SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 20599

Assigned Inspector: Matt

☐ 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: JM 12/20/24 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:

20599

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#15171

29 DEC '24 AM11:12

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: Shane Connolly
ADDRESS: PO Box 1508
CITY: Harrisburg
STATE: NC ZIP: 28075
PHONE: (704) 962-6507
ALTERNATE PHONE:
E-MAIL: shane.connolly@westroeconstruction.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Jonelle Flynn
ADDRESS: PO Box 602
CITY: Huntersville
STATE: NC ZIP: 28070
PHONE:
ALTERNATE PHONE:
E-MAIL: flynn4fun@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01116122
STREET ADDRESS: 13500 McCord Road
CITY: Huntersville
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: 3
NUMBER OF OCCUPANTS: 1

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 2nd Floor guest quarters

*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

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

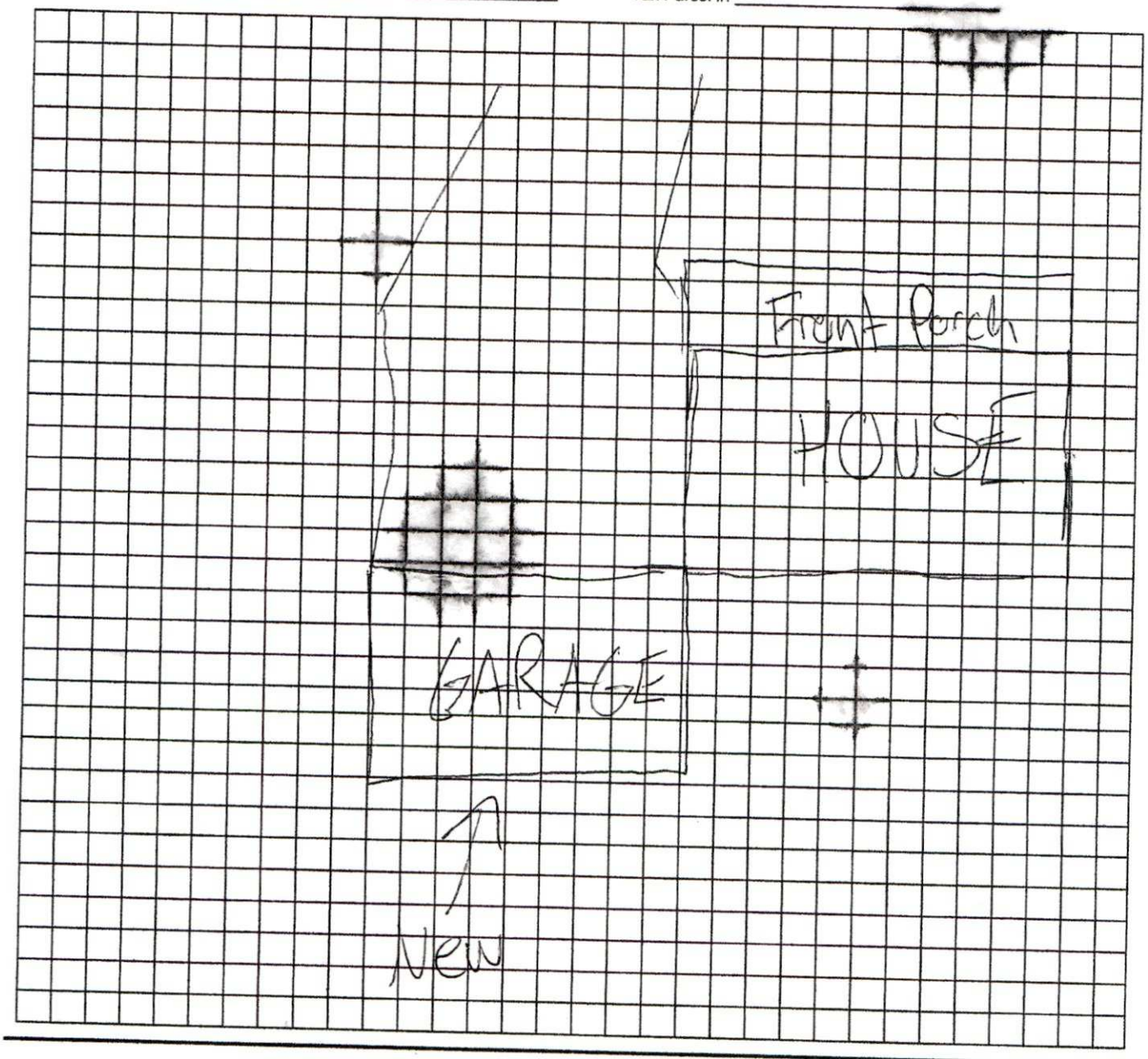
Revised on: 01/03/11

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: 13500 McCord Road Huntersville NC 28078 Tax Parcel #: 01116122



*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:

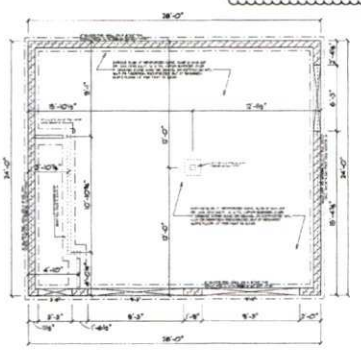
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Meets Setbacks, Not to exceed 360gpd/
3 bedroom total occupancy, current tax value on
Main house is 240 gpd/2 bdr

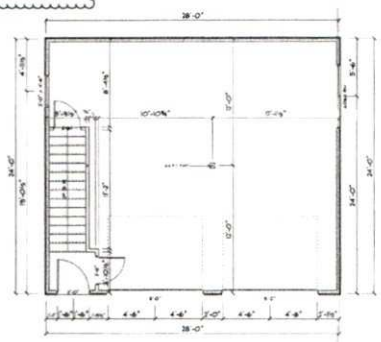
REHS Signature

12/23/24
Date

SEE "S" PAGES FOR ANY/ALL STRUCTURAL NOTES/DETAILS



Foundation Plan
SCALE: 1/4" = 1'-0"

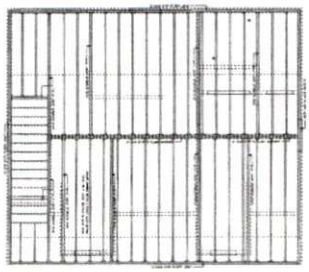


Main Floor Plan
SCALE: 1/4" = 1'-0"

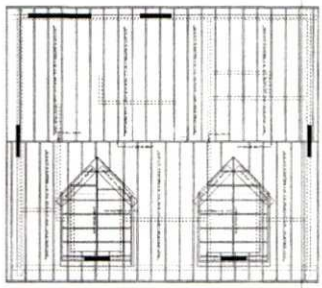


Second Floor Plan
SCALE: 1/4" = 1'-0"

ORIGINAL PAGES REMAIN WITHIN THIS INTERNET PLAN SET. ALL APPLICABLE CODES MUST FOLLOW 2018 NCRC



Second Floor Framing Plan
SCALE: 1/4" = 1'-0"



Roof Framing Plan
SCALE: 1/4" = 1'-0"



A/2 CROSS SECTION A
SCALE: 1/4" = 1'-0"

JONELLE FLYNN
3800 MCCORD BLVD
HONTERSVILLE
NC
28078

PHONE:

TRIVER LOG HOMES

SCALE: 1/4" = 1'-0"
DRAWN BY: RBS
DATE: 8/31/2023

FLOOR PLANS

PAGE: 2

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/20/24
Receipt #: 152082
Check / Auth #: MC 41291E
Received By: MOORES

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

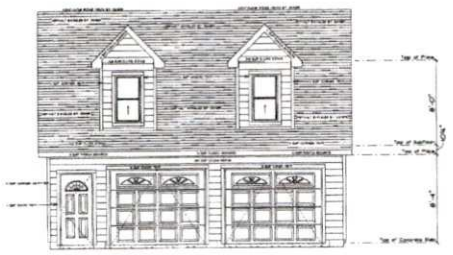
Account #: 200000
Contractor: SHANE CONNOLLY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 13500 MCCORD RD	1	100.00	100.00

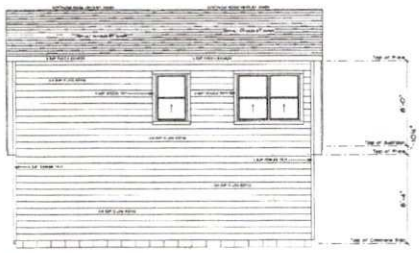
Permit#

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

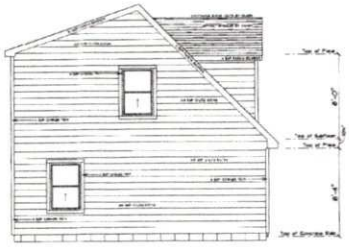
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
507.50		580.00		2,737.50	



FRONT ELEVATION
SCALE: 1/4" = 1'-0"



REAR ELEVATION
SCALE: 1/4" = 1'-0"



LEFT ELEVATION
SCALE: 1/4" = 1'-0"



RIGHT ELEVATION
SCALE: 1/4" = 1'-0"

JONELLE FLYNN
1800 ROCKY RIDGE ROAD
HENDERSONVILLE
NC
28739

PHONE:

TarRiver LOG HOMES

SCALE: 1/4" = 1'-0"
DRAWN BY: SBG
DATE: 8/25/2023

ELEVATIONS

PAGE: 1

Date Issued 11-30-84

Serial No. 07785

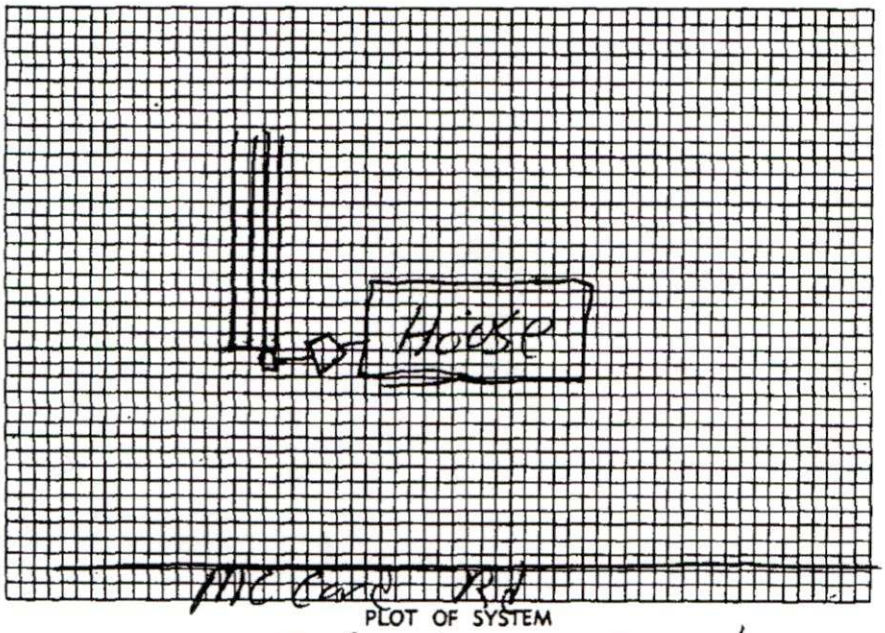
ICAR(S) Permit No. 20599

T. C. No. 011-112-07

Map Date L

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 20599, dated 6-1-84 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 12-30-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVg

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Four

Distance from House 15'

Distance from Property Line 10'

Distance from Well 7100'

NAME OF OWNER Schooley, Daryl

LOCATION OF PROPERTY 13500 McCord 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.

Four Trenches 100'X3'X12" Stone

Comments: Maximum Cover Depth 2'

B. Hudson
Division or Section Head

Jim Ervin
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-5-76

Environmental Health Department's Copy