FEE: 100 CHK 2223
DATE: 10/21/09
CRT [ ] 1

# APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 6169

4422

**TYPE APPLCATION:** PH-303279

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

**PERSON FILING APPLICATION:**
NAME: Jerry Nelson
ADDRESS: 13705 Mills End Circle
CITY: ~~Mint Hill~~ Matthews
STATE: NC ZIP: 28105
PHONE: 704-292-1913
ALTERNATE PHONE:

**PROPERTY OWNER:**
NAME: Jerry Nelson
ADDRESS: 13705 Mills End Circle
CITY: ~~Mint Hill~~ Matthews
STATE: NC ZIP: 28105
PHONE: 704-292-1913
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**
TAX/PARCEL #: 195-015-59
STREET ADDRESS: 13705 Mills End Circle
CITY:
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 19C

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

**WATER SUPPLY:**
- [ ] MUNICIPAL (M)
- [X] COMMUNITY (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:**
TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**
- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [X] OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [X] OTHER Interior upfit Fire Damage Bdrooms to be 4 to 3

*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.

Jerry Nelson — Owner's/Agent's Signature
10-21-09 — Date

*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 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 y this Department.
- This permit is not transferable.

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

Renovation meets required setbacks off Septic.
Jeremy Nelson 10-21-2009
EHS Signature — Date