SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 18552

Assigned Inspector: April B.

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☑ Use Existing Fees $100.00: JSO 3/12/24 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ 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:

19552/14514

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

PERSON FILING APPLICATION:
NAME: Camille Wiley
ADDRESS: 8611 Island Point Road
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (304) 991-0007
ALTERNATE PHONE:
E-MAIL: cmc.wiley@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19909124
STREET ADDRESS: 8611 Island Point Road
CITY: Charlotte
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

3/12/2024 ✓
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: 704-336-5103. FAX: 704-336-6894

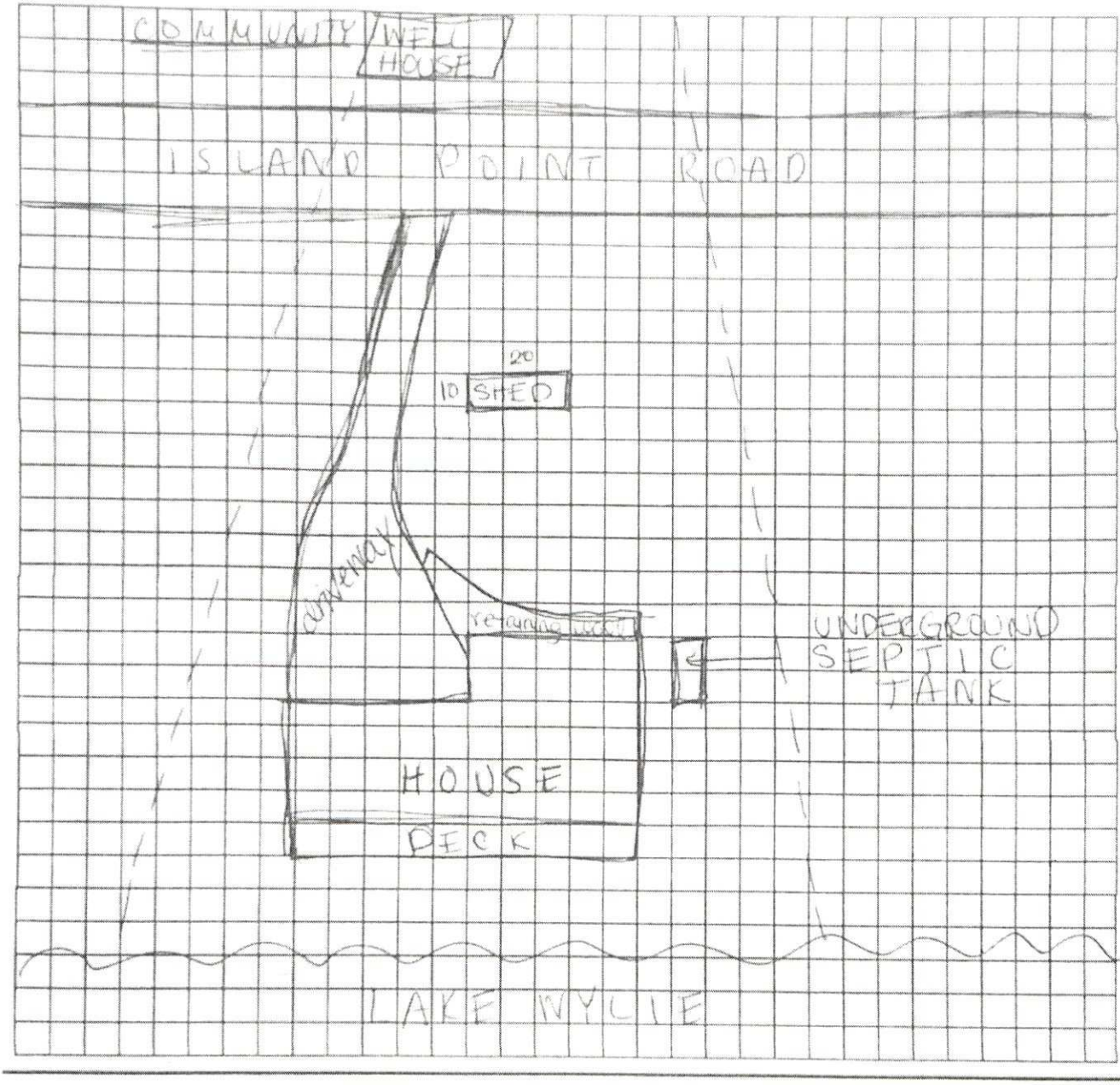
Revised on: 01/03/11

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: 8611 Island Point Road Tax Parcel # 19909124



*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

Meets all setbacks to well & septic.

April Bumgarner 3/21/24

REHS Signature Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/12/24	**Amount:**	100 00
Receipt #:	147909	**Tendered:**	100 00
Check / Auth #:	VISA 04472D	**Returned:**	0 00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: CAMILLE WILEY
Attn:
Address:
Address:
City/State/Zip:

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 8611 ISLND POINT RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
120.00	2,652.50			555 00	

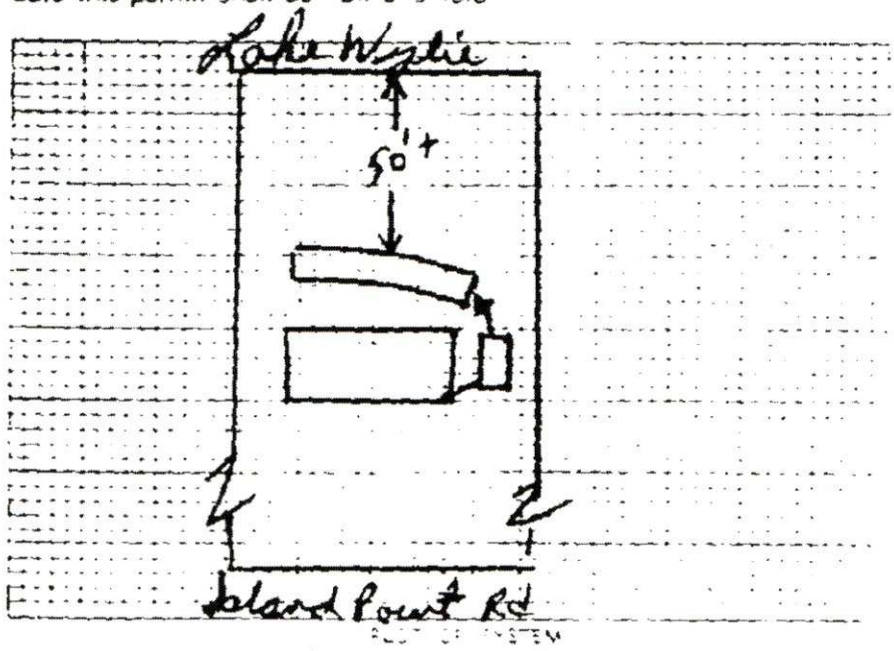
Date Issued 23 April 1982 Serial No. 5366 ICAR(S) Permit No. 18552

T C No. 199-091-01C

Map Date —

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct ✓ Alter 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 application 18552, dated ~~Oct~~ 3-11-82 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10 May 82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate: prev unit

Tank Capacity: 1500 gal

Tank Material: pre cast

Trench Length: 330 l/ft

Trench Width: 4

Trench Depth: 10'

Distance from Lake: 5'

Distance from Property Line: 150'+

NAME OF OWNER: Turner, James R.

LOCATION OF PROPERTY: 8611 Island Point Rd

The system installed is the construction requirements of Section ... of the Regulations of the Mecklenburg County Health Ordinance in effect at the time of issuing this permit. A certificate of approval must be ... upon completion. Any deficiencies in the system can be corrected or otherwise rendered ... No guarantee is expressed or implied as to the adequacy or performance of the system. It is understood that the ... system may require ... from time to time. The undersigned owner agrees to hereafter perform such routine operation ... as may be ... by the Health Department in order to maintain the system in acceptable condition.

in bed 12 x 71' x 3½" stone

Comments

John R Atkisson

Division / Section Head — Environmentalist

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

ENDS-5-76

Date Received 3-10-82

INSTRUCTIONS ON BACK OF CAR(S)

RECEIVED
MAR 12 1982
MECK. CO. HEALTH DEPT.

Application No. 18552

T. C. No. 194-041-01C

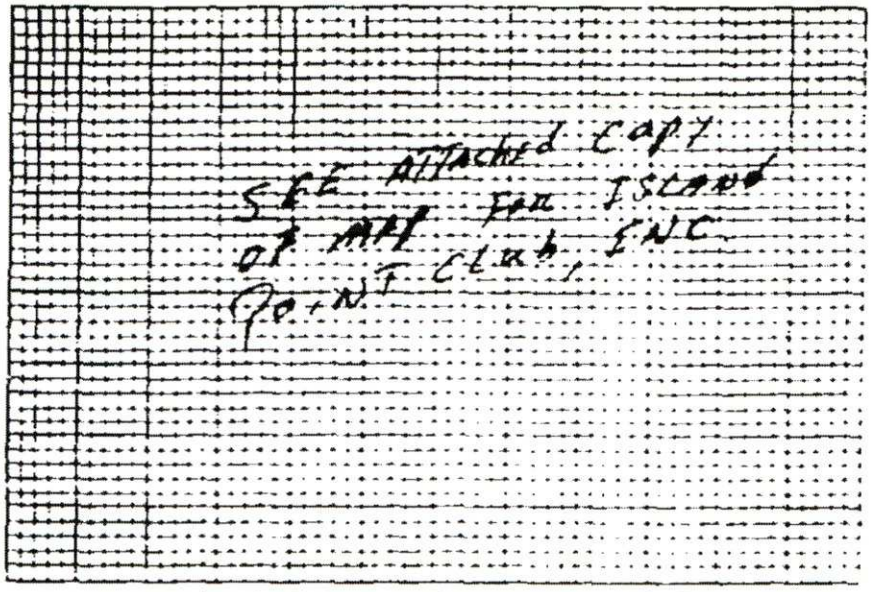
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge.



3) PLOT PLAN ACCURATELY DIMENSIONED

Mobile Home ____Yes ____No
Residence ✓Yes ____No

4) No of Bedrooms 2
5) Business Use — Max No Employees _____
6) Washing Machine ✓Yes ____No
7) Garbage Disposal ✓Yes ____No
8) Dishwasher ✓Yes ____No
9) Water Supply
A Individual Well _____
B Governmental System _____
C Community System
1 Well source Same System
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No
11) EHA Case No _____
12) HA Case No _____

13) NAME OF OWNER Turner (LAST) James (FIRST) Leland (MIDDLE)

14) ADDRESS OF OWNER [illegible] Charlotte NC 28210

15) PHONE NO Home [illegible] Office 372-9750 Ext 219

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 35 Block No [illegible]

Map Book No 14 Page No 11

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? YES ✓ NO DATE RUN _____

20) PTR NUMBER (See instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3-11-82
DATE OF APPLICATION

James L. Turner
OWNER

EHD-5-76

BE 4-26-82

C of A (s) No. 18552

Date Issued 23 April 1982 Serial 5094 T. C. No. 199-091-01C

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Turner (LAST) James (FIRST) R (MIDDLE)

Location of Property 8611 Leland Point Rd.

Application Number _____ Permit Number 18552

Inspection Data:

Liquid Capacity of Tank 1500 Gal Tank Material pre cast

Total Length of Drain Tile 330 l/ft Number of Lines 4

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source community well Distance from Water Source 100'

Excavation Inspected / (DATE) Tank Inspected 23 April 1982 (DATE)

Nitrification Field Inspected 23 April 1982 (DATE)

Washing Machine Line Inspected - Applicable / (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface soil absorption effluent discharge as described above and it has been installed or constructed / altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit in addition to those listed below under comments. This Certificate of Approval 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: as permitted

John R. Adkisson
Environmentalist

EHD-5-76

RI-3-25-82

LA No. 18552

Serial No. 5543

Date Issued 3-25-82

T. C. No. 199-091-01C

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Turner, (LAST) James (FIRST) Benford (MIDDLE)

ADDRESS OF OWNER 8611 Island Point Rd., Charlotte, NC ZIP 28210

LOCATION OF LOT 8611 Island Point Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 3 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface soil absorption effluent discharge based on the soil investigation on an on site inspection of the said lot and upon the information supplied in the Application for an Installation, Construction, Alteration and/or Repair Permit, number 18552 — This approval is subject to the following terms and conditions

1. That the nitrification field be installed constructed altered and or repaired in the same area where the soil investigation was run

2. That an Installation Construction Alteration and or Repair Permit be issued and in full force and effect when the system is installed constructed altered and or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the Application for an Installation Construction Alteration, and/or Repair Permit is not correct in all particulars or that the septic tank system is not being installed, constructed altered and or repaired in accordance with a valid Installation Construction Alteration, and or Repair Permit

Environmentalist

Environmental Health Director or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy