2283A
#8953

25 MAY '17 AM11:40

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: KIMBERLY SNEED
ADDRESS: 1124 CHARLOTTE HWY
CITY: TROUTMAN
STATE: NC ZIP: 28166
PHONE: (704) 881-2326
ALTERNATE PHONE: (704) 528-7960 (John)
E-MAIL: KIMSNEED.SNEED04@GMAIL.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: SONDRA BRADY
ADDRESS: 9414 LINWOOD DR
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: (704) 806-4619
ALTERNATE PHONE: (704) 875-3225
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 01724504
STREET ADDRESS: 9414 LINWOOD DR
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: HUNTINGTON MOBILE HOME PARK
LOT #: 130

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

5/24/17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

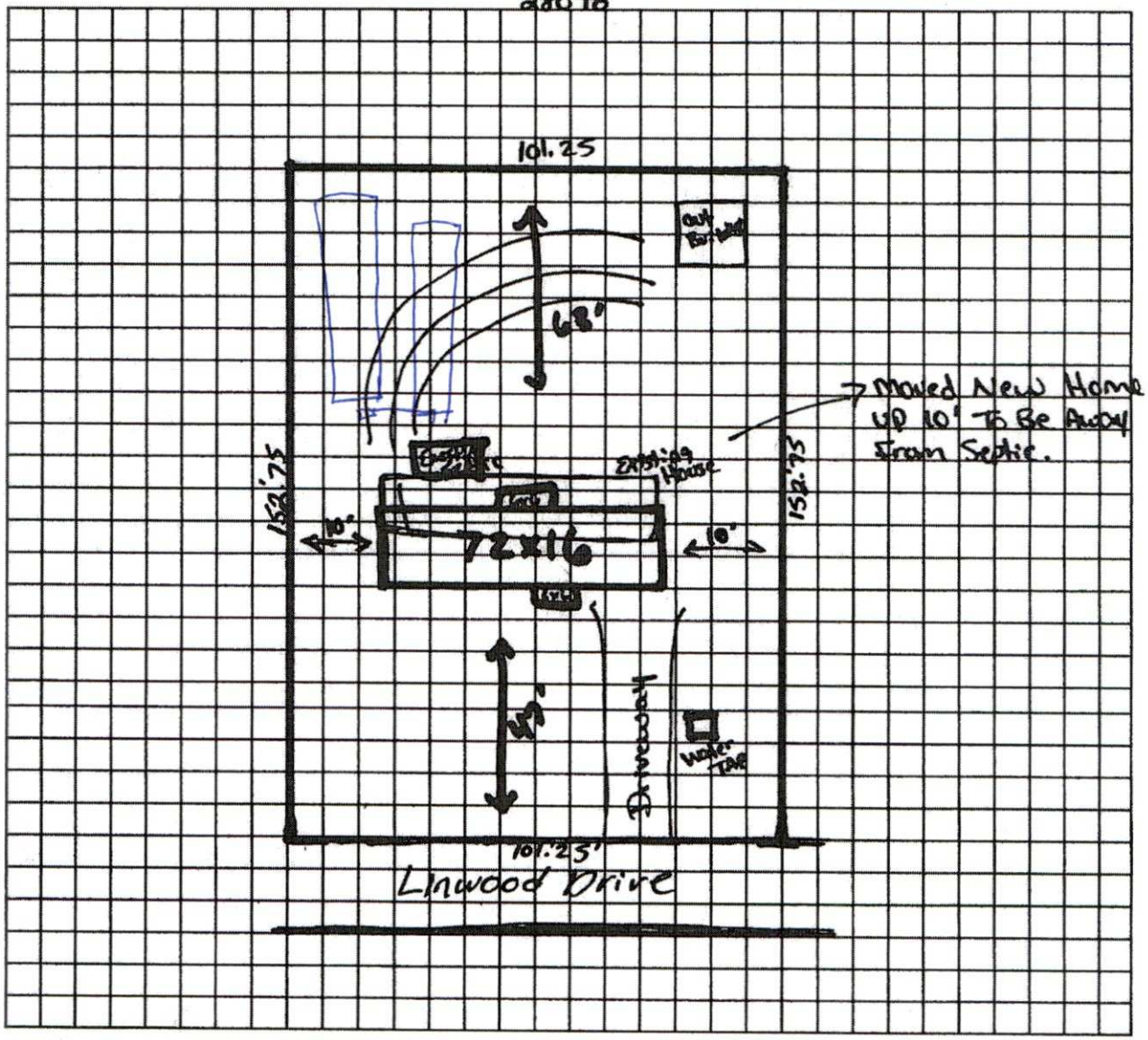
Revised on: 4/20/17

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: 9414 Linwood DR, Huntersville, NC 28078 Tax Parcel #: 01724504



"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

O.K. TO USES FOR A 3 BEDROOM MOBILE Home Exchange

REHS Signature _____ Date 5/30/17

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

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

9414 Linwood Drive (01724504)
Number Street Town
(Or Parcel Number)

Sandra Brady
Property Owner (print name)

Sandra Brady
Property Owner (signature)

5-24-19
Date

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

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

9414 ____ Linwood Dr

SUITE/UNIT(S): _____

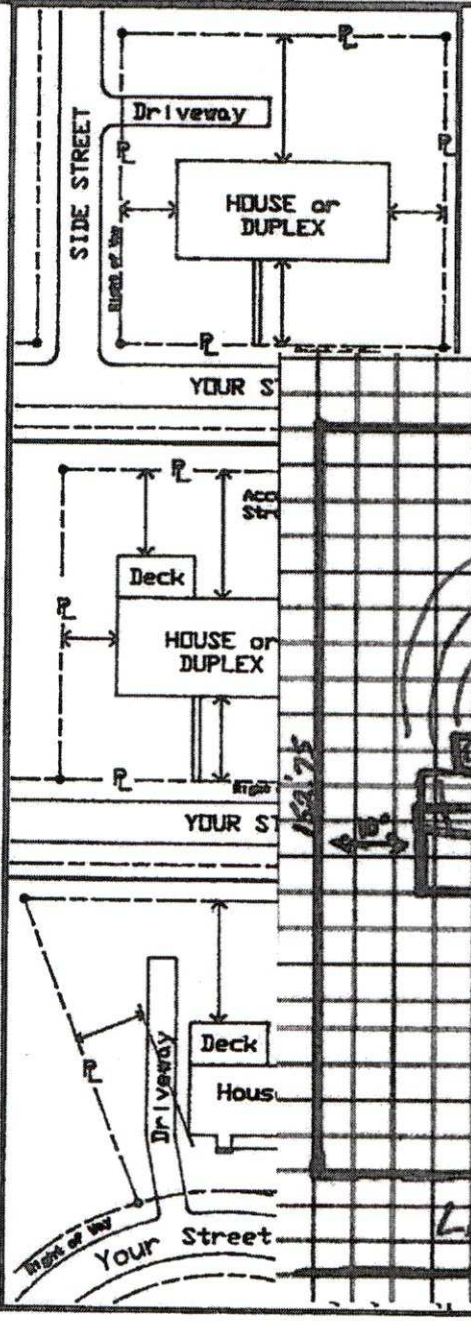
PERMIT #

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

TAX PARCEL # 01724504

JOB #

EXAMPLES / PLOT PLAN

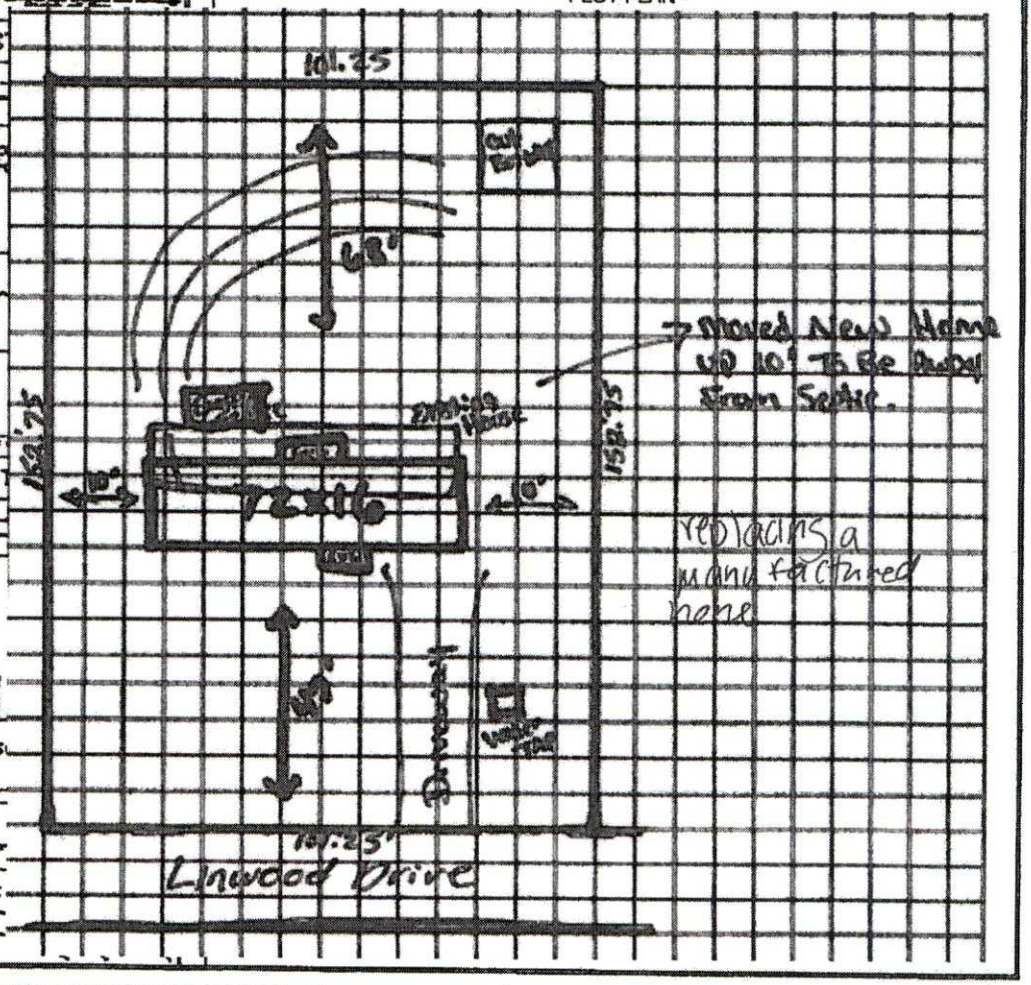


- INSTRUCTIONS -

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

Kimberly Sneed — APPLICANT'S SIGNATURE
5-24-17 — DATE
Kimberly Sneed — PRINT APPLICANT'S NAME

APPROVED BY: CLS 5/24/17

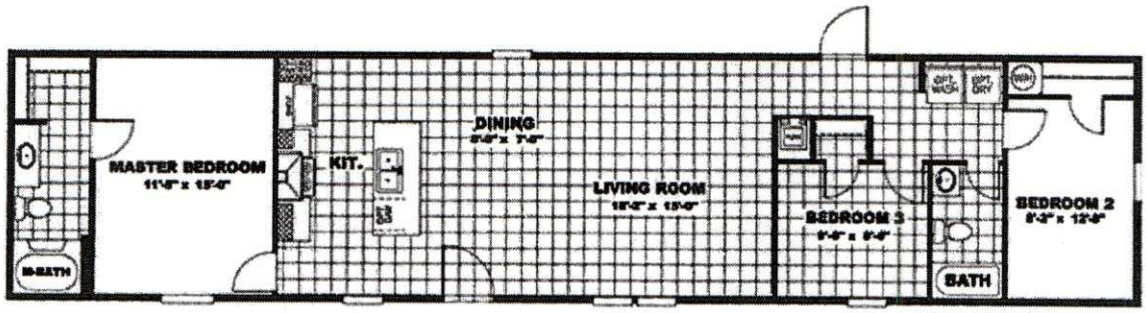
MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2631

B-83

ORIGINAL

Clayton homes

THE BREEZE



THE BREEZE Floor plan number : 57SSP16723AH

3 Beds · 2 Bath · 1116 sq. ft. · 72' width · 16' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (336) 249-7041 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

Published May 15, 2017

http://www.claytonhomeslexington.com

CLAYTON HOMES-LEXINGTON
828 PIEDMONT DRIVE
LEXINGTON, NC
Monday - Friday: 9am - 7pm , Saturday: 9am - 5pm , Sunday: Closed
(336) 249-7041

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/25/17
Receipt #: 106041
Check / Auth #: VISA 06259D
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: PUTNAM, JOHN
Attn:
Address: 113 SUMMERTREE DR
Address:
City/State/Zip: TROUTMAN, NC 28166

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9414 LINWOOD DR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JOHN PUTNAM

Bill To:

JOHN PUTNAM
113 SUMMERTREE DR

Troutman, NC 28166

Single Payment

Transaction Date: 05/25/2017 11:26 AM Pacific Time
Pay Method: VISA **********3825
Approval #: 06259D
Trace Number: d5069ba9-ca59-4a1c-bde7-d0cb274c75d0
Amount: $100.00

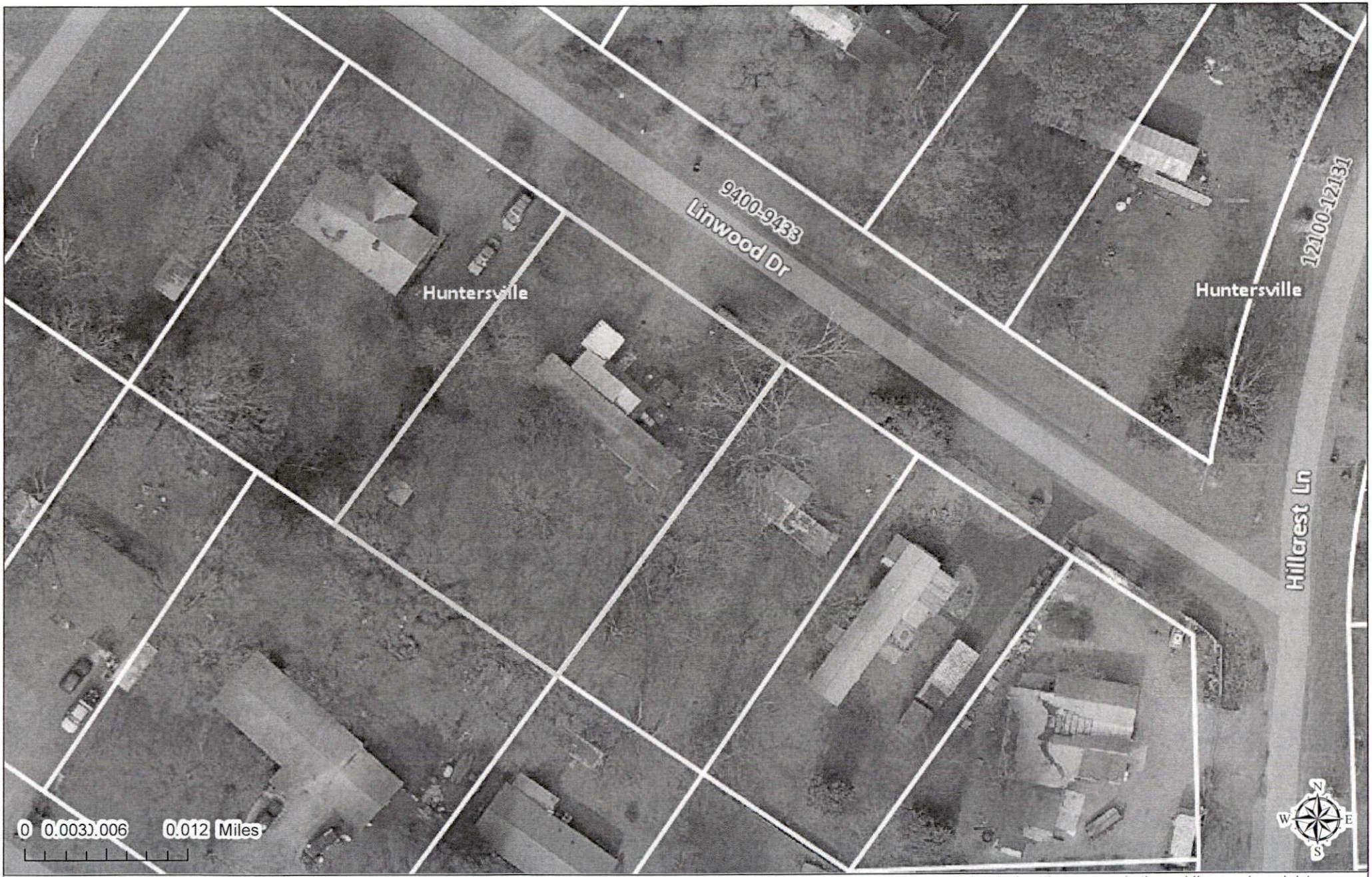
Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 5/30/2017 10:56:08 AM



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.

5/26

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT Approval

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

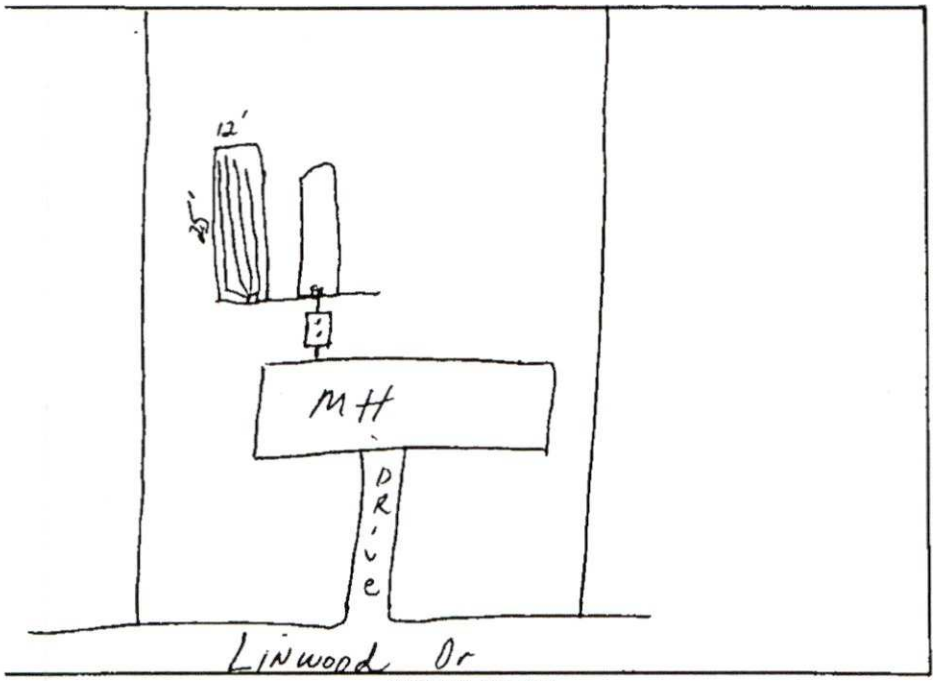
$140.00

FILE: 2283A DATE: 5/26/94

TC: 017 245 04 ☐ L

SERIAL Nº 15720

Permission is hereby given to _____ Install or Construct, ✓ After or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 1/28/94. All work shall be completed on or before 6/26/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 100' feet

Number of Lines 4 (25)

Depth of Stone 24 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 210' feet

NAME OF OWNER Agnes Perkins (J Stewart)

LOCATION OF PROPERTY 9414 Linwood Dr

Comments: Bed system 12'wd x 25'long x 24" stone
Pump out tank
OD > 1987

Division or Section Head

Philo S. Walker R. S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2283A DATE: 6/2/94

TC: 017 245 04 ☐ L ☐ CRT

SERIAL Nº 14222

Name of Owner Agnes Perkins Juris.:

Address of Property 9414 Linwood Dr

Inspection Data:

Tank Material –

Total Length of Drainfield 100'

Number of Lines 4 @ 25'

Cover Depth 12"

Water Supply Source com well

Distance to Water Source >100'

Excavation Inspected 6/2/94

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1994, Repair CTR# Jack Stewart

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~~ 15A 18A 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:

Philip A. Walker R.S.
Environmentalist

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

Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

2283A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Perkins (last) Agnes (first) Black (mi)
ADDRESS: 7962 Unity Church Rd PHONE: (__) 483-4413
CITY: Denver STATE: N.C. ZIPCODE: 28037

Date: 1-28-94

PROPERTY OWNER:
NAME: Perkins (last) Agnes (first) Black (mi)
ADDRESS: 7962 Unity Church Rd PHONE: (__) 483-4413
CITY: Denver STATE: N.C. ZIPCODE: 28037

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 01724504
STREET ADDRESS: 9414 Sinnwood Dr.
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 130 & 1/2 of 131 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEN CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X Agnes Black Perkins Agnes X 1-28-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791