

18021 NANTZ RD

00105306

5/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2607A DATE: 11/14/00

TC 001 053 06 ☐ L ☒ CRT

SERIAL Nº 18407

Name of Owner Michael Miltich Juris.: _____

Address of Property 18021 Nantz Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed 150'

Number of Lines Bed 3 @ 50'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source ≥50'

Excavation Inspected 11/14/00

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2000, Alteration, 450SFB, CON, 18"Stone CTR# Willie Christenbury

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type IIa, Alteration to the existing system for bedroom addition and kitchen remodel. Lids replaced on septic tank, new tee installed

Philo Walker RS.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

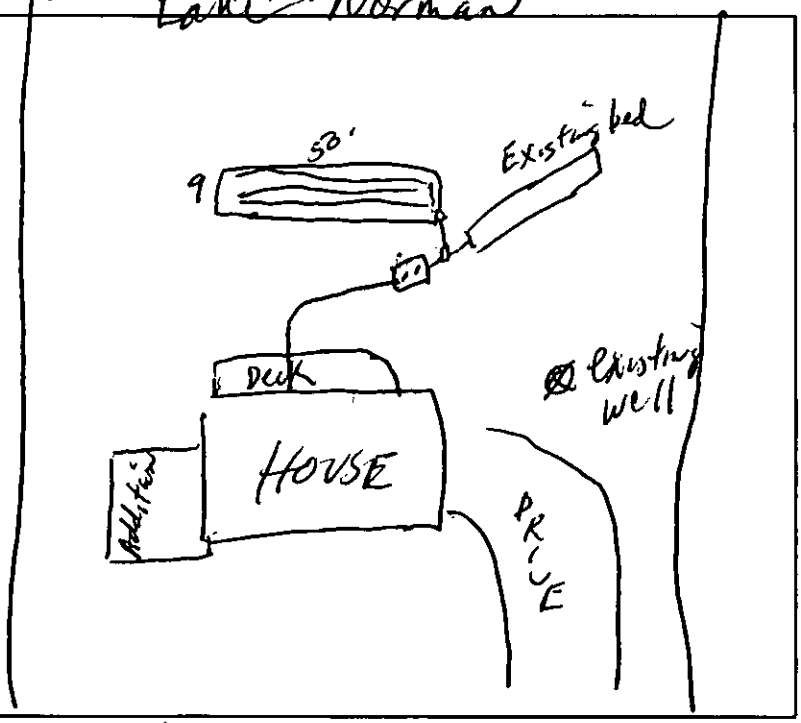
FILE: 2607A DATE: 11/3/00

TC: 001 053 06 ☐ L

SERIAL Nº 18501

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 the application dated 10/24/00. All work shall be completed on or before 12/3/00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.

Lake Norman



Nantz Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Bed

Trench Width 6' feet

Trench Walls Scored and Porous Yes

Total Line Length 150' feet

Number of Lines 2(67')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

50' min

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Michael Mylich

LOCATION OF PROPERTY 18021 Nantz Rd

Comments: Install bed system 6'wd x 67'long x 18" stone
Keep the septic system > 50' from the existing well

Phila S. Walker R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 2607A

Date: 10/24/00

PERSON FILING APPLICATION:

NAME: Mitchell (last) Michael (first) F (mi)

ADDRESS: 18021 Nantz PHONE: 704 896-0999

CITY: Cornelius STATE: NC ZIPCODE: 28031

PAGER: 704-558-3536

PROPERTY OWNER:

NAME: Michael (last) Mitchell (first) F (mi)

ADDRESS: 18021 Nantz Rd PHONE: 704 896-0999

CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-053-06

STREET ADDRESS: 18021 Nantz Rd

ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [X] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~5616-887~~ 1987 LOT SIZE (in acres): 1.52

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
BEDROOM ADDITION/KITCHEN Work

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 10/24/00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 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.

...Approval granted for a bedroom addition (4 Total) & Kitchen renovation

Use existing system

septic system alteration granted

11/14/00

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila S. Walker RS. 11/14/00
Environmentalist Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Michael Mallach Phone #: Date Requested: 10/24/ Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100 —
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: J. Mc Date: 10/24/00 Total: 100 —

18021 NANT 2 RD.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

COPY

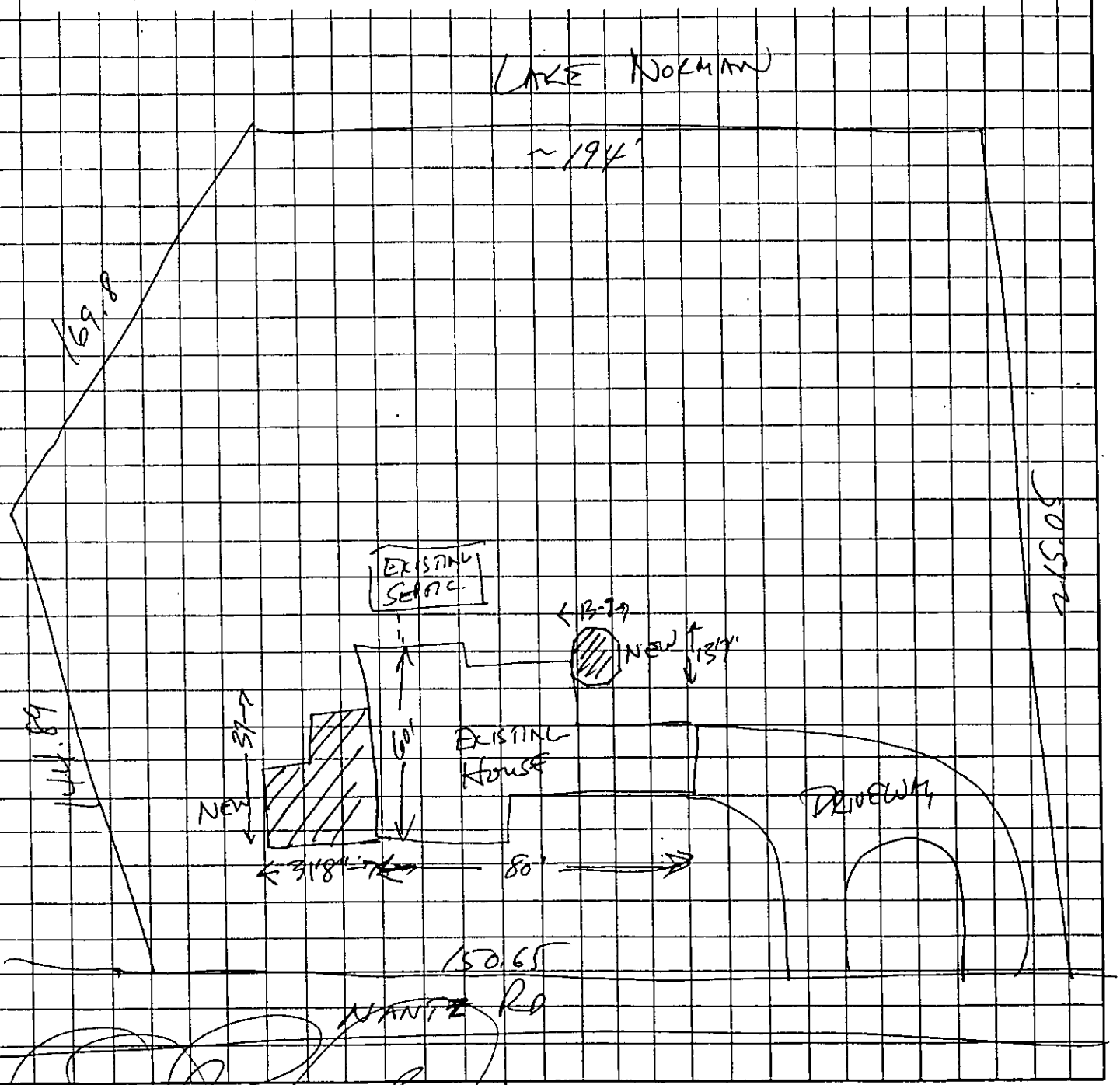
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2607A

TC: 001-053-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 10/24/00

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

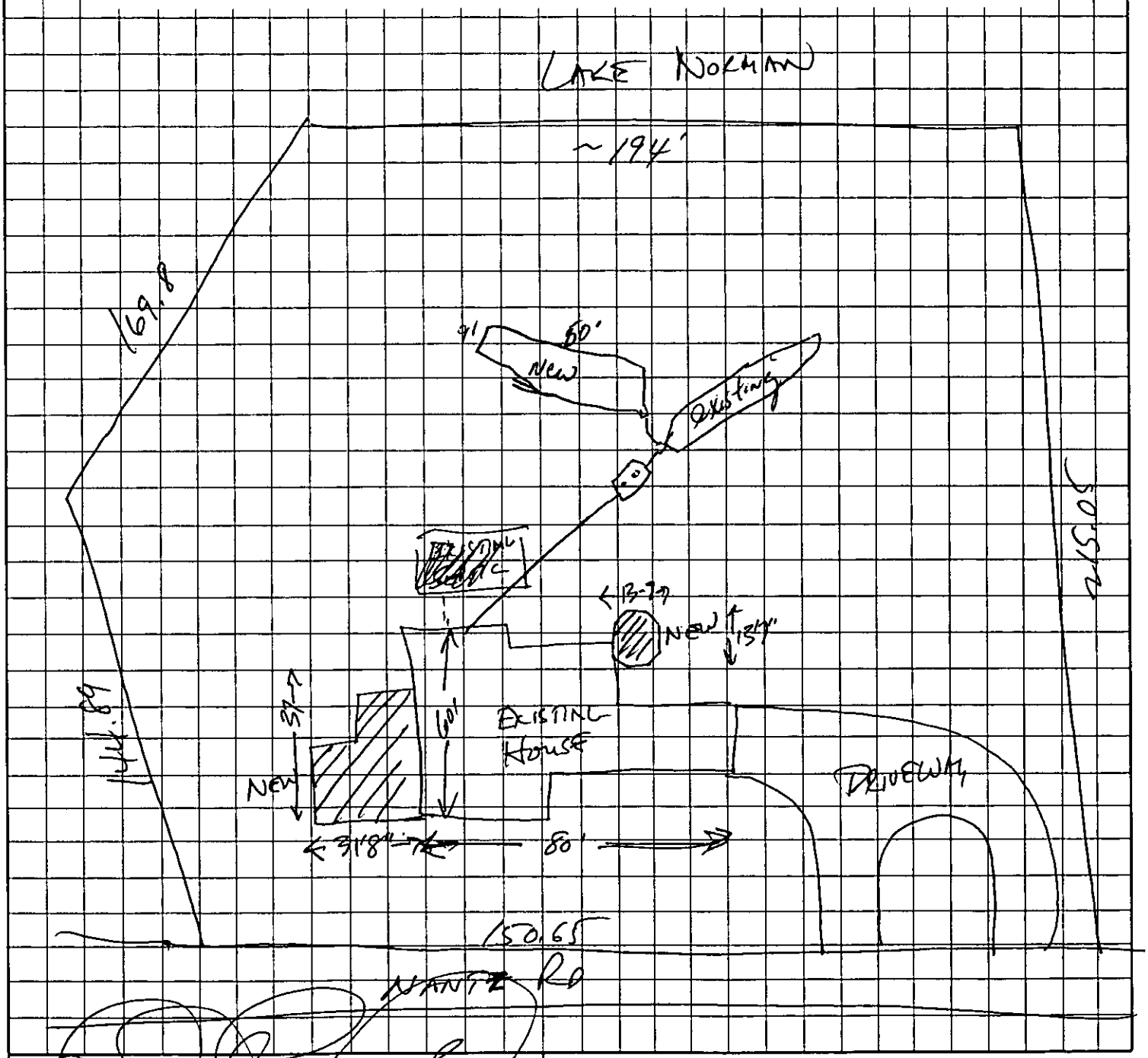
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 2607A

TC: 001-053-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 10/24/00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
OCT 28 1986
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

(OFFICE USE ONLY)
FILE: 2607A
TC:
SERIAL: № 11786

JOB LOCATION

① ADDRESS: 18021 (STREET NO.) Nauta (STREET) Road
② FILE:
③ JURISDICTION: Mecklenburg
④ TAX PARCEL NO.: 001-053-06
⑤ SUBDIVISION: N/A
⑥ LOT: N/A
⑦ BLOCK: N/A

OWNER

⑧ NAME: Michael (FIRST) Charles (MIDDLE) Belch (LAST)
⑨ MAILING ADDRESS: Rt. 2, Box 588
⑩ CITY: Huntersville
⑪ STATE: NC
⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-373-2399
⑭ (HOME) 704-892-4316

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) ~~add bedroom, bath, den~~ Eliminating a bedroom and relocating bedr to upstairs, leaving 3 Total bedrooms

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence
⑳ ☐ Mobile home
㉑ ☐ ~~Business or place of public assembly~~
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 3-5
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Michael C Belch
Date: 10/28/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COU DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Depart has approved the Request for the Job Location contained in this docur This approval is granted in accordance with the provisions of Laws Rules For Sanitary Sewage Collection, Treatment And Disposal in eff the time of issuance of the permit and is subject to the following provi . . . No work shall be conducted on the septic tank system unl Installation, Construction, Alteration and/or Repair permit is issued b Department.
. . . This permit is not transferable, and shall become null and vo months from the date of issuance. Use existing system

B.R. Ferguson — Environmental Health Specialist — 10-30-86 Date
[signature] — Director / Authorized Section Head — 10-30-8 Date

*This permit must be signed by the Director of Environmental Healt authorized section head in order to be valid.

RECORDED PLAT PLAN

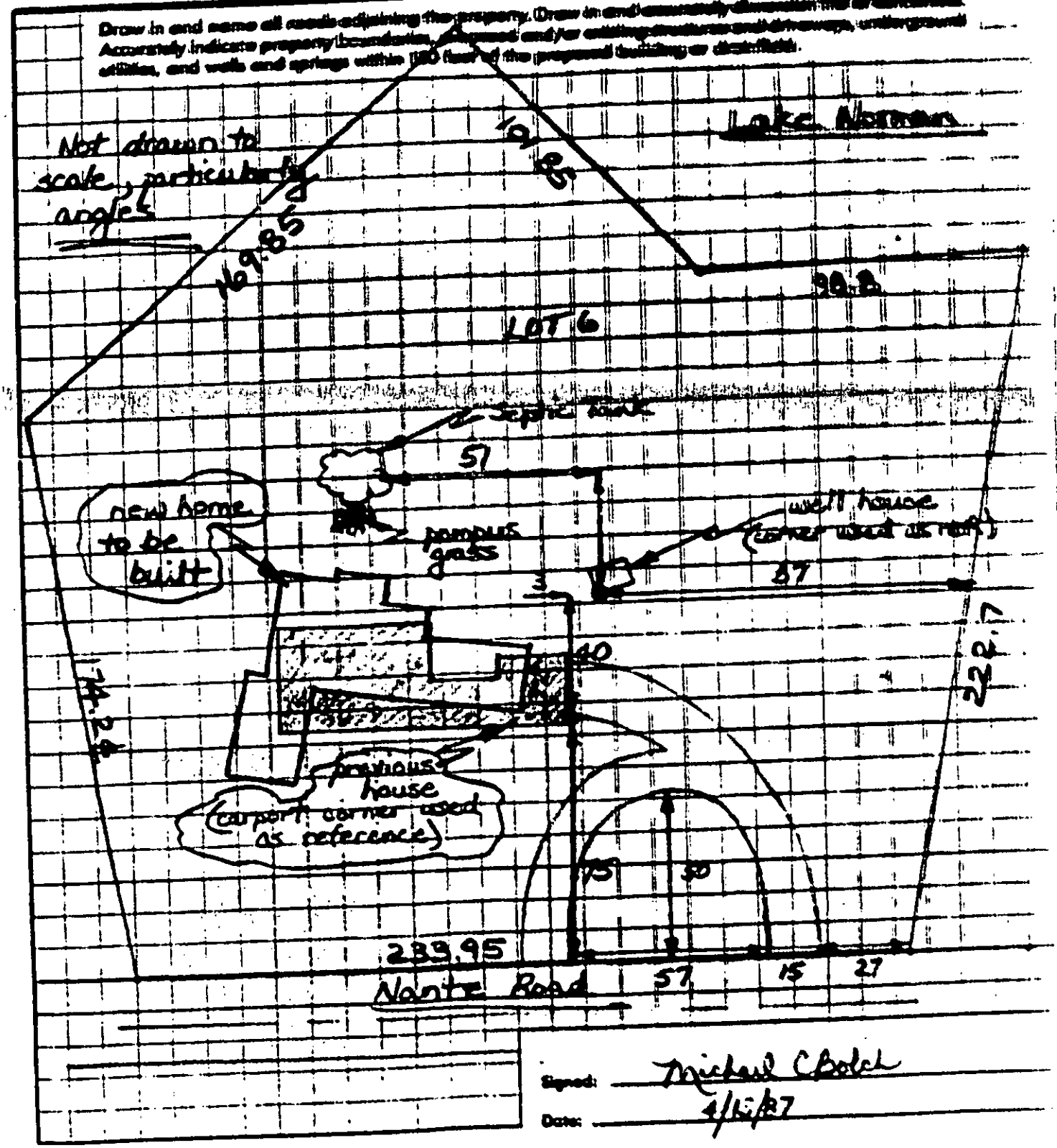
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4600

FILE#: _____

TC#: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension this lot and all. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Michael C Bolch

Date: 4/15/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Ann & Michael Miltich Phone #: 704 553 0336 Date Requested: 11 | 3 | 2000 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Ann Miltich Printed Name: ANN Miltich Date: 11 | 3 | 2000

T.C.	Qty	Description	Unit Cost	Total Cost
* 0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
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0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: LM Date: 11-3-00 Total: 200.00

* Additional Fee - Final for existing system per Cindy!

001-053-06
18021 Nantz Rd
Cornelius

2607A

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION