SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA $200 _____ Initial/Date

☐ OP $200.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: SM 1/25/23 Initial/Date

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

6902 A #13596

MECKLENBURG COUNTY
HEALTH DEPARTMENT

25 JAN '23 PM 3:19

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

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: GARY KNOWLES / GJK REM. LLC
ADDRESS: 1421 ORCHARD LAKE DR
CITY: CHAR
STATE: NC ZIP: 28270
PHONE: 704 845 6036
ALTERNATE PHONE: 9807224950
E-MAIL: GARYC REMODELWITHGJK.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: JOHN GOLDSBURY
ADDRESS: 10205 ROYAL OAK RD
CITY: CHAR
STATE: NC ZIP: 28278
PHONE: 803 322 3027
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 217-201-06
STREET ADDRESS: 10205 ROYAL OAK RD
CITY: CHAR
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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.

Owner's/Agent's Signature — Date: 1-23-23

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY -- GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

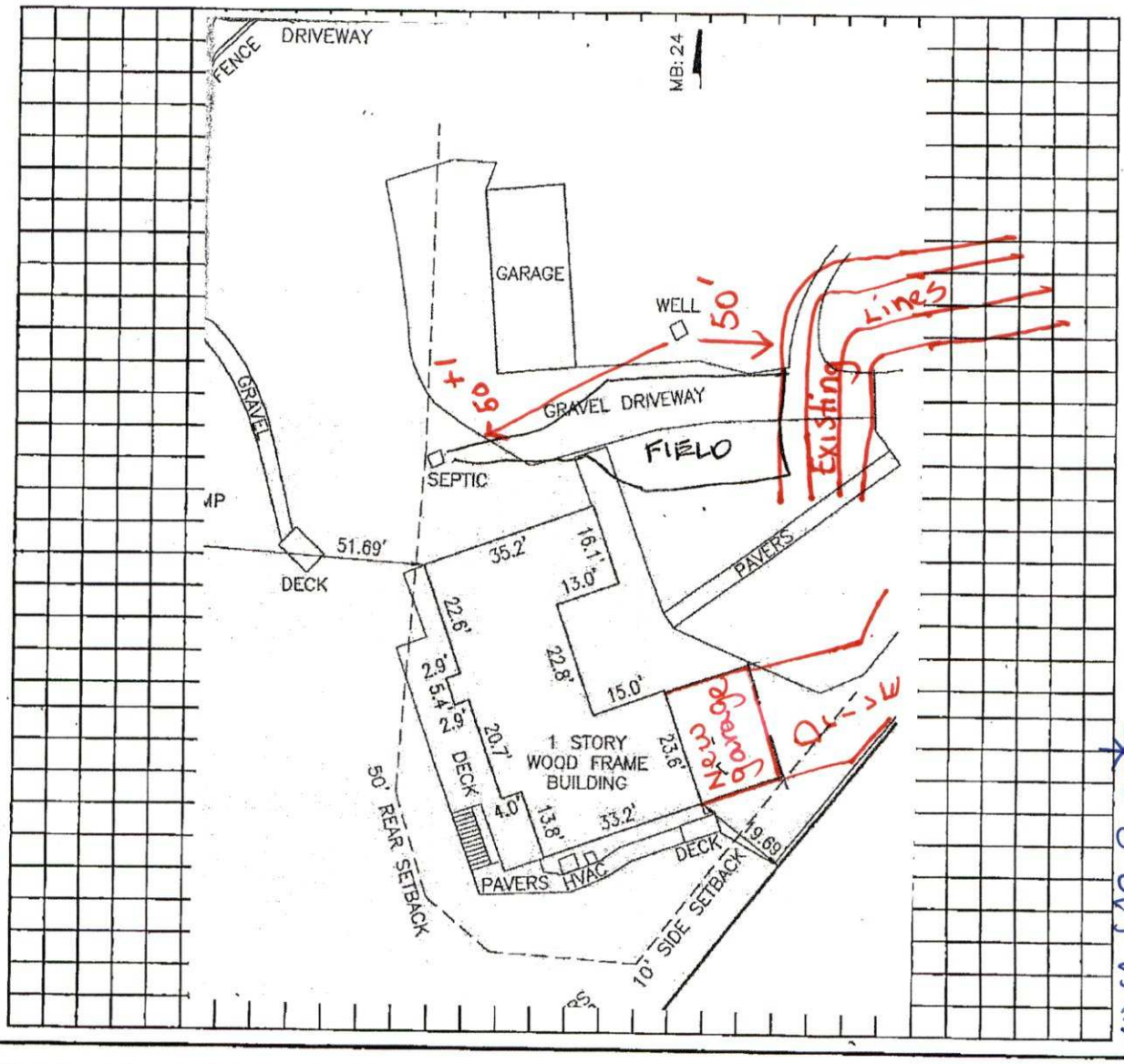
Revised on: 03/27/19

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, arid any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10205 Royal Oak Rd Tax Parcel #: 217-201-06



*No bed rooms are being added. System is sized for 3 bedrooms

*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

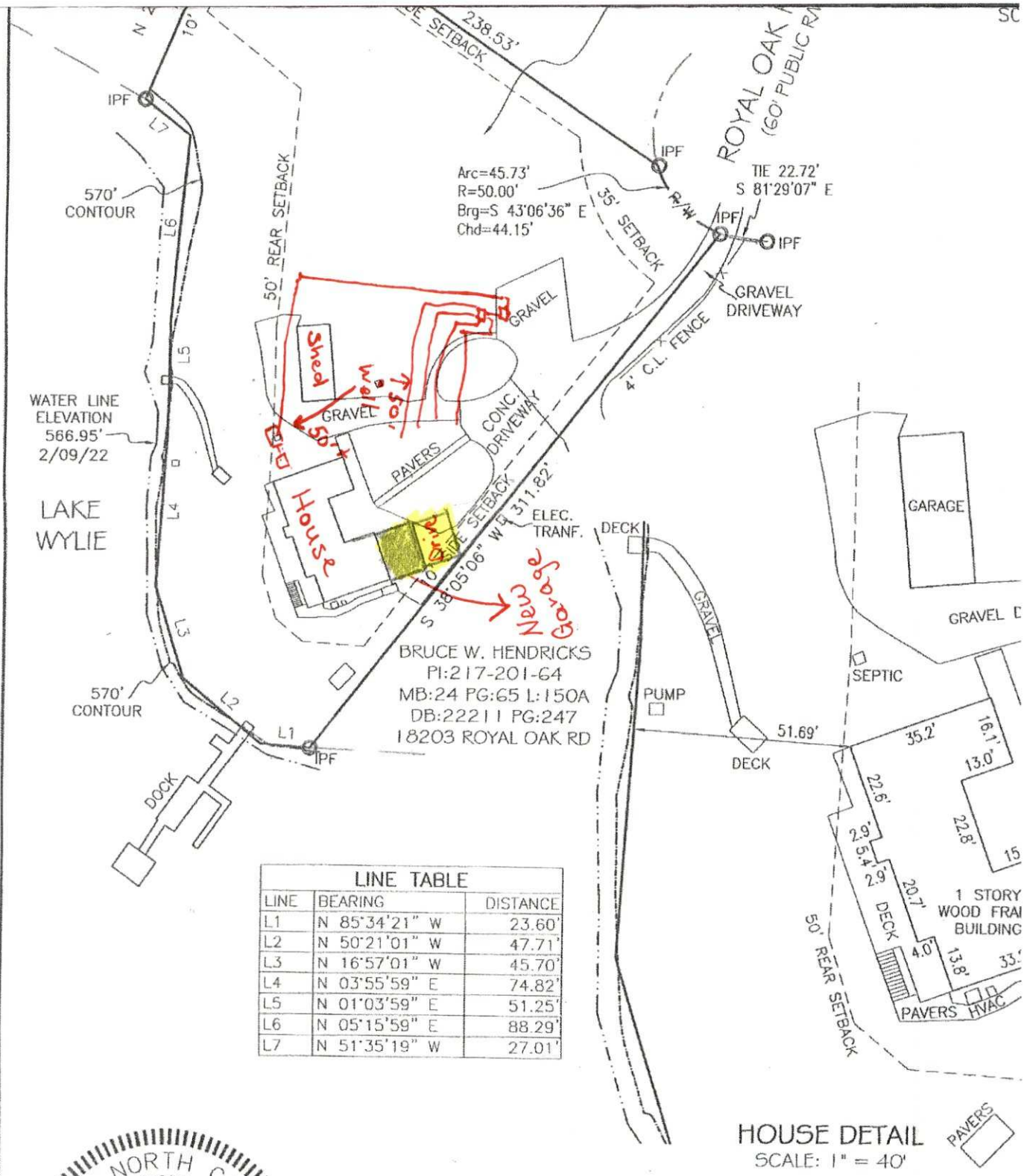
System meets all setbacks & is ok to use for the garage addition & kitchen remodel.

April Bumgarner 1-27-23

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19



LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 85°34'21" W	23.60'
L2	N 50°21'01" W	47.71'
L3	N 16°57'01" W	45.70'
L4	N 03°55'59" E	74.82'
L5	N 01°03'59" E	51.25'
L6	N 05°15'59" E	88.29'
L7	N 51°35'19" W	27.01'

HOUSE DETAIL

SCALE: 1" = 40'

PAVERS

NORTH CAROLINA REGISTERED SEAL L-3222 LAND SURVEYOR TONY B. SANDERS

I, Tony B. Sanders, certify that this plat was drawn under my supervision from
under my supervision (deed description recorded in Book 36937, Page 39
65); that the boundaries not surveyed are clearly indicated as drawn from inf
page SHOWN; that the ratio of precision as calculated prior to adjustment is
was prepared in accordance with G.S. 47-30 as amended. Witness my orig
number and seal this 11 day of February, 2022.

Professional Land Surveyor L-3222 Da

REVISIONS

PREPARED FOR: SANDRA GOLDSBU

PROJECT NUMBER:
SURVEYED BY: J
DRAWN BY: J.Z.
CHECKED BY: TB
DRAWING SCALE:
ISSUE DATE: 02
SHEET NUMBER: 1
CAD FILE: MISC/02

PHYSICAL SURVEY
FOR
JOHN R. GOLDSBURY
and SANDRA B. GOLDSBURY
OF

Survey & Mapping Control, Inc.
9741-M SOUTHERN PINE BLVD

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6902 A DATE: 10/2/91

TC: 247-201-06 ☒ L ☐ CRT

SERIAL № 13826

Name of Owner H.K. Sledge III Juris.:

Address of Property 18205 Royal OAK Drive

Inspection Data:

Tank Material PEC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 5½ over Tanks

Water Supply Source well

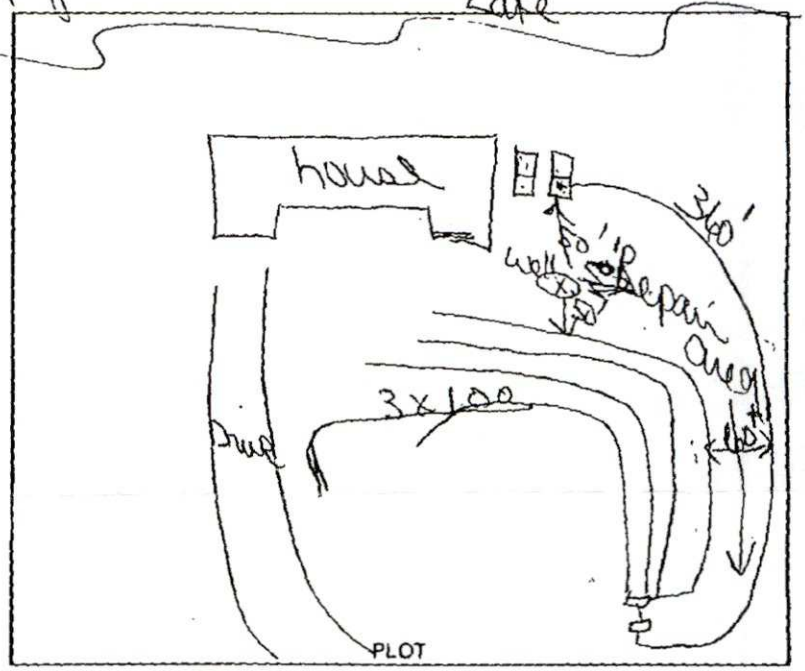
Distance to Water Source >50'

Excavation Inspected 10/2/91

Tank(s) Inspected 10/2/91

Wash Line Inspected

High Water Alarm Inspected



Design: 1991 1500SF, 1000GT, PT Con 1200SF, 12"G Crawl CTR# 140

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ 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 10 NCAC 10A .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.

COMMENTS: System designed for 3 bedroom home
Hydromatic pump ST100 1HP
3 risers on Tanks

Judy J. Kuis RS
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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 GARY KNOWLES is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

18205 ROYAL OAK RD / CHAR 28278
Number Street Town
(Or Parcel Number) 217-201-06

JOHN GOLOSBURY
Property Owner (print name)

Property Owner (signature)

1-23-23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/25/23	**Amount:**	100.00
Receipt #:	139537	**Tendered:**	100.00
Check / Auth #:	VISA 026941	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #:	200000
Contractor:	GARY KNOWLES
Attn:	
Address:	
Address:	
City/State/Zip:	,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18205 ROYAL OAK RD		1	100.00	100.00

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

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