SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 2579B / 14190

Assigned Inspector: BRyan

☐ 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: HO 10/17/23 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:

2579B / 14190

17 OCT 23 AM 11:40

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: RICHARD DOUGHERTY
ADDRESS: 3343 Eastwood Dr.
CITY: Charlotte
STATE: NC ZIP: 28205
PHONE: 609 703 1226
ALTERNATE PHONE:
E-MAIL: RADConstructionNC@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Eric Holder
ADDRESS: 14236 Maple Hollow Ln.
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 727 599 8445
ALTERNATE PHONE:
E-MAIL: HOLDER.ERIC319@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19514145
STREET ADDRESS: 14236 Maple Hollow Ln.
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Country Woods
LOT #: 25

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: 2

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.

R A Dougherty — Owner's/Agent's Signature
10/16/23 — Date

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

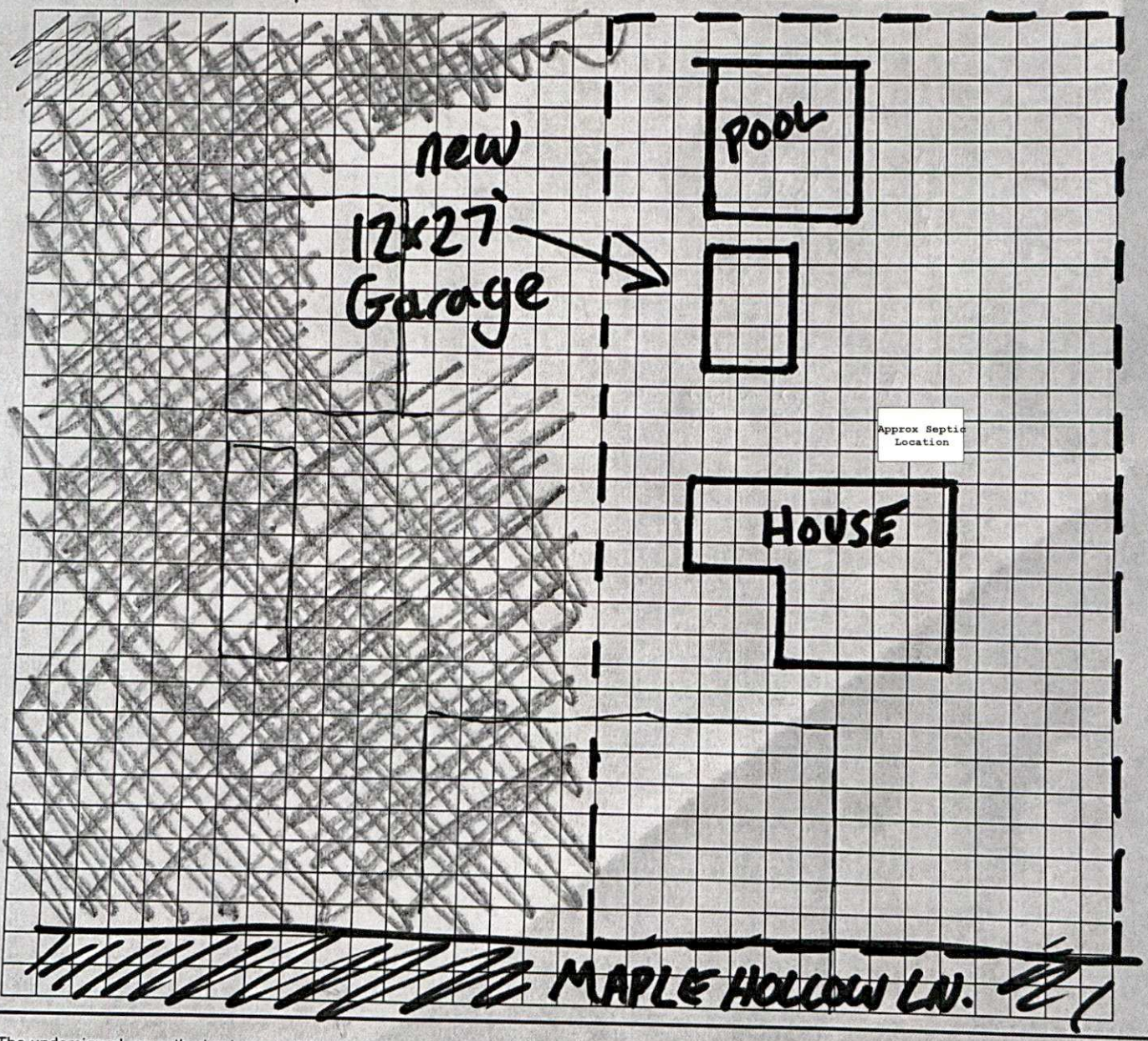
Revised on: 01/03/11

File #: 2579B

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: 14236 Maple Hollow Ln. Tax Parcel #: 19514145



*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

Bryan Dupont 10/20/23

REHS Signature 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

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
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 Richard Dougherty is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 14236 Maple Hollow Ln, Mint Hill.

Number Street Town
(Or Parcel Number)

Eric Holder
Property Owner (print name)

DocuSigned by:
Eric Holder
Signer Name: Eric Holder
Signing Reason: I approve this document
Signing Time: 16-Oct-23 | 10:14 EDT
5E38D24F2DAB4ERGAA13CDA53F180244
Property Owner (signature)

16-Oct-23 | 10:14 EDT
Date

Residential Collection Service, Inc.
R.C.S., INC.
P.O. Box 708
Monroe, N.C. 28111

Invoice

DATE	INVOICE #
1/11/2022	131639

BILL TO
Eric Holder

P.O. NO.	TERMS	PROJECT	LOCATION
	Upon Receipt	14236 Maple Hollow Lane	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Inspection of septic system	300.00	300.00

We appreciate your business!

Total $300.00

Phone Number 704-283-7539 or 704-376-9359 Fax Number 704-289-5560

R.C.S. INC. P.O. Box 708 MONROE, NC 28111
704-283-7539

On-site Wastewater Inspection

☐ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address 14236 Maple Hollow LN
Street
Mint Hill NC 704-962-5982
City St

Client Name: Eric + Catherine Holden Sean McCarthey

Current owner of Record seanmrealtor@gmail.com

Date of Inspection: 1-10-22

3 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

— Gallons per day for designed system size or number of bedrooms as stated in available local health department information

☐ Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

☐ Copy of Operations permit from _____ County Environmental Health Attached

☑ Operations permit not available

☐ System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are ☐ attached ☐ not available

Type of water supply ☑ Well ☐ Public Water ☐ Community Water ☐ Spring

Location of Septic Tank and septic tank details:

- 22' ft from house or structure
- 120' ft from well if applicable
- _____ ft from water line if applicable
- _____ ft. from property line if said property lines are known or marked
- 16" distance from finished grade to top of tank or access riser
- _____ Access riser(s) ☐ yes ☑ no Describe _____
- _____ Tank lids intact ☑ yes ☐ no
- _____ Tank has baffle wall ☑ yes ☐ no Describe condition of baffle wall: _____
- ✓ Inflow to tank is noted as sufficient
- NO Inflow to tank is noted as insufficient or blocked
- — Water level in tank is relative to tank outlet
- _____ Outlet T is present ☑ yes ☐ no Describe condition of Outlet T: _____
- _____ Outlet has filter ☐ yes ☑ no Describe condition of filter: _____
- _____ Effluent leaves the outlet ☑ yes ☐ no
- _____ Roots present in tank ☐ yes ☑ no Describe extent of roots: _____
- NO Evidence of tank leakage Describe: _____
- NO Evidence of non-permitted connections, such as downspouts or sump pumps
- — Connection present from house to tank
- ✓ Connection present from tank to next component
- 40% Percentage of solids in tank
- _____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑ unknown Not pumped for inspection

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☐ yes (complete blanks below) ☑ no

_____ ft from house or structure
_____ ft from well or spring if applicable
_____ ft from water line if applicable
_____ ft. from property line if property lines are known or marked
_____ Distance from finished grade to top of tank or access riser
_____ Access risers in place ☐ yes ☐ no
_____ ft from septic tank
_____ Access risers in place Describe type: _____
_____ Describe condition of tank lids _____
Location of control panel: _____
_____ Electrical connections are in place and properly grounded
_____ Audible and visible alarms (as applicable) work
_____ Pump turns on and effluent is delivered to next component
_____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type Conventional with (ROCKS)
_____ ft. from property line if property lines are known or marked
12' ft from septic/pump tank
4 # of lines
100' length of lines
NO Evidence of past or current surfacing at time of inspection
Briefly describe: _____
NO Evidence of traffic over the dispersal field
No Vegetation, grading and drainage noted that may effect the condition of the system or system components
Yes Effluent is reaching the dispersal field

☐ Conditions present that prevented or hindered the inspection

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: House is VACANT. House built 1985

Inspector Name: Catherine H. Williams Certification # 1746i

Address PO Box 708 Monroe, NC 28111

Phone 704-283-7539

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: Catherine H Williams Date 1-11-2022

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/17/23	**Amount:**	100.00
Receipt #:	144826	**Tendered:**	100.00
Check / Auth #:	MC 08490Q	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: RICHARD DOUGHERTY
Attn: ERIC HOLDER
Address: 3343 EASTWOOD DR
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14236 MAPLE HOLLOW LN		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	