4 NOV '21 AM 9:22

MECKLENBURG COUNTY
HEALTH DEPARTMENT 6761

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: Craig Sonsire
ADDRESS: 6300 Allen Black Rd
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 803-487-4292
ALTERNATE PHONE: 704-779-1429
E-MAIL: Ponderosa6300@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19707206
STREET ADDRESS: 6300 Allen Black Rd
CITY: Charlotte
STATE: NC ZIP: 28227

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: 4

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

11/3/21
Date

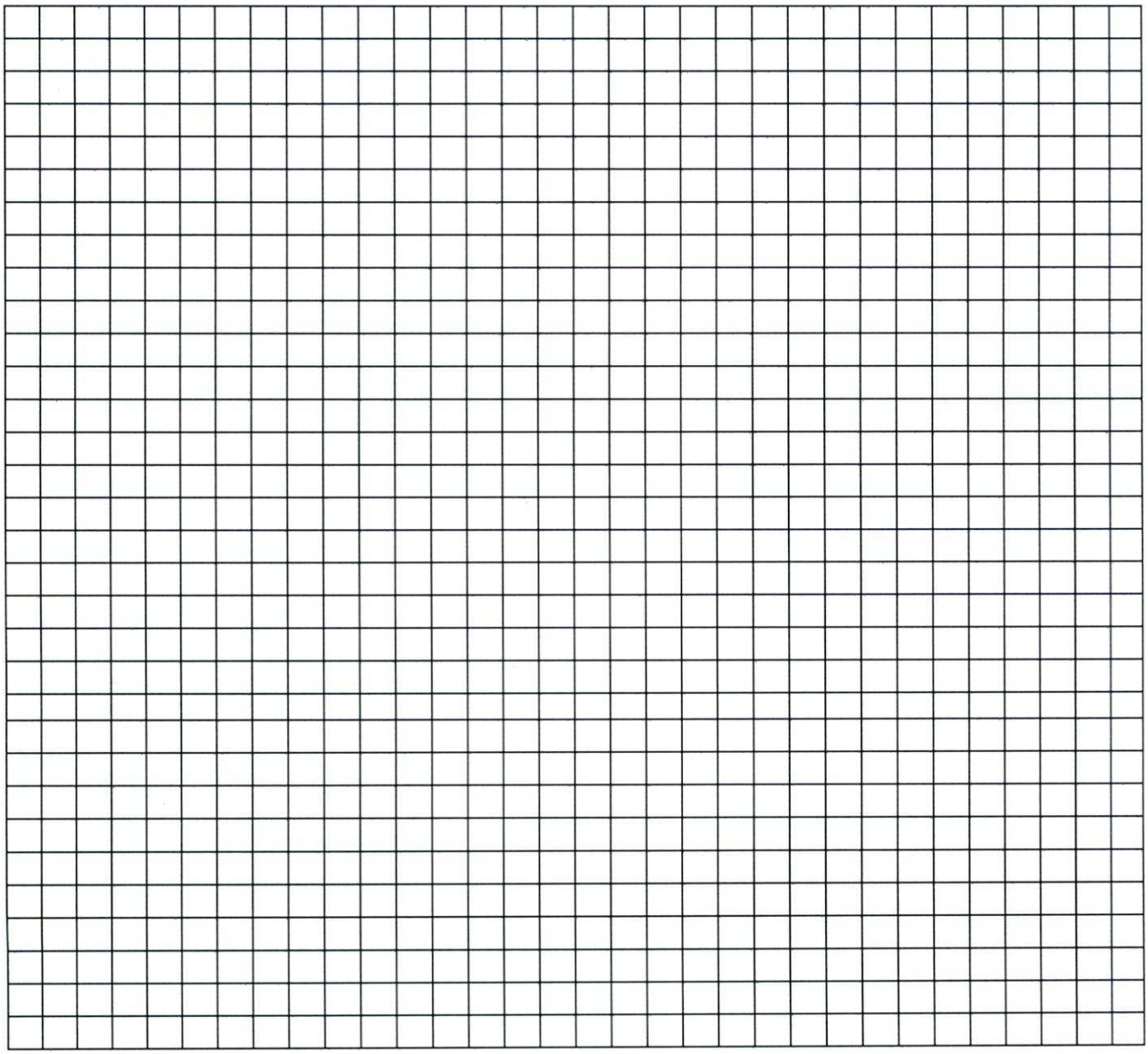
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: _____ Tax Parcel #: _____



*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

Customer meets required set backs for shed

Byron Dupree — REHS Signature

11/12/21 — 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

Polaris 3G Map – Mecklenburg County, North Carolina

80.19 ft(0.02 miles)



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Date Issued 24 Oct 74 Serial No. 5870 ICAR(S) Permit No 6761

T C No 97-022-C

Map Date 9-5-73

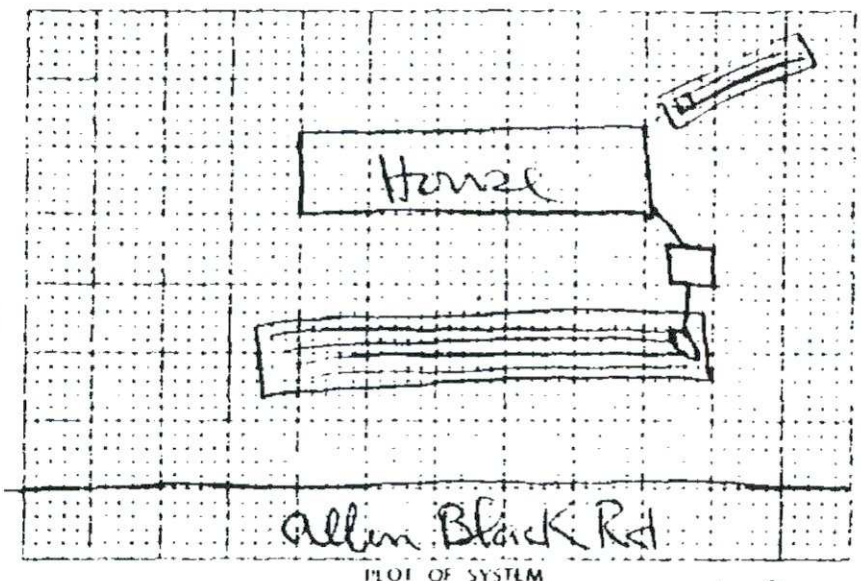
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 6761 dated 8-13-74 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 24 Nov 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600 + 150

Number of Lines (5) 12½' x 120'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER James T. Smith

LOCATION OF PROPERTY Allen Black Rd.

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

Comments water line 1½' x 50'
aeration pit 2½' x 7' x 4' stone

Division / Section Head

R. M. Reynolds
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

Serial No. 5534

C of A (s) No. 6761

Date Issued 5 DEC 74

T C No 191-012-06

CERTIFICATE OF COMPLETION

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner SMITH (LAST) JAMES (FIRST) T (MIDDLE)

Location of Property ALLEN BLACK RD.

Application Number 6761 Permit Number 6761

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 600' & 150' Number of Lines (5) 12½' x 120'

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source PRIVATE WELL Distance from Water Source 100'

Excavation Inspected 5 DEC 74 (DATE) Tank Inspected 5 DEC 74 (DATE)

Nitrification Field Inspected 5 DEC 74 (DATE)

Washing Machine Line Inspected, If Applicable 5 DEC 74 (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 Board of Health 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 as 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 Washer line 7½' x 50' x 17"
Aeration pit okay.

Paul A. Kiefer
Environmentalist

FORM NO E-6-9-1-72

W

Date Received 7-30-73

MECK COUNTY H . . .
RECEIVED
JUL 30 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6761

T C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Stowe, Jr. (LAST) Elmer D. & (FIRST) Janice T. (MIDDLE)

2) ADDRESS OF OWNER 6668 Old Providence Rd Charlotte ZIP 28211

3) PHONE NO Home 3646607 Office 5965854

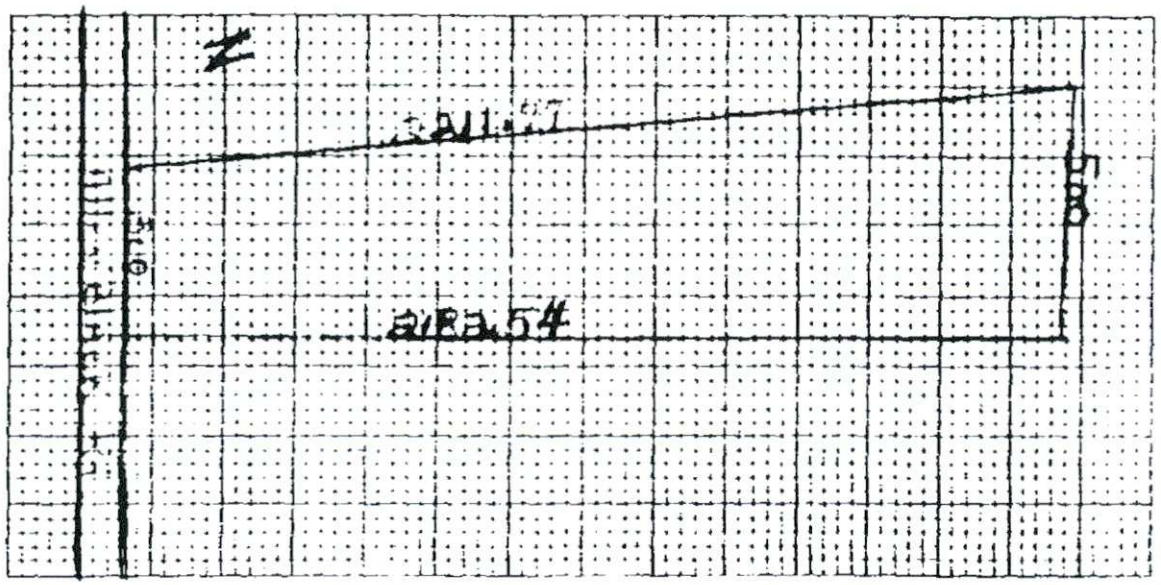
4) LOCATION OF PROPERTY Allen Black Rd. (STREET OR COUNTY ROAD) #3124

5) SUBDIVISION Allen Black Estates LOT NO 6 BLOCK NO. _____

MAP BOOK NO 197 PAGE NO 07

6) DEED REFERENCE DEED BOOK 1224 PAGE NO 58

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
Department of Public Health

1200 Blythe Boulevard
Charlotte, North Carolina 28203

Telephone 374-2113

Date Issued
1. August 8, 1973
2. _____
3. _____

SDR No. _____
T.C. No. _____

SITE DISAPPROVAL REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE,
SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER _____

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF LOT _____

The lot described above has been disapproved for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

FAILURE TO PASS PERCOLATION TEST (60 minutes per inch or less)

	Test No.	Date of Test	Percolation Rate
A	1.	_____	_____ min/in
____	2.	_____	_____ min/in
____	3.	_____	_____ min/in

____ ON SITE INSPECTION REVEALED LOT TO BE UNSUITABLE FOR THE FOLLOWING REASON(S) _____

_____

_____

_____

Thomas R. Ward
Environmentalist

(Stencil No.)
EHD 398
8/70

FORM NO.
E-19-8-14-70

MECKLENBURG COUNTY HEALTH DEPARTMENT
INTER-OFFICE COMMUNICATION

DATE: August 16, 1973

TO: Thomas R. Ward
Environmentalist

FROM: W. Everette Lynn, Jr. W. E. L.
Soil Scientist

SUBJECT: APT #6761 (Stone) 8/16/73
Lot 6, Allen Black Road

Soils were found to be of the Cecil and Mecklenburg series. The percolation test was conducted in an area of Mecklenburg soil. The Mecklenburg soils have very plastic and sticky clay subsoils which contain swelling clay minerals. This results in inadequately slow percolation rate and permeability.

An area of Cecil soils was located about 120 feet south of the well. This area would be suitable for installation of a septic tank system. Design should be based on a perc. rate of 60 min./in.

Serial No. 4159

PTR No 6761

Date Issued March 20, 1974

T C No 197-072-06

Map Date 9-5-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

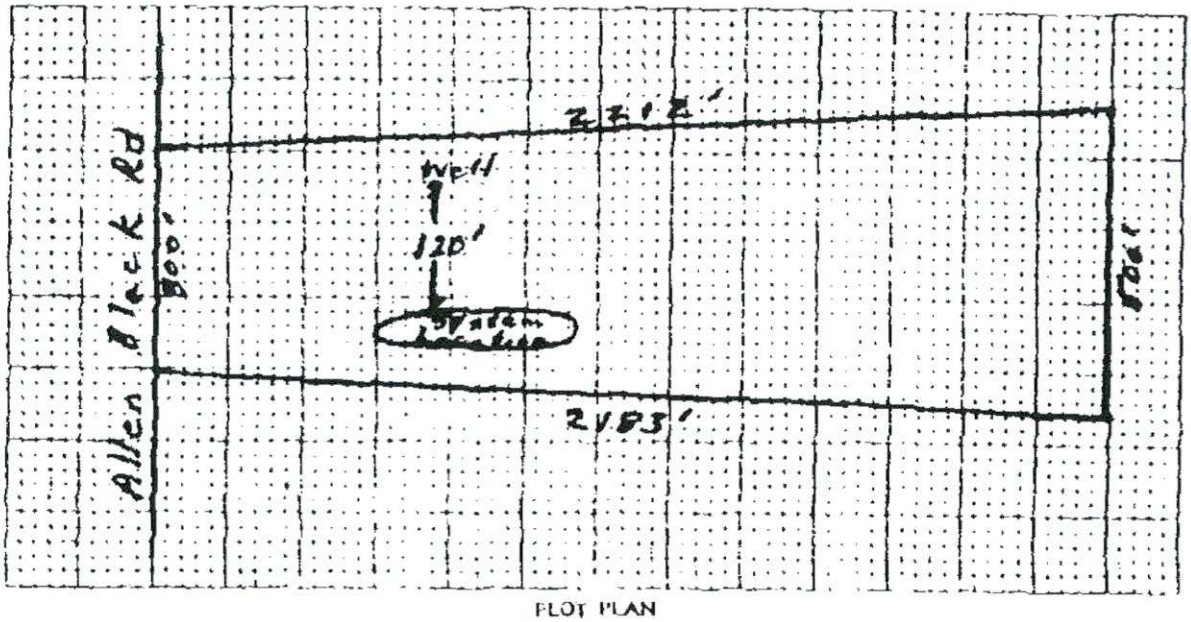
PERCOLATION TEST REPORT

NAME OF OWNER Stone, Jr. (LAST) Elmer (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 6068 Old Providence Road ZIP 28211

LOCATION OF PROPERTY Allen Black Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 6 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60*min/in. The site is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption efficient discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of building, or if the wastewater treatment system on the lot
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above and on the size and type of building constructed thereon.
3. This approval is void unless the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

*Results determined by soil analysis.

W. Everette Cranmer Soil Scientist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-13-74

ICAR(S) Application No 6761

T C. No 197-072-06

Map Date 9 5 73

1500 sq
600 1/4
150 1/ septic line
Jud

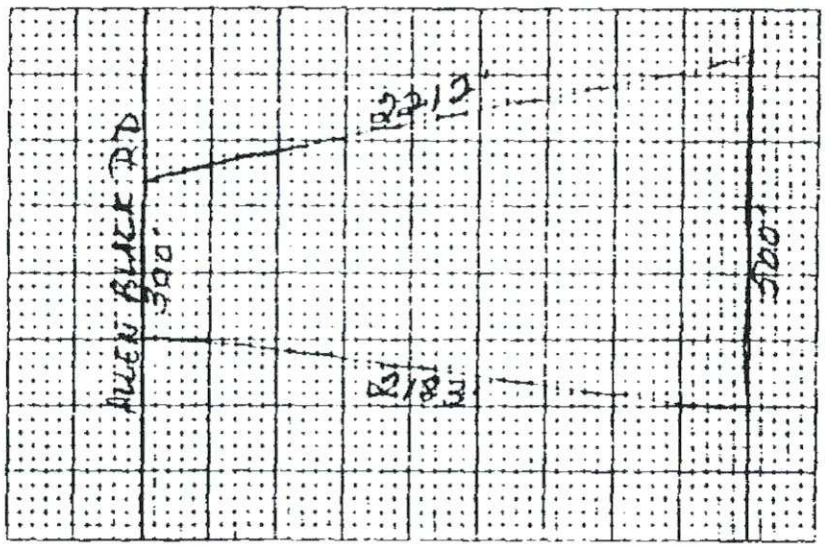
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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)

4) No of Bedrooms 3

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 ___
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) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER SMITH (LAST) JAMES (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER 432 Derrick Circle

15) PHONE NO Home 366 2815 Office 596-8790

16) LOCATION OF SYSTEM ALLEN BLACK ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN SB 7-60 8-16 73

20) PTR NUMBER (See Instructions) 6761

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.

8-13-74
DATE OF APPLICATION

James T. Smith
OWNER

FORM NO. E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4363

LA No 6761

Date Issued August 13, 1974

T C No 197-072-06

IMPROVEMENTS PERMIT

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Smith (LAST) James (FIRST) T. (MIDDLE)

ADDRESS OF OWNER 432 Merwick Circle ZIP

LOCATION OF LOT Allen Black Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in 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 6761. 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 percolation test 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, altred, 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 or is untrue 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

V. D. Allsbrook
Environmentalist

John R Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/04/21	**Amount:**	100.00
Receipt #:	131340	**Tendered:**	100.00
Check / Auth #:	VISA 03657D	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #: 200000
Contractor: SONSIRE, CRAIG
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6300 ALLEN BLACK RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: CRAIG SONSIRE

Bill To:

CRAIG SONSIRE

Single Payment

Transaction Date:	11/04/2021 6:55 AM Pacific Time
Pay Method:	VISA **********1600
Approval #:	03657D
Trace Number:	d03f085e-50ba-4083-844b-d31d060a6f0f
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.