MECKLENBURG COUNTY
HEALTH DEPARTMENT

3447B 97253 #8930

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

16 NOV '17 AM 9:15

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: David C. Johnson
ADDRESS: 10846 Tyler Brook Lane
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (704) 545-2142
ALTERNATE PHONE: (704) 301-2458
E-MAIL: djohnson365@carolina.rr.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 139-112-91
STREET ADDRESS: 10846 Tyler Brook Lane
CITY: Mint Hill
STATE: NC ZIP: 28227

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 earlier addition

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.

David C Johnson 5/15/17
Owner's/Agent's Signature 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

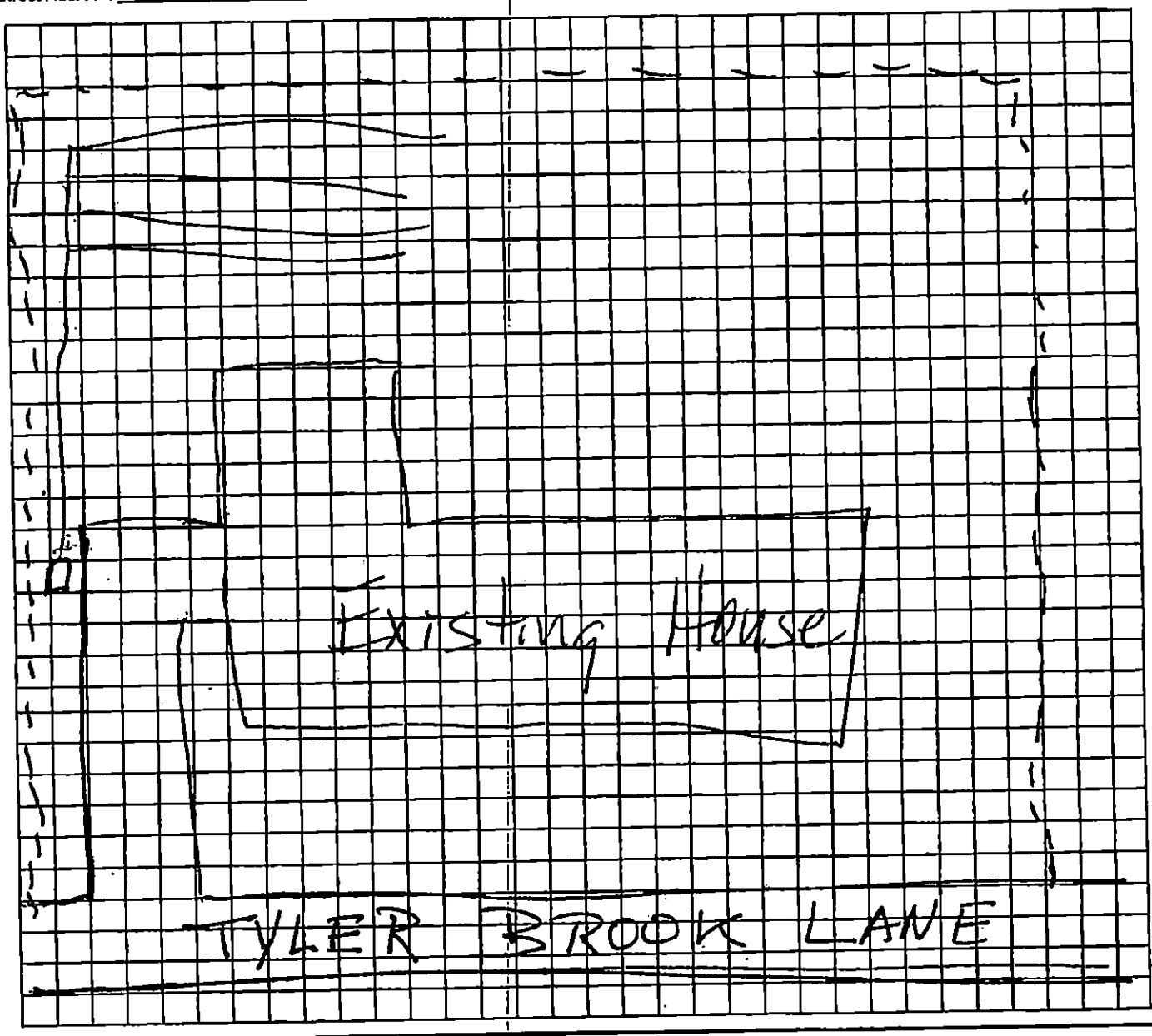
Revised on: 4/20/17

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: 10846 Tyler Brook Lane Tax Parcel #: 139-112-91



*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

Denied due to space

April Burrgans 5-25-17
REHS Signature Date

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

FAX

TO

Name: Loretta Ellis
Fax Number: 704-336-6894
Phone Number: 980-314-1680
Date: 5-16-17

Number of Pages (including cover sheet)

3

FROM

Name: David Johnson
Fax Number: 704-355-5074
Contact Number: 704-355-5298

Subject

Application for Approval

Message

Please call and verify reception of this Application

704-355-5298

This communication may contain information that is confidential, privileged, proprietary, or otherwise protected from use or disclosure under state and federal law. It is intended only for the person to whom it is addressed, and the information should be kept confidential and secure.

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY. You are prohibited from reading, printing, retaining, copying, or disseminating any part of the communication, including any of its attachments. Please follow the directions of the sender to either completely return or destroy the entire communication and all accompanying attachments without reading the content. There is no intent on the part of the sender to waive any right or privilege that may be attached to the communication. Unlawful use or disclosure of this communication and its attachments may violate state and federal laws, and could result in significant penalties and consequences.

Thank you for your cooperation.

Carolinas HealthCare System

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/16/17	**Amount:**	100.00
Receipt #:	105892	**Tendered:**	100.00
Check / Auth #:	VISA 00611D	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: JOHNSON, DAVID
Attn:
Address: 14846 TYLER BROOK LN
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10846 TYLER BROOK LN		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: DAVID JOHNSON

Bill To:

DAVID JOHNSON
10846 TYLER BROOK LN

Charlotte, NC 28227

Single Payment

Transaction Date: 05/16/2017 8:50 AM Pacific Time
Pay Method: VISA **********7529
Approval #: 00611D
Trace Number: 2a9ea49d-c7e5-4699-ab9d-bb12c3cc1b54
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

May 25, 2017

David C. Johnson
10846 Tyler Brook LN
Mint Hill NC 28227

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 10846 Tyler Brook LN
Health Department File Number: **3447B**

Dear Property Owner or Owner's Agent:

On May 22, 2017, the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated May 5, 2017, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,
April Bumgarner
April Bumgarner, REHS
Environmental Specialist

Encl: (1) Application