14187
# 9601

25 APR '18 AM 11:46

**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: Jason Wilkes / Patriot Contracting
ADDRESS: 3140 N Hwy 16 Ste 106
CITY: Denver
STATE: NC ZIP: 28037
PHONE: 980 318 6256
ALTERNATE PHONE:
E-MAIL: Jasonwilkes77@gmail.com

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: Jean Canon
ADDRESS: 10908 Mt. Holly Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28078
PHONE: 1 203 440 6454
ALTERNATE PHONE:
E-MAIL: jeancannon20@gmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 01704219
STREET ADDRESS: 10908 Mt Holly Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28078

**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:
NUMBER OF OCCUPANTS:

**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: 4/25/18

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: 704-336-5103, FAX: 704-336-6894

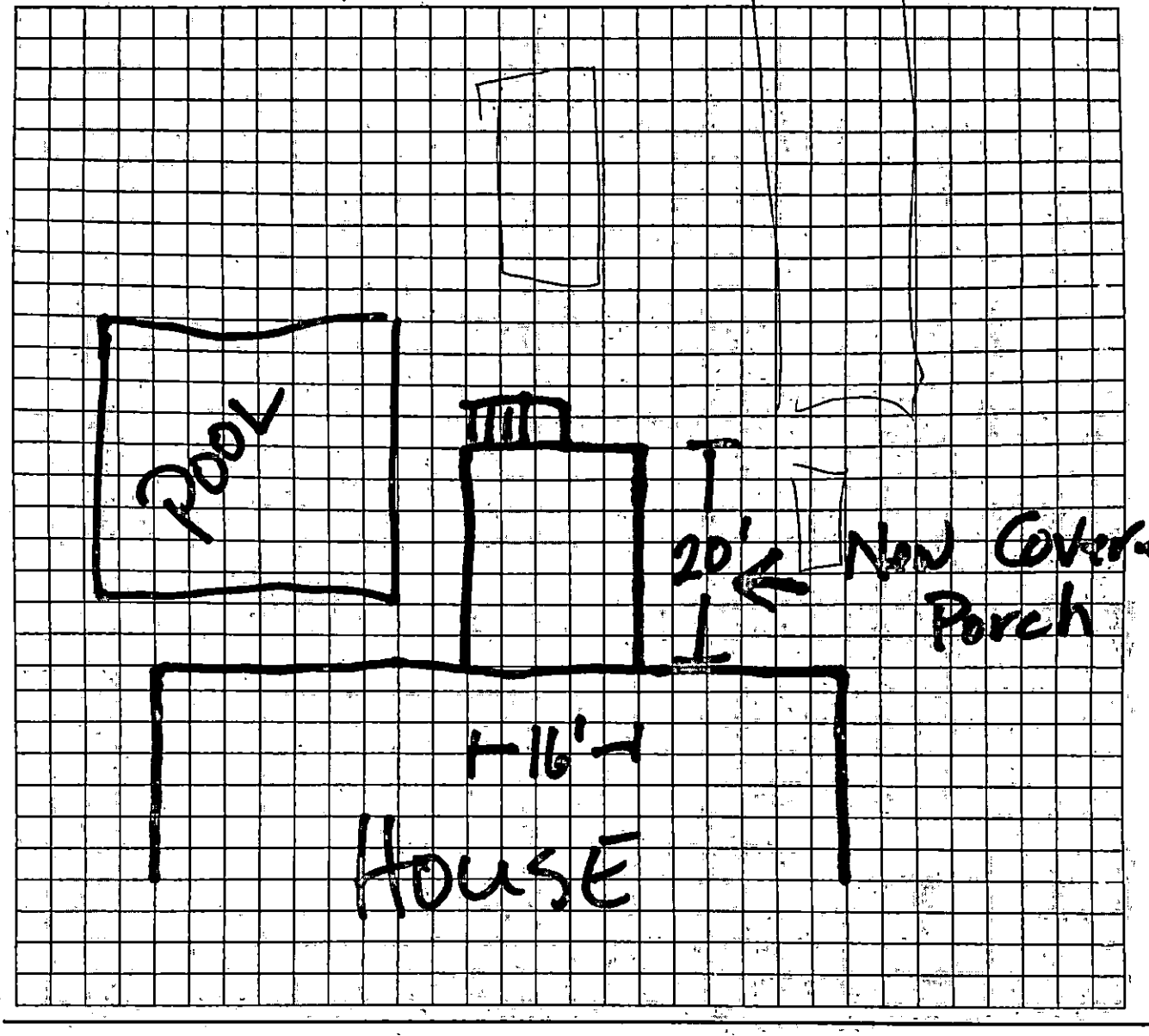
Revised on: 01/03/11

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: 10908 Mt. Holly Huntersville Rd. Tax Parcel #: 1704219




"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 use Existing System for a deck addition

REHS Signature — Date 4/30/18



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

# Payment Receipt

**Mecklenburg County POS**

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

Enter Account # or Customer Name Here: JASON WILKES

**Bill To:**

JASON WILKES
2442 GATEWAY LN

Lincolnton, NC 28092

**Single Payment**

Transaction Date: 04/25/2018 9:29 AM Pacific Time
Pay Method: VISA **********4904
Approval #: 042512
Trace Number: 20df6242-0525-4b84-968c-1f5136d5fcc7
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:** | 04/25/18 | **Amount:** | 100.00 |
| **Receipt #:** | 110880 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 042512 | **Returned:** | 0.00 |
| **Received By:** | ABDUSAI | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | WILKES, JASON |
| **Attn:** | |
| **Address:** | 2442 GATEWAY LN |
| **Address:** | |
| **City/State/Zip:** | LINCOLNTON, NC 28092 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>10908 MT HOLLY HUNTERSVILLE RD. | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

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

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

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

10908 Mt. Holly Huntersville Rd Huntersville N.C.
Number Street Town
(Or parcel Number)

Jean Cannon
Property Owner (print name)

Property Owner (signature)

4-27-2018
Date

Date Issued 18 Oct 1978

Serial No. 2094

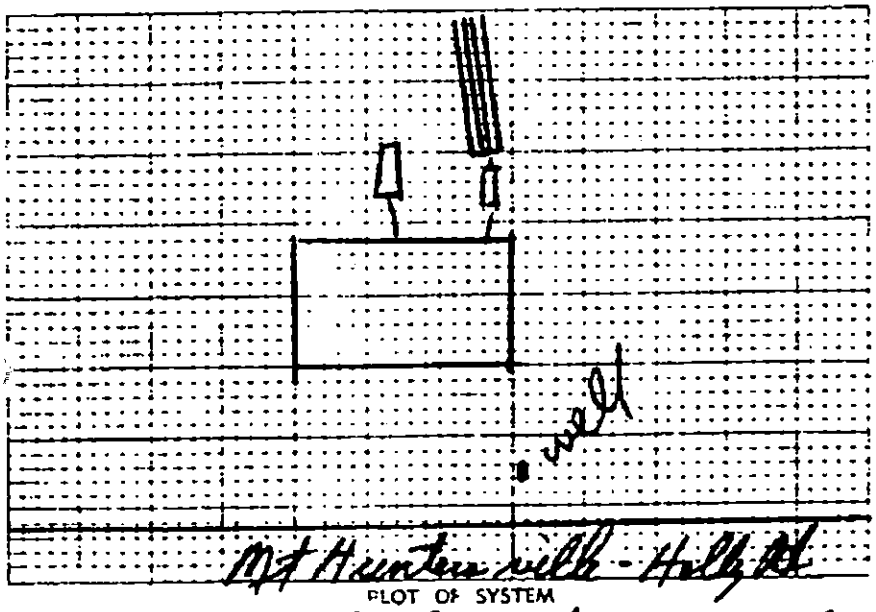
ICAR (S) Permit No. 14187

P.I.T. C. No. 017-048-14

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 14187, dated 6 Oct 1978 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 1 Nov 1978, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate presumptive

Liquid Capacity of Tank 1500

Tank Construction pre cast

Absorption and or Nitrification Lines

Total Line Length 495 & 125

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Cobb, Edwin Hastings

LOCATION OF PROPERTY Huntersville-Mt Holly Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **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.**

Comments: in bed 15'x99'x17"

Comments: wash lines in bed 9'x32'x17"

John R Adkinson

Division or Section Head

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 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.

EHD-S-76

Environmental Health Department's Copy

Date Issued 19 Oct 72 Serial No. 1997 C of A (s) No. 14107

P.O.T C. No 017-048-14

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## ENVIRONMENTAL HEALTH DIVISION
## CERTIFICATE OF COMPLETION
## CERTIFICATE OF APPROVAL

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

Name of Owner Cobb, Edwin Hastings
(LAST, FIRST, MIDDLE)

Location of Property Mt Holly - Huntersville Rd

Application Number _____ Permit Number 14107

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 495 & 125 Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected ✓ (DATE) Tank Inspected 19 Oct 1972 (DATE)

Nitrification Field Inspected 19 Oct 1972 (DATE)

Washing Machine Line Inspected, If Applicable 19 Oct 1972 (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(s) 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 _____

John R Adkisson
Environmentalist

EHD-S-76

**Environmental Health Department's Copy**