SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 1833

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: SH 7/19/24 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:

1833

MECKLENBURG COUNTY
HEALTH DEPARTMENT

19 JUL '24 AM 11:14

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL #14794

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: David Fuller for Tuff Shed, Inc.
ADDRESS: 5241 Old Dowd Rd
CITY: Charlotte
STATE: NC ZIP: 28208
PHONE: (704) 322-4757
ALTERNATE PHONE:
E-MAIL: dfuller@tuffshed.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Mike Ellis
ADDRESS: 6115 Lancelot Dr
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: (704) 905-8570
ALTERNATE PHONE:
E-MAIL: ellismike6115@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 22708205
STREET ADDRESS: 6115 Lancelot Dr
CITY: Charlotte
STATE: NC **ZIP:** 28270

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: 4
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.

David Fuller
Owner's/Agent's Signature

07/19/2024
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

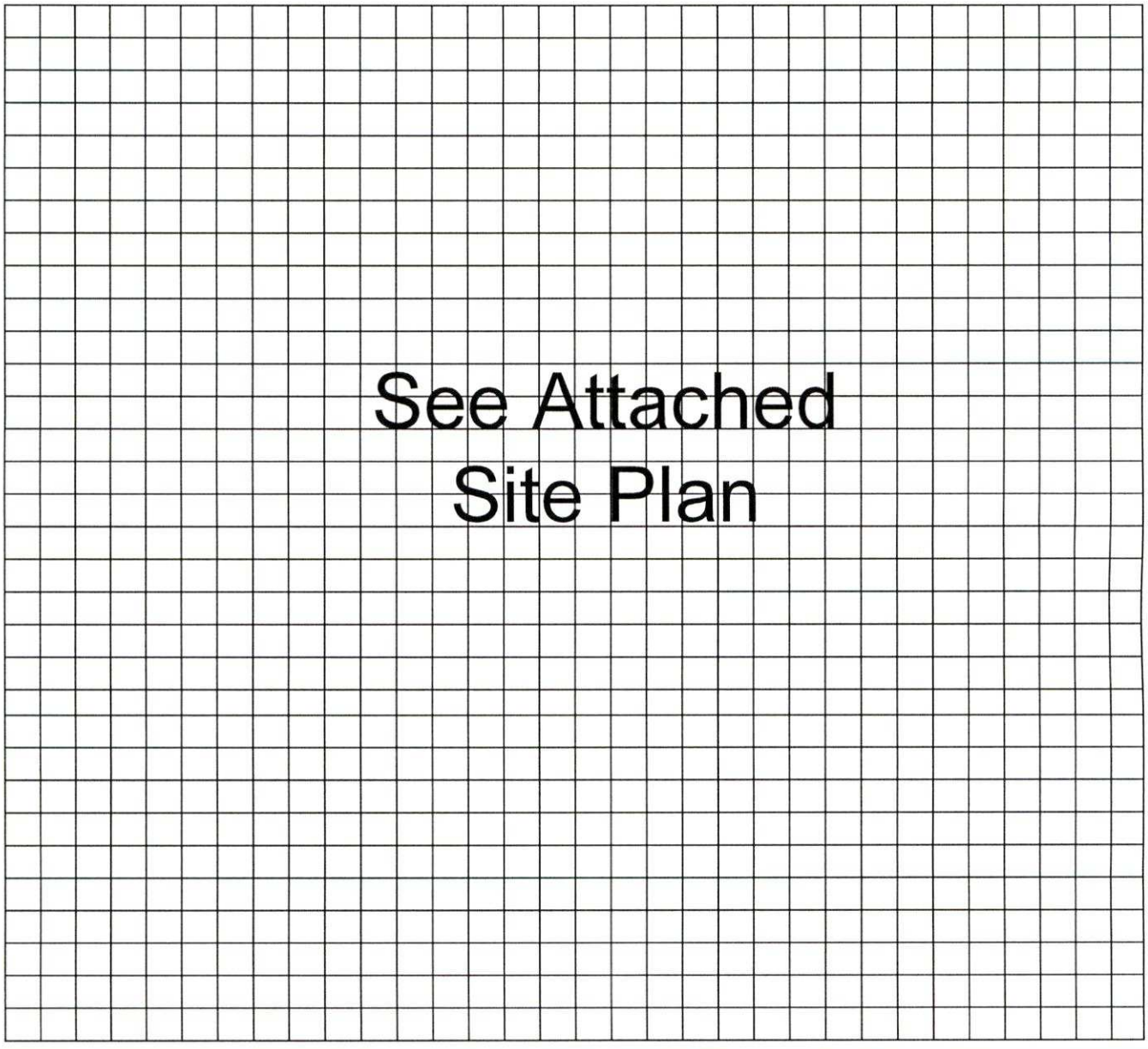
Revised on: 01/03/11

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: 6115 Lancelot Dr, Charlotte, NC 28270 Tax Parcel #: 22708205



*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 set backs

Bryan Dayat 7/22/24
REHS Signature Date

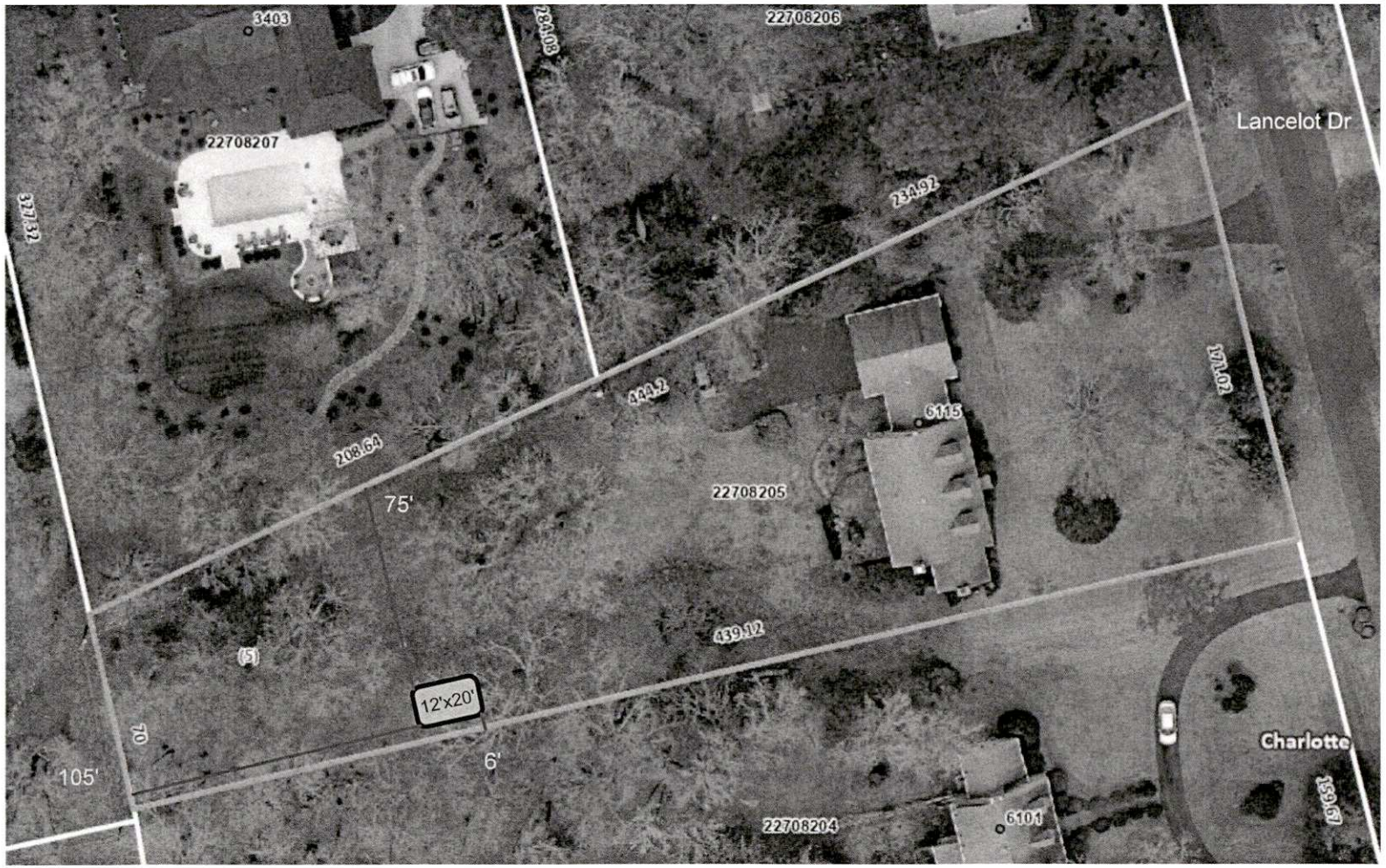
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

BUILDING DATA:
1. CONSTRUCTION TYPE: VB
2. OCCUPANCY GROUP: U
3. USE: STORAGE SHED
4. FIRE SPRINKLERS: NONE
5. HEIGHT: 10'-0"

GOVERNING CODES:
2022 CBC, 2022 CRC, 2022 CMC, 2022 CEC, 2022 CPC, 2022 CPC, 2022 CA ENERGY CODE, 2022 BUILDING EFFICIENCY STANDARDS, 2022 CGBC

NO ELECTRICAL UNDER THIS PERMIT



Owner: Michael Ellis	Parcel#: 22708205	Lot Size: 1.154 ac	Drawn: David Fuller	Purpose of site plan: Zoning	TUFF SHED
Address: 6115 Lancelot Dr Charlotte, NC 28270	Jurisdiction: Charlotte Mecklenburg	Date: 07/12/2024	Rev: C		

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/19/24
Receipt #: 149994
Check / Auth #: MC 72197Z
Received By: MOORES

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAVID FULLER
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 6115 LANCELOT DR	1	100.00	100.00

Permit#

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

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

Serial 3700

Date Issued 3-17-82

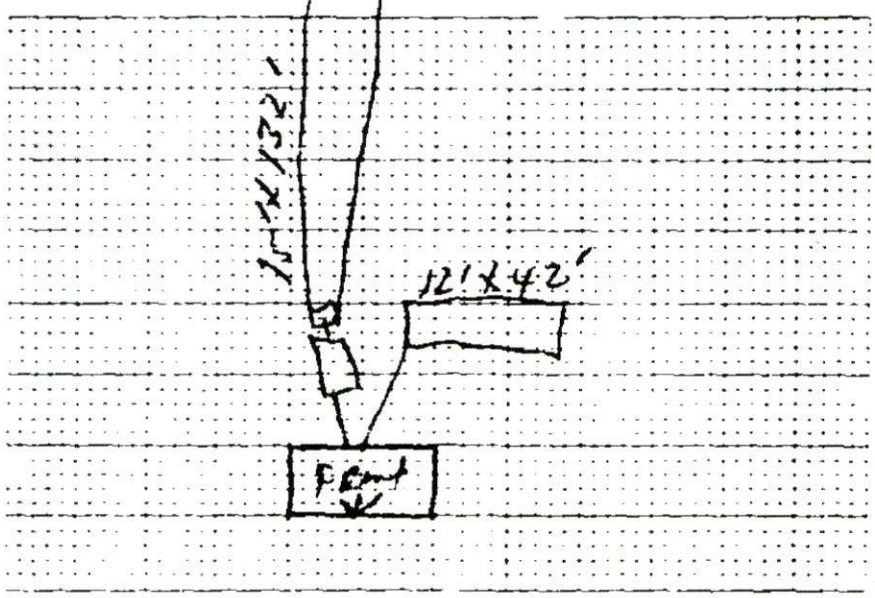
ICAR(S) Permit No. 1833

T. C No. 227-0E2-05

Map Date

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 1833 dated ___ and this permit shall be void and of no effect if the information provided in the application is untrue or erroneous. All work shall be completed on or before 4/15/80 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P 5

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 660' + 167'

Number of Lines 5' + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Carl Heldman

LOCATION OF PROPERTY 6115 Lancelot Dr.

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 unserviceable 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.

15' x 132' + 17" Stone on Septic System

12' x 42' + 17" Stone on Washing Machine

Division or Section Head

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-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 3/1/80

ICAR(S) Application No 1833

T S No. 227082-05

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

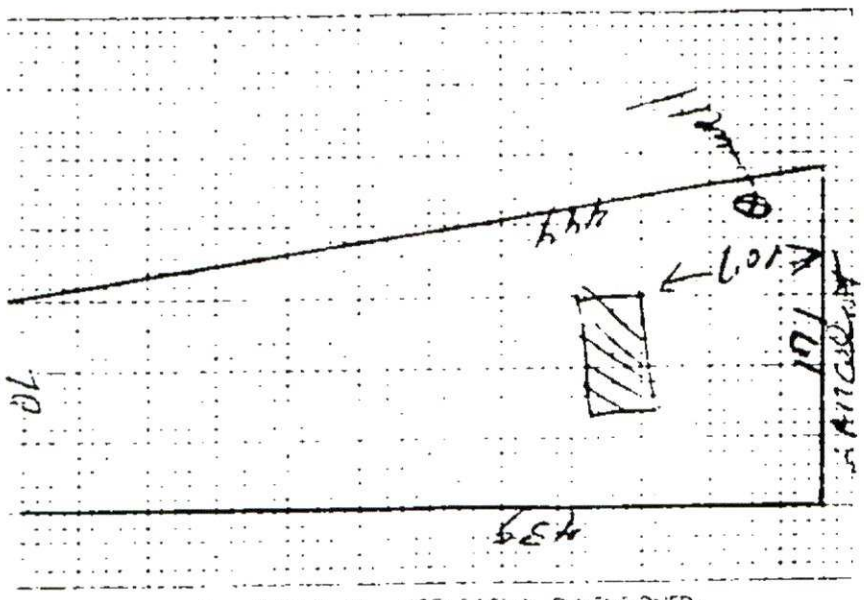
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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

Mobile Home Yes No
Single Family Yes No
4 Number of Bedrooms 4
Public Use Water
Employees
Working Machines Yes No
Garbage Disposal Yes No
Dishwasher Yes No
Water Source:
A Individual Well
B Community System
C Connection to
Sewage System:
feet
feet No
feet of
Yes No
Public Sewer No.
EHA Case No.

3 PLOT PLAN ACCURATELY DIMENSIONED



12 NAME OF OWNER Hemmel EARL L
LAST FIRST MIDDLE

14 ADDRESS OF OWNER P.O. Box 228504 Charlotte NC 28222

15 PHONE NO Home 542-2805 Office 364-5589

16 LOCATION OF SYSTEM Lot 5 Laurelcroft Dr.
STREET OR COUNTY ROAD

17 SUBDIVISION PRCU PHASE I Lot No 5 Block No 4

Map Book No 101 Page No 429

18 DEED REFERENCE — DEED BOOK # 3117 AT PAGE 575

19 HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN 5/27/77

20 PTR NUMBER (See Instructions) 1833

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

DATE OF APPLICATION _____

Earl Hemmel
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY