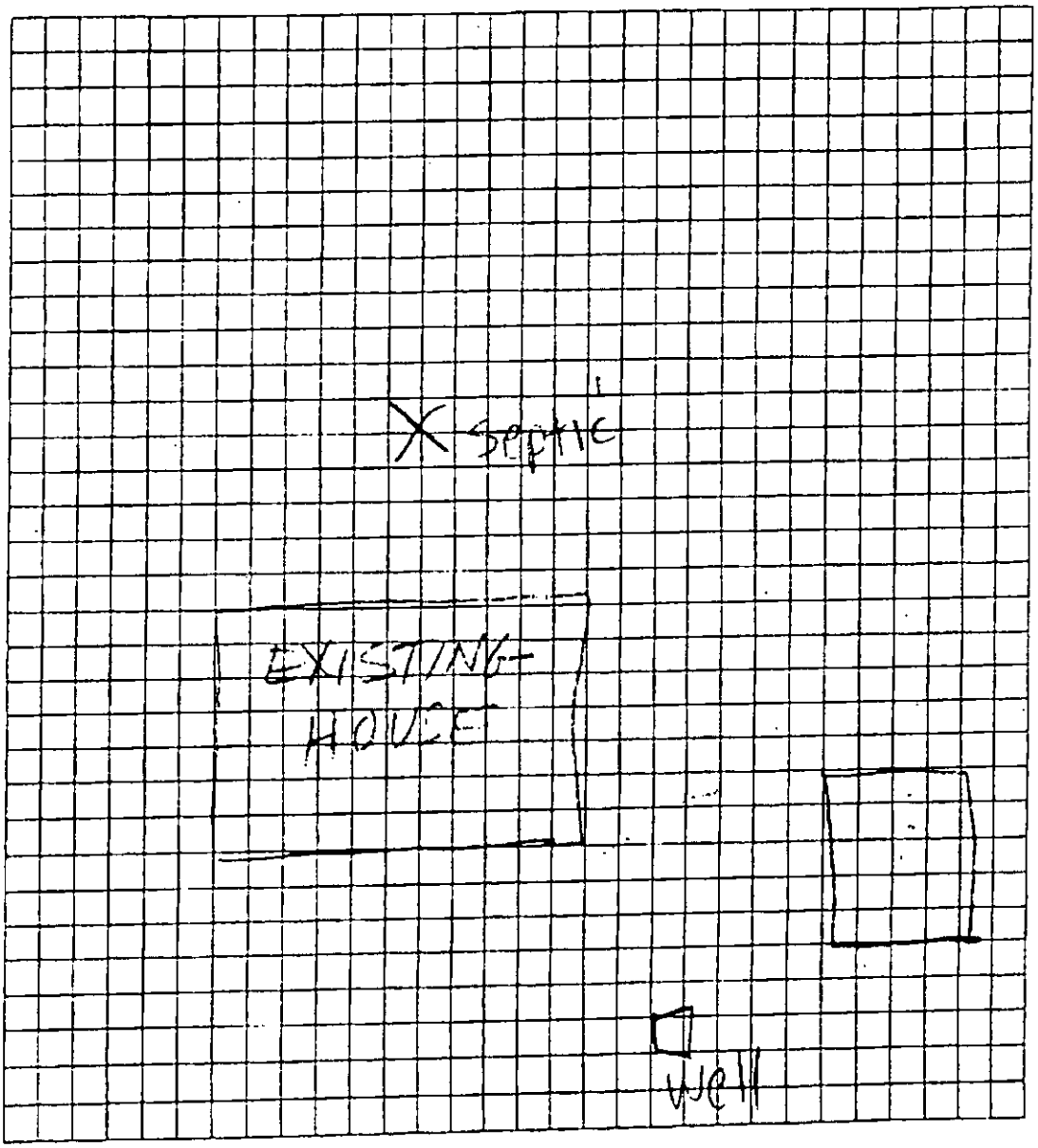
09/15/2006 11:27 AM LUESA Mecklenburg County 704 432 2523 1 3

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 15269
Date_____

# PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




Owner/Agent Signature Elizabeth J Haseman
Date 9/15/06

LBCB 12/18/04

09/15/2006 11:27 AM LUESA Mecklenburg County 704 432 2523 2/3