MECKLENBURG COUNTY
HEALTH DEPARTMENT

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12627

4 NOV '21 AM 9:23

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 21703163
STREET ADDRESS: 15611 YOUNGBLOOD RD
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME: INGRAM FAMILY LANDS
LOT #: 2 LOT SIZE (acres): 0.84

TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: LLS VENTURES LLC / GEORGE MELVIN INGRAM III
ADDRESS: 159 JENKINS COVINGTON RD
CITY: ROCKINGHAM
STATE: NC ZIP: 28379
WORK PHONE: (910) 417-8959
MOBILE PHONE: _____
FAX: _____
E-MAIL: supermelvin6@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

Owner's Authorization form is required if legal representative is submitting application

NAME: WENDELL OVERBY
ADDRESS: 813 DAVIDSON DR NW
CITY: CONCORD
STATE: NC ZIP: 28025
WORK PHONE: (980) 439-5007
MOBILE PHONE: _____
FAX: _____
E-MAIL: sfsconcordnc@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

WO (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

WO (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

11/3/21
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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: 15611 YOUNGBLOOD RD

Tax Parcel #: 21703163

Subdivision Name: INGRAM FAMILY LANDS

Lot #: 2

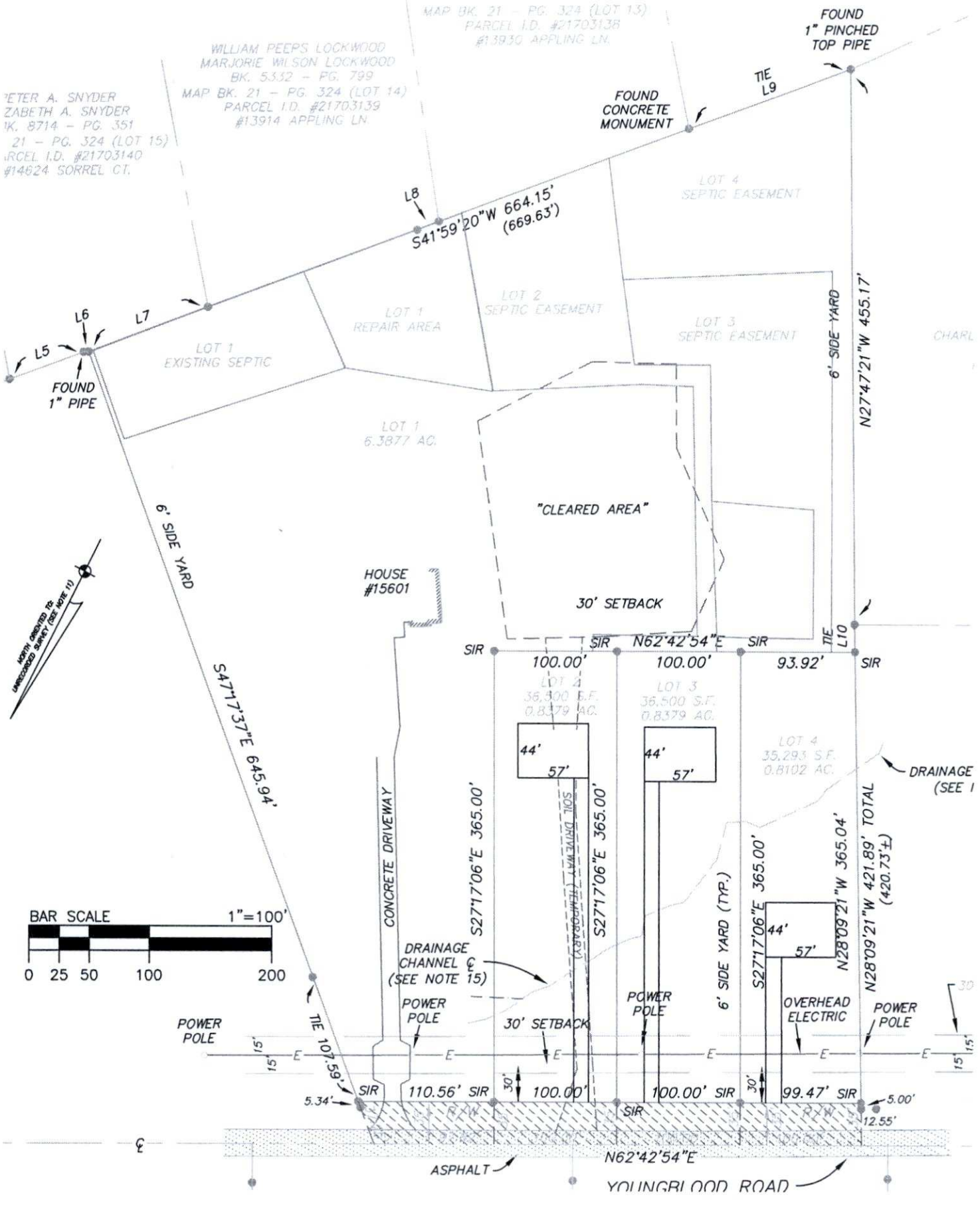
SEE ATTACHED

Property Owner's or Owner's Legal Representative Signature

11/3/21
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19


MAP BK. 21 – PG. 324 (LOT 13)
PARCEL I.D. #21703138
#13930 APPLING LN.
WILLIAM PEEPS LOCKWOOD
MARJORIE WILSON LOCKWOOD
BK. 5332 – PG. 799
MAP BK. 21 – PG. 324 (LOT 14)
PARCEL I.D. #21703139
#13914 APPLING LN.
PETER A. SNYDER
ZABETH A. SNYDER
K. 8714 – PG. 351
21 – PG. 324 (LOT 15)
RCEL I.D. #21703140
#14624 SORREL CT.
FOUND
1" PINCHED
TOP PIPE
TIE
L9
FOUND
CONCRETE
MONUMENT
L8
S41°59'20"W 664.15'
(669.63')
LOT 4
SEPTIC EASEMENT
L6
L7
L5
LOT 1
EXISTING SEPTIC
LOT 1
REPAIR AREA
LOT 2
SEPTIC EASEMENT
LOT 3
SEPTIC EASEMENT
6' SIDE YARD
N27°47'21"W 455.17'
CHARL
FOUND
1" PIPE
LOT 1
6.3877 AC.
"CLEARED AREA"
6' SIDE YARD
S47°17'37"E 645.94'
HOUSE
#15601
30' SETBACK
TIE
L10
SIR
N62°42'54"E
SIR
SIR
100.00'
100.00'
93.92'
SIR
LOT 2
36,500 S.F.
0.8379 AC.
LOT 3
36,500 S.F.
0.8379 AC.
LOT 4
35,293 S.F.
0.8102 AC.
44'
57'
44'
57'
44'
57'
DRAINAGE
(SEE I
SOIL DRIVEWAY (TEMPORARY)
CONCRETE DRIVEWAY
S27°17'06"E 365.00'
S27°17'06"E 365.00'
6' SIDE YARD (TYP.)
S27°17'06"E 365.00'
N28°09'21"W 365.04'
N28°09'21"W 421.89' TOTAL
(420.73'±)
BAR SCALE
1"=100'
0 25 50 100 200
DRAINAGE
CHANNEL ℄
(SEE NOTE 15)
POWER
POLE
POWER
POLE
POWER
POLE
OVERHEAD
ELECTRIC
POWER
POLE
30' SETBACK
TIE 107.59'
15'
15'
E
E
E
E
E
E
15'
1.5'
30'
SIR
5.34'
110.56'
SIR
30'
100.00'
SIR
100.00'
SIR
30'
99.47'
SIR
5.00'
12.55'
SIR
℄
N62°42'54"E
ASPHALT
YOUNGBLOOD ROAD

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

21703163
Number Street Town
(Or Parcel Number).

George Melvin Ingram
Property Owner (print name)

Property Owner (signature)

10/27/21
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/04/21
Receipt #: 131345
Check / Auth #: MC 90403S
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: INGRAM, MELVIN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15611 YOUNGBLOOD RD		1	250.00	250.00

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

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Young Wood

OWNER: ___ APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPERTY SIZE: ___
LOCATION OF SITE: ___ PROPERTY RECORDED: ___
WATER SUPPLY: ▫ Private ▫ Public ▫ Well ▫ Spring ▫ Other ___
EVALUATION METHOD: ▫ Auger Boring ▫ Pit ▫ Cut TYPE OF WASTEWATER: ▫ Sewage ▫ Industrial Process ▫

PROFILE NO.	1940 LANDSCAPE POSITION / SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941) 1941 STRUCTURE / TEXTURE	1941 CONSISTENCE / MINERALOGY	OTHER PROFILE FACTORS 1947 SOIL WETNESS / COLOR	1943 SOIL DEPTH	1951 FA PRO CLASS	1944 RESTR HORIZ	PROFILE CLASS (LTAR)
A	LS	0-5	gr SL						3
	2-10	5-24	sbk SL						
		24-38	sbk scl						
		38-48	sbk L						
B	LS	0-4	gr SL						3
	2-10	4-18	sbk SL						
		18-34	sbk scl						
		34-40	sbk L						
C	LS	0-4	gr SL						3
	2-10	4-32	sbk L						
		32-48	sbk scl						
D		0-4	gr SL						3
		4-30	sbk C						
		30-48	sbk scl						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___

EVALUATED BY: ___
OTHER(S) PRESENT: ___

E) 0-4 gr 5L .3
4-32 sbk 5C
32-48 sbk 5CL

F) 0-4
4-18
18-48 d.ddd

G) 0-6 gr 5L
6-25 sbk 5C .3
25-48 sbk 5CL

H) 0-4 gr 5L
4-28 sbk 5C .3
28-48 sbk 5CL

I) 0-6 5L
6-10 5CL
10-28 5C
28-34 5CL
34-48 sbk L .3

J) 0-4 gr 5L
4-28 sbk 5C
28-48 sbk 5CL
.3