SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11530

Assigned Inspector: Brynn Davenport

☐ 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: SGF Initial/Date 3/7/23

☐ 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:

Ok to dxs for a garage addition

11530

MECKLENBURG COUNTY
HEALTH DEPARTMENT

13699

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: Elaine Krull
ADDRESS: 6000 Fairview Rd #1200
CITY: Charlotte,
STATE: NC ZIP: 28210
PHONE: 704-999-2006
ALTERNATE PHONE:
E-MAIL: ecadsllc@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: David Lorenz
ADDRESS: 2410 Gold Cup Ct
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 704-208-7728
ALTERNATE PHONE:
E-MAIL: dlorenz786@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 215 13170
STREET ADDRESS: 2410 Gold Cup Rd
CITY: ~~Charlotte,~~ Matthews
STATE: NC ZIP: 28105

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: 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.

Elaine Krull
Owner's/Agent's Signature

3-1-2023
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

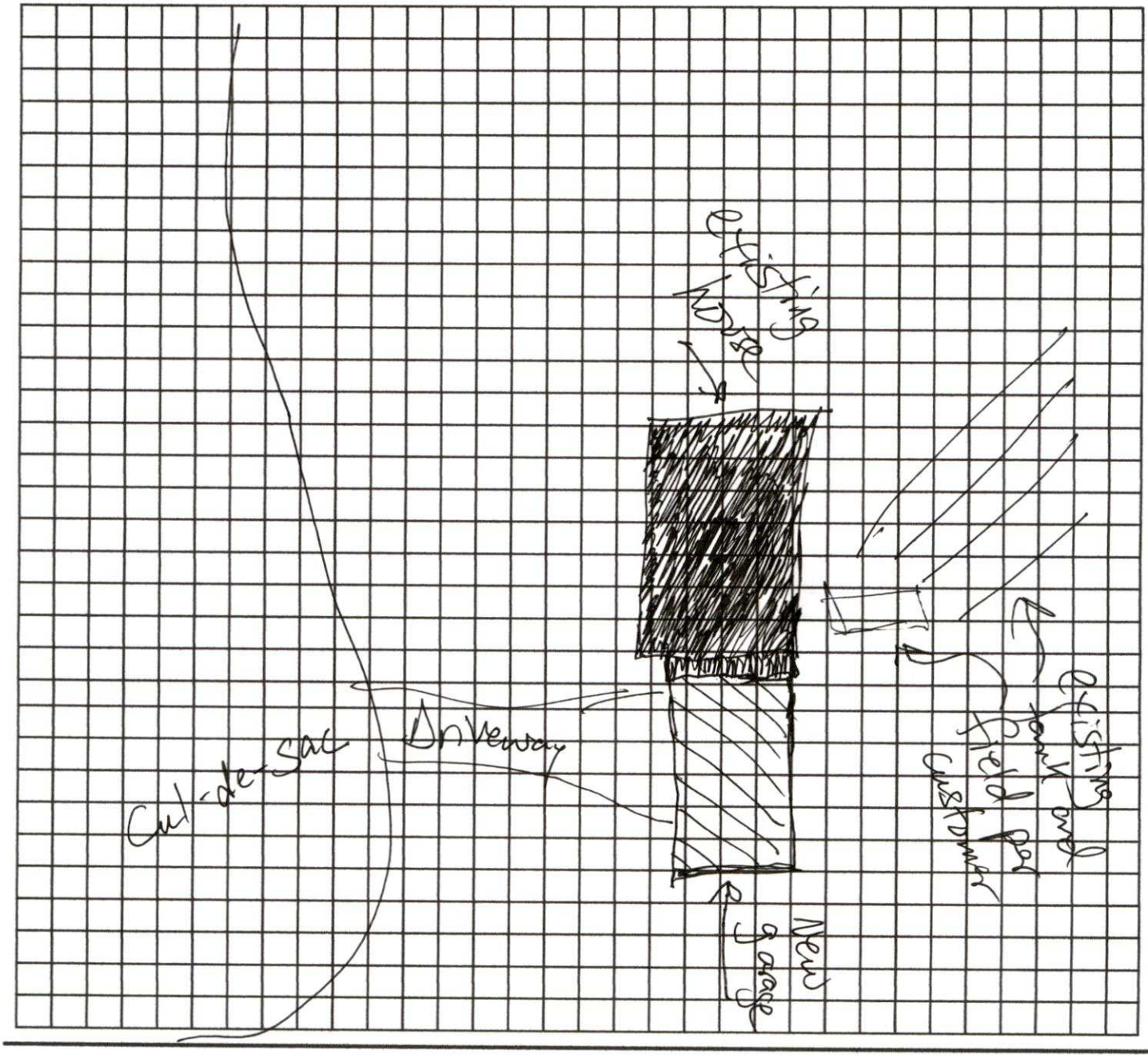
Revised on: 01/03/11

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: _____ 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

Bryan Dayak — REHS Signature

3/14/23 — Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/07/23
Receipt #: 141444
Check / Auth #: VISA 036887
Received By: GALLOSE

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DUNNAM GLENN
Attn: USE EXISTING
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2410 GOLD CUP CT	11530	1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					

Payment Receipt

Mecklenburg County

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

Bill To:

GLENN DUNNAM

Single Payment

Transaction Date: 03/07/2023 12:17 PM Pacific Time
Pay Method: VISA **********3537
Approval #: 036887
Trace Number: d1fda4f1-4f98-45a3-a254-e5cde2257fdd
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.

Date Received 10/8/76

RECEIVED
OCT 8 1976
ENVIRONMENTAL HEALTH

APT No. 1530
T. C. No. 8.0.25
Map Date 9 2

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER RALPH SQUIRES COMPANY
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER POST OFFICE BOX 25178 CHARLOTTE, NORTH CAR. ZIP 28212

3) PHONE NO. Home _____ Office 537-9553

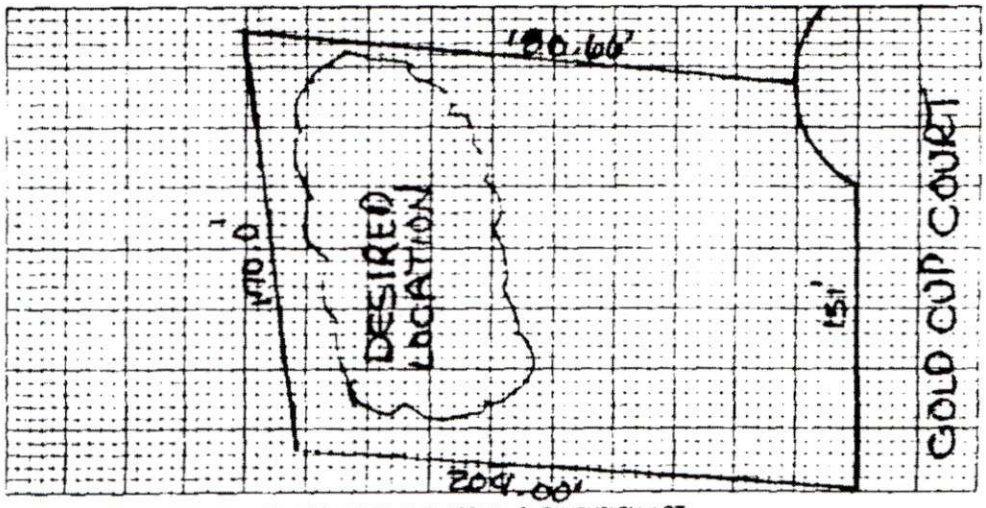
4) LOCATION OF PROPERTY 2410 GOLD CUP COURT
(STREET OR COUNTY ROAD)

5) SUBDIVISION WINDROW ESTATES LOT NO. 26 BLOCK NO. L

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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. EI-11-3M-6-75

HEALTH DEPARTMENT'S COPY

SOIL INVESTIGATION REPORT

Date of Investigation October 13, 1976 APT NO. 1530

Owner Ralph Squires Co.

Location of Property 2410 Gold Cup Court + Lot 26 Block L

Soil Suitability Ratings T.C.N: P.U.215-131-01

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Ca. 1			
2. Soil Slope	suitable 2-6%			
3. Soil Depth	suitable >48"			
4. Soil Texture	provisionally suitable clay			
5. Soil Structure	provisionally suitable blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	suitable water table >6'			
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate			
9. Other	Granitic			
10. Overall Rating	provisionally suitable			

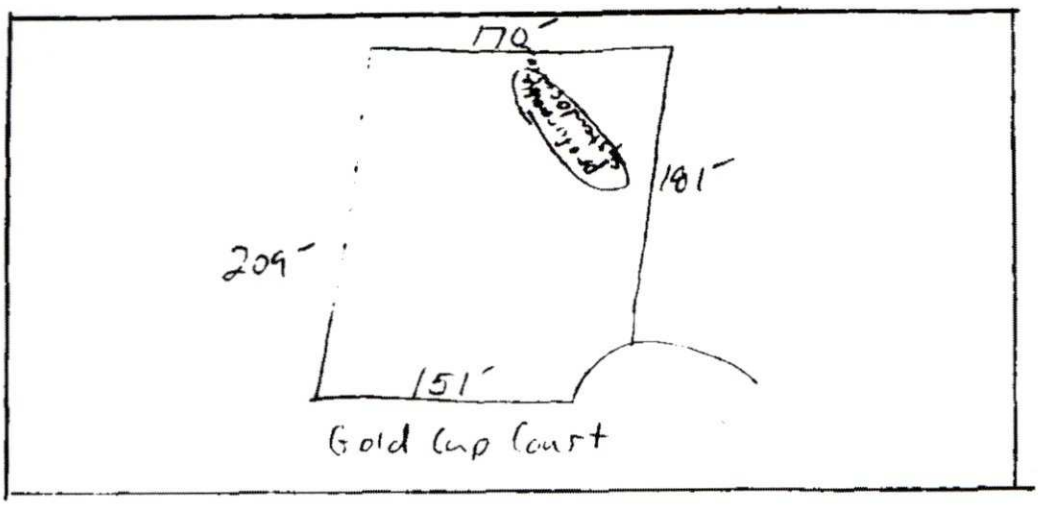
Recommendations Based on this investigation, this lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in.

See diagram on back

D. Edward Casavant
Soil Scientist

3/18/75
RED 539

DIAGRAM OF PROPERTY



3/18/75

[redacted] 339

Serial No. 0252

PTR No. [illegible]
P.O.

Date Issued 10/14/76

T C No 215-131-01

Map Date 9/20/76

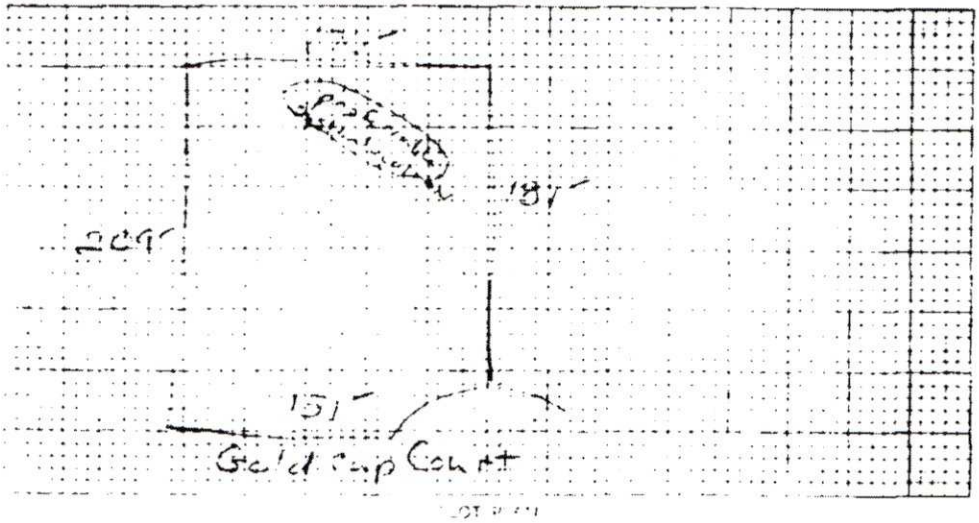
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Ralph Squires Co.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 25178, Charlette, N. C. ZIP 28212

LOCATION OF PROPERTY 2410 Gold Cup Court
(STREET OR COUNTY ROAD)

SUBDIVISION Windrow Estates LOT NO 26 BLOCK NO L



Provisionally Suitable
60Min./In.

This soil is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission 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.

Soil Scientist

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 6/13/77 MECK. COUNTY DEPARTMENT OF

ICAR(S) Application No. 11530

T. C. No. 215-131-01

Map Date 9/20/76

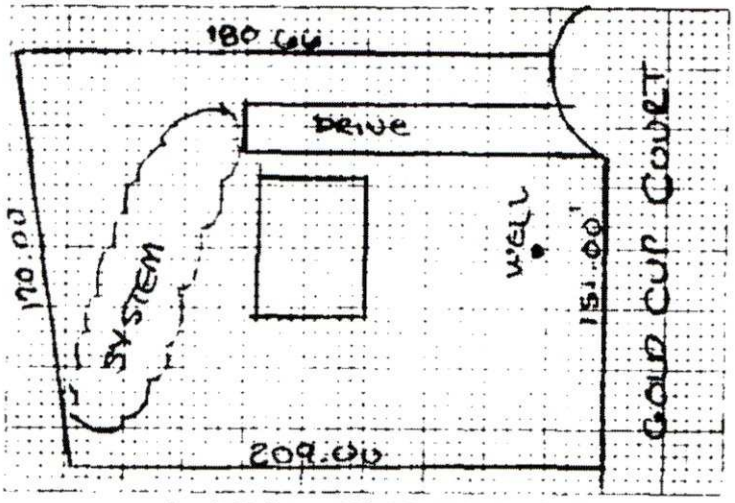
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. [x] 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 4
5. Business Use — Max. No. Employees
6. Washing Machine [x] Yes [ ] No
7. Garbage Disposal [x] Yes [ ] No
8. Dishwasher [x] Yes [ ] No
9. Water Supply
   A. Individual Well yes
   B. Governmental System
   C. Community System
      1. Well source
      2. Governmental system
10. Sewage System
    House located within 200 feet of public sewer [ ] Yes [x] No
    House located within 200 feet of community sewer [ ] Yes [x] No
11. FHA Case No. N/A
12. VA Case No. N/A

13. NAME OF OWNER Ralph Squires Construction Company, Inc. (LAST / FIRST / MIDDLE)
14. ADDRESS OF OWNER P. O. Box 25178 Charlotte, N. C. 28212
15. PHONE NO. Home _____ Office 537-9553
16. LOCATION OF SYSTEM 2410 Gold Cup Court (STREET OR COUNTY ROAD)
17. SUBDIVISION Windrow Estates Lot No. 26 Block No. L
    Map Book No. _____ Page No. _____
18. DEED REFERENCE — DEED BOOK _____ AT PAGE _____
19. HAS A PERCOLATION TEST BEEN RUN? [x] YES [ ] NO DATE RUN 10/14/76
20. PTR NUMBER (See Instructions) 11530

The undersigned 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.

6/10/77
DATE OF APPLICATION

OWNER Jim Bogan

FORM NO. E-4-4-2M-6-785

HEALTH DEPARTMENT COPY

Serial No. 0900

LA No. 11530

Date Issued June 14, 1977

T. C. No. P.O.215-131-01

Map Date 9-20-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Ralph Squires Construction Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 25178, Charlotte, NC ZIP 28212

LOCATION OF LOT 2410 Gold Cup Court
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 26 BLOCK NO. L

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 11530. 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 soil investigation 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, altered, 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.

E. McGinnis
Environmentalist

John R. Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 10/19/77

Serial No. 1181

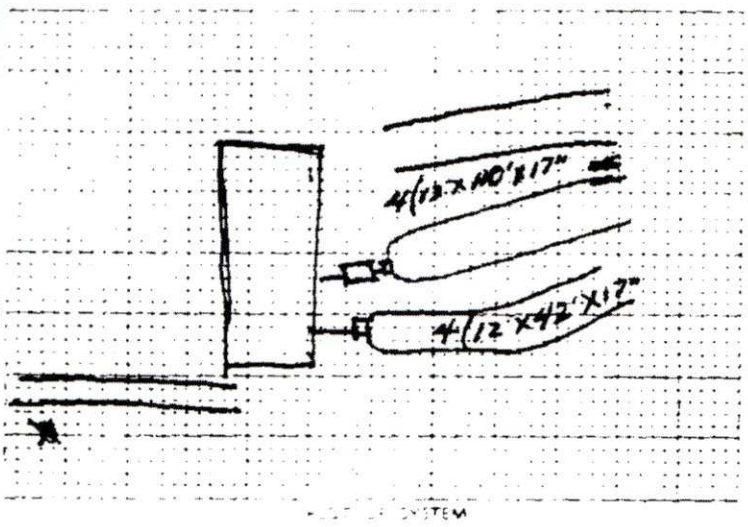
ICAR(S) Permit No. 11530

T C No 215-131-01

Map Date 9-20-76

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 X 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 11530 dated 6-13-77 and this permit shall be void and of no effect if the information provided in the application is untrue or incorrect. All work shall be completed on or before 10/30/77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank ~~750~~ 1500 gal

Tank Construction PC

Absorption Area / Trench or Line

Total Line Length 440 167

Number of Lines 4 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER RALPH SQUIRES CONST CO. INC.

LOCATION OF PROPERTY 2410 GOLD CUP COURT (LOT 264)

This permit is issued subject to the requirements set forth in the Regulations of the Mecklenburg County Environmental Health Ordinance in effect on the date of the granting of this permit. A certificate of approval must be obtained from the Environmental Health Director before any system can be covered up or otherwise rendered unobservable or inaccessible. **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.**

Comments LOCUST CONST CO.

Division or Section Head

Environmentalist L. P. Burleson

* 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

Date Issued 10/25/77 **Serial No. 1120** C of A (s) No. 11530

T C No 215-131-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner RALPH SQUIRES CONST CO. INC (FOR SALE)
LAST FIRST MIDDLE

Location of Property 2410 GOLD CUP CT. (LOT 264)

Application Number 11530 Permit Number 11530

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 440 167 Number of Lines 4 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source 200'

Excavation Inspected 10/24/77 DATE Tank Inspected 10/24/77 DATE

Nitrification Field Inspected 10/25/77 DATE

Washing Machine Line Inspected, If Applicable 10/24/77 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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, installing 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 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 THIS SYSTEM IS NOT DESIGNED OR APPROVED FOR THE USE OF A GARBAGE DISPOSAL AND/OR A DISHWASHER.

L P Brinkmeyer
Environmentalist

EHD-5-76

Environmental Health Department's Copy