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MECKLENBURG COUNTY
HEALTH DEPARTMENT

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
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jeremy R Chapman
ADDRESS: 14020 Hackamore Dr
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 281-8202
ALTERNATE PHONE:
E-MAIL: carolinachapmans@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 215131 03
STREET ADDRESS: 14020 Hackamore Dr.
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Windrow Estates
LOT #: 19

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: 4
NUMBER OF OCCUPANTS: 4

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 also for treehouse

*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: 5/15/18

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: 980-314-1680. FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

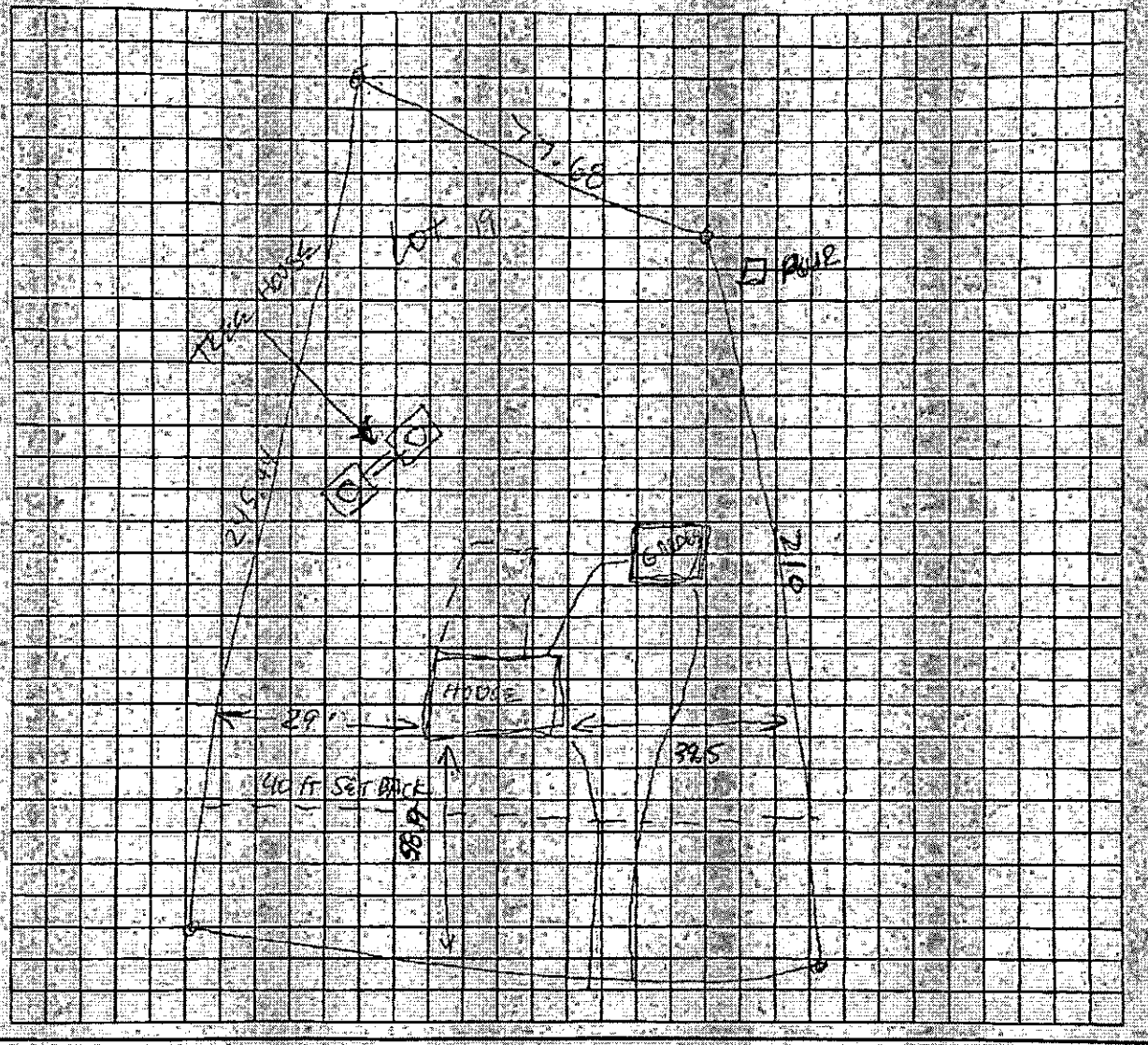
Revised on: 4/20/17

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: 14020 HACKAMORE DR 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.

Customer meets required set backs

Bryan Dorpat 5/22/18
REHS Signature Date

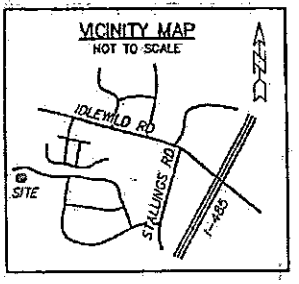
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1620, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

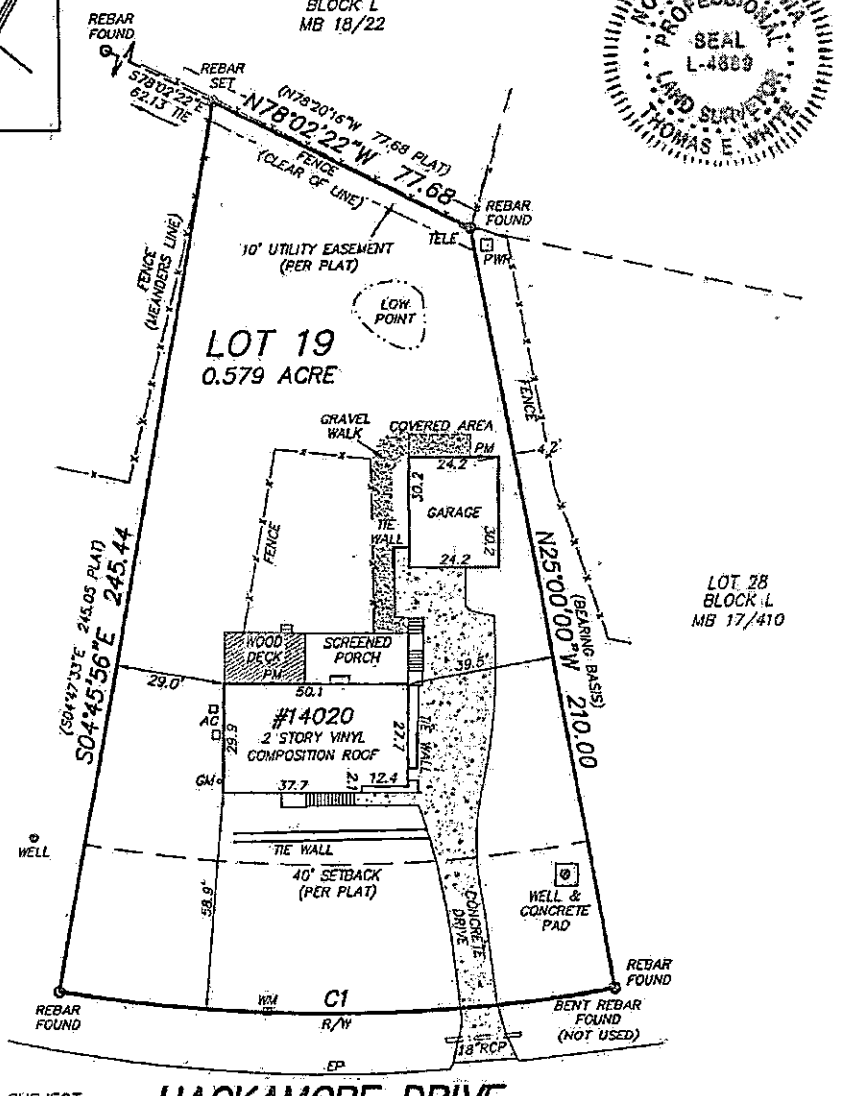
Revised on: 4/20/17

THIS IS TO CERTIFY THAT ON THE 14th DAY OF APRIL, 2016, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-4889 LAND SURVEYOR THOMAS E. WHITE





NOTES:

1. PID 21513163

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710459000K, WITH A DATE OF IDENTIFICATION OF 2/19/2014.

4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.

5. PROPERTY ZONED: R-15(CD) SETBACKS SHOWN ARE PER CURRENT ZONING CLASSIFICATION AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	422.04	150.10	N75°11'25"E	149.31

LEGEND:

PWR = POWER POAD
PM = POWER METER
GM = GAS METER
AC = AIR CONDITIONING
TELE = TELEPHONE PEDESTAL
WM = WATER METER
R/W = RIGHT OF WAY
SSMH = SANITARY SEWER MANHOLE
EP = EDGE OF PAVEMENT

SCALE 1"=40'

PHYSICAL SURVEY OF

LOT 19, BLOCK L of WINDROW ESTATES

TOWN OF MATTHEWS, MECKLENBURG COUNTY, NORTH CAROLINA

SURVEYED FOR JEREMY & AMY CHAPMAN

MAP RECORDED IN BOOK 18 AT PAGE 22 DEED RECORDED BOOK ____ PAGE ____

DRAWN BY JW FIELD WORK JW/MB FIELD BOOK # ____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NO: C-1242 SC: 696

2016\BAT\Hackamore Dr 14020
2016\fil\Hackamore Dr 14020

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 14020 STREET NAME HACKAMORE DR (AV,RD,ST,etc.)

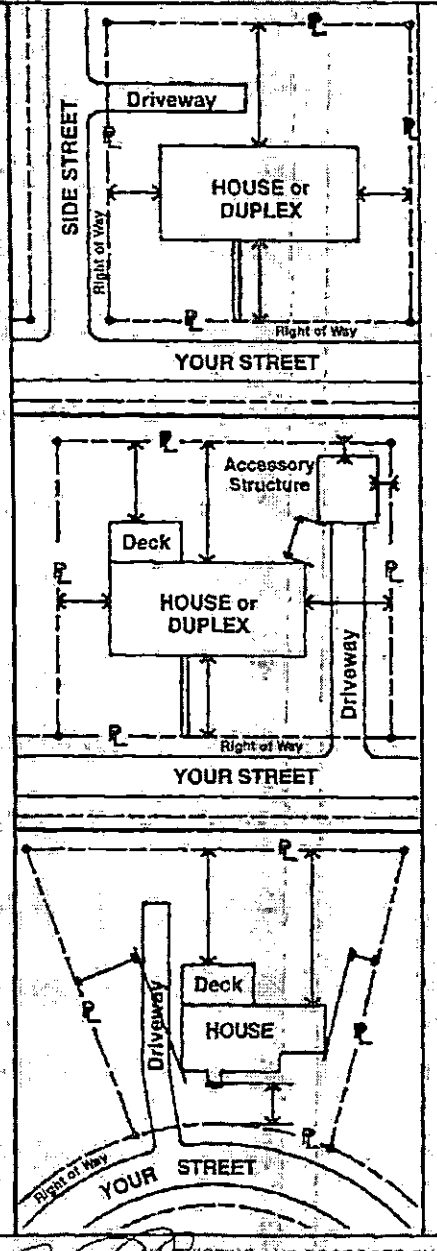
SUITE/UNIT(S):

PERMIT # B3121686

TAX JURISDICTION: (Check One)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☒ 5 - Matthews ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN

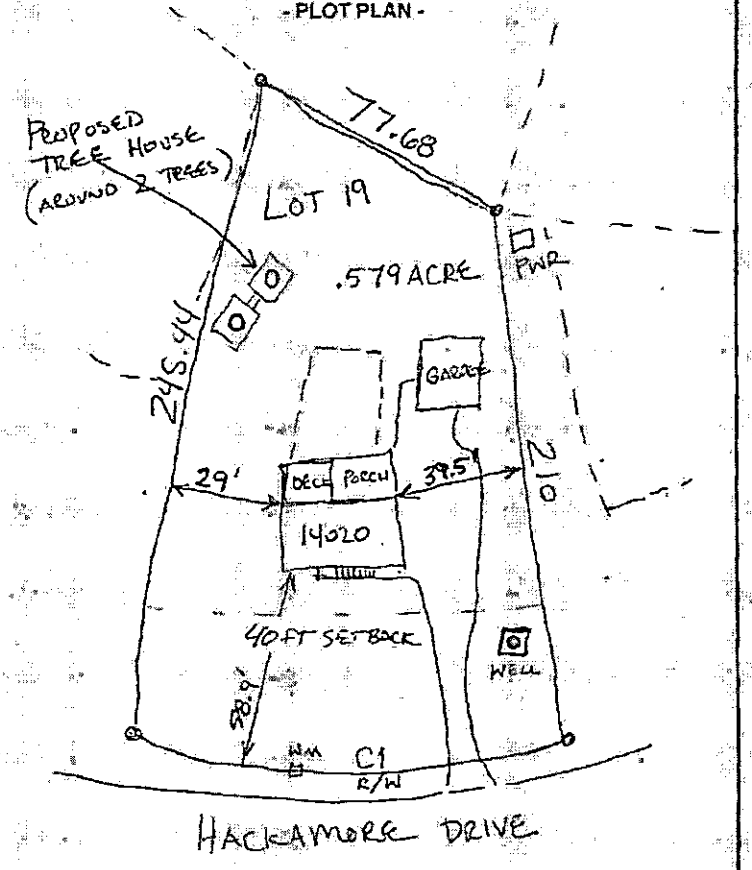


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANT'S SIGNATURE 1-23-18 DATE Jeremy R Chapman PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 - CHARLOTTE, NC 28231-1097 - 704.336-2231

8.83 ORIGINAL

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JEREMY CHAPMAN

Bill To:

JEREMY CHAPMAN
14020 HACKAMORE DR

Matthews, NC 28105

Single Payment

Transaction Date: 05/16/2018 7:01 AM Pacific Time
Pay Method: VISA **********5433
Approval #: 06475D
Trace Number: 38cd1e3b-235b-4770-96d3-b3fc878a3996
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
JEREMY CHAPMAN

Bill To:

JEREMY CHAPMAN
14020 HACKAMORE DR

Matthews, NC 28105

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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:	05/16/18	**Amount:**	100.00
Receipt #:	111201	**Tendered:**	100.00
Check / Auth #:	VISA 06475D	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: CHAPMAN, JEREMY
Attn:
Address: 14020 HACKAMORE DR
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14020 HACKAMORE DR.		1	100.00	100.00

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

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

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 AM 5/16/18 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. ☐ _____