10911 / 13464

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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
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jawad Shoaib
ADDRESS: 14502 Pleasant Hill Road
CITY: Charlotte
STATE: NC ZIP:
PHONE: 704-540-0930
ALTERNATE PHONE:
E-MAIL: Kee-9n20@msn.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 21701107
STREET ADDRESS: 14502 Pleasant Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28278

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: 1
NUMBER OF OCCUPANTS: 1

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 property for the purpose of processing this request.

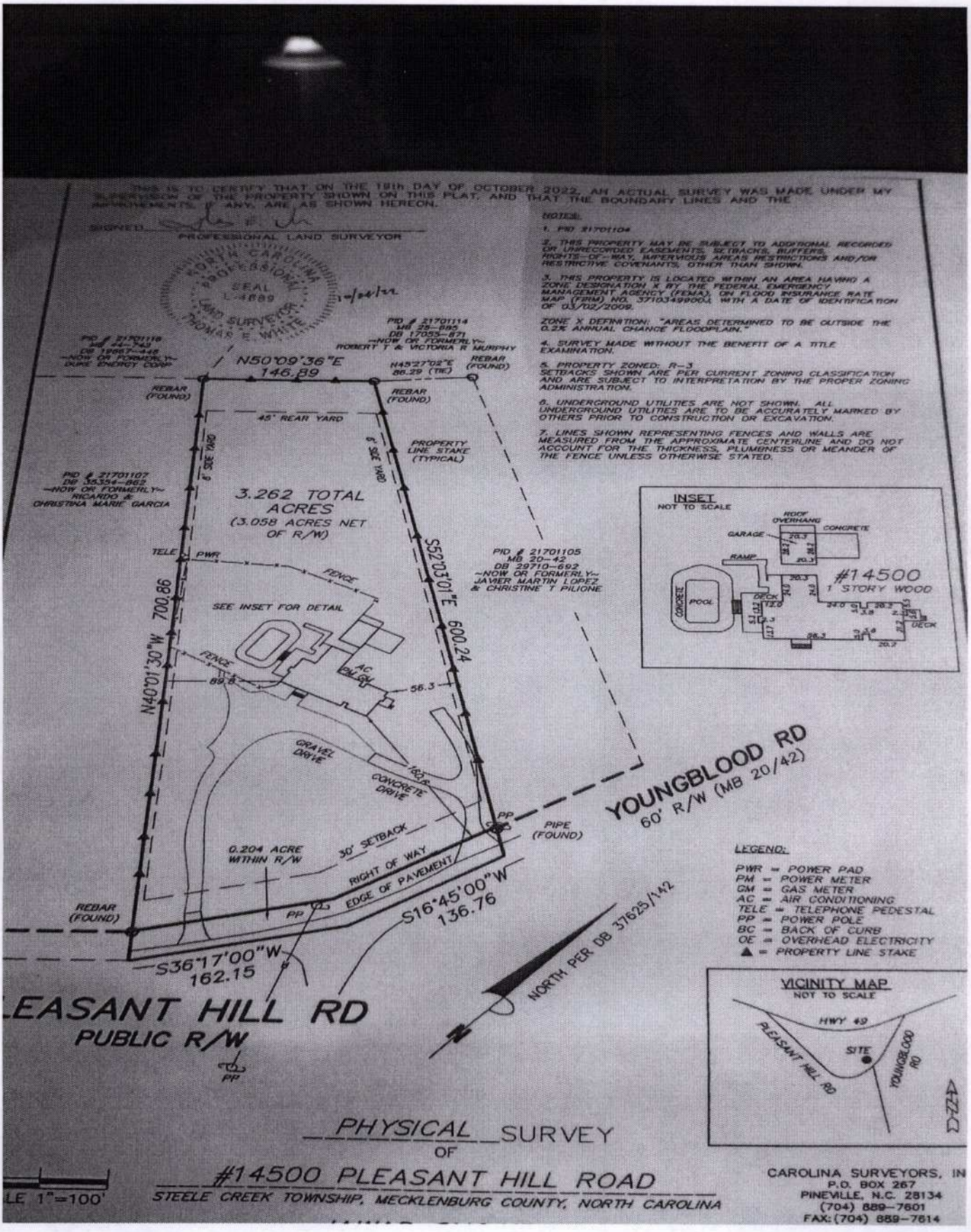
Owner's/Agent's Signature

4/3/2022
Date

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

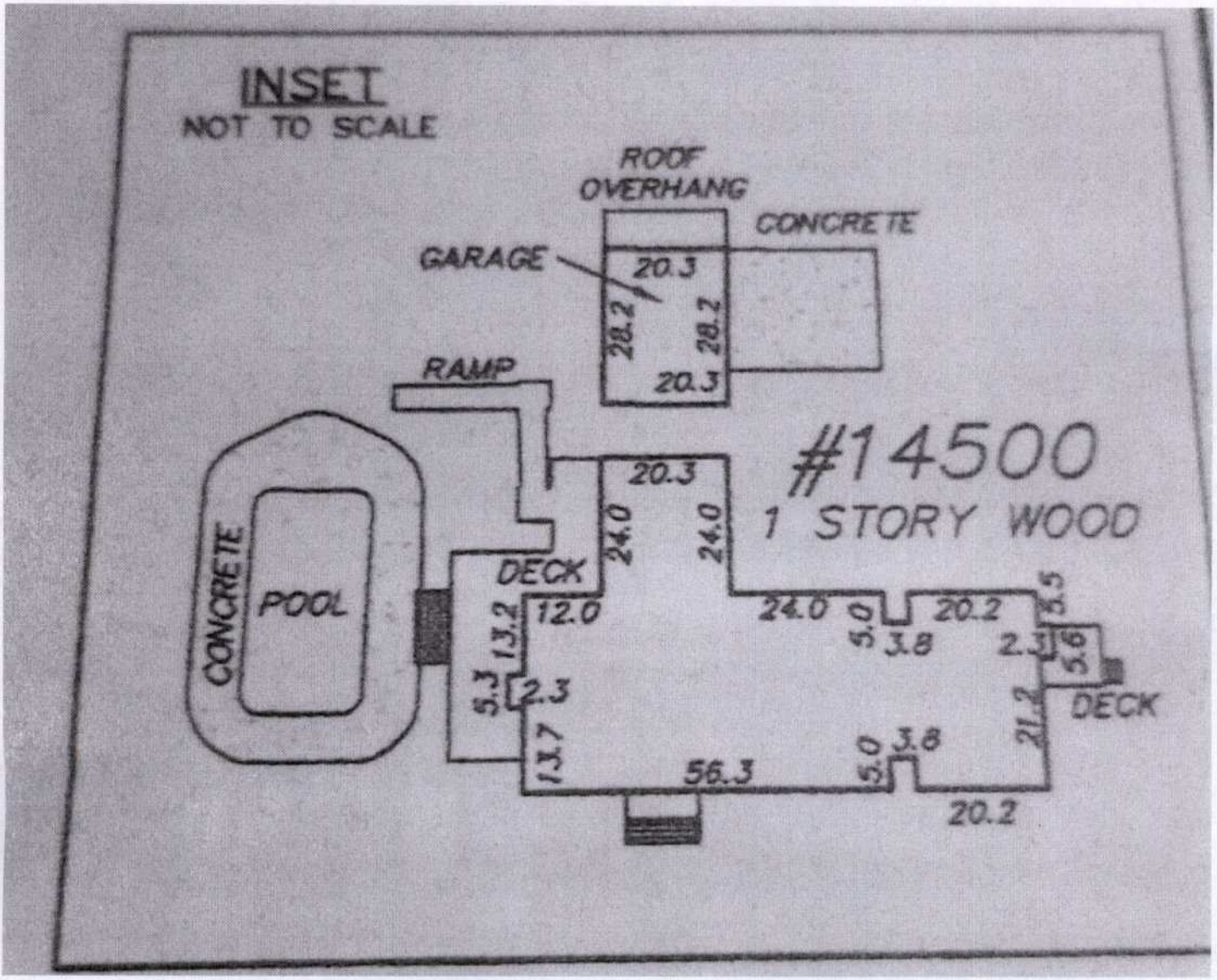
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01



PHYSICAL SURVEY
OF
#14500 PLEASANT HILL ROAD
STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

CAROLINA SURVEYORS, IN
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614


INSET
NOT TO SCALE
ROOF
OVERHANG
CONCRETE
GARAGE
20.3
28.2
28.2
20.3
RAMP
#14500
1 STORY WOOD
20.3
24.0
24.0
DECK
12.0
13.2
5.3
2.3
13.7
56.3
24.0
5.0
3.8
20.2
3.5
2.3
5.6
DECK
21.2
5.0
3.8
20.2
CONCRETE
POOL

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/03/22	**Amount:**	100.00
Receipt #:	138340	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: X60797
Contractor: SHOAIB JAWAD
Attn:
Address: 14500 PLEASANT HILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14502 PLEASANT HILL RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 MR/11-3-22 Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability

(OFFICE USE ONLY)

FILE: 1

TC. 4

SERIAL: 2137 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 14500 [illegible] 4 (STREET NO / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Clifford (FIRST) [illegible] (MIDDLE) Calloway (LAST)

⑨ MAILING ADDRESS: 14500 [illegible] Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28275

⑬ PHONE: (WORK) 704-521-5270 ⑭ (HOME) 704 5863418

REQUEST

This request is for a(n): 21 & spoke with Mr Calloway will have Contractor call me.

⑮ ☑ New permit (with a modification)

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms?

㉓ Type?

㉔ Maximum occupancy?

㉕ Maximum number of employees?

㉖ Basement? ☐ yes ☐ no

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from ~~present or proposed~~:

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ [illegible]

Signed

Date

IMPROVEMENT PERMIT

The undersigned 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 permit is issued by this Department.

This permit is not transferable and shall become null and void 36 months from the date of issuance.

[illegible] 2/12/96

[illegible] Road [illegible] Attorney Ridge [illegible] Rock [illegible]

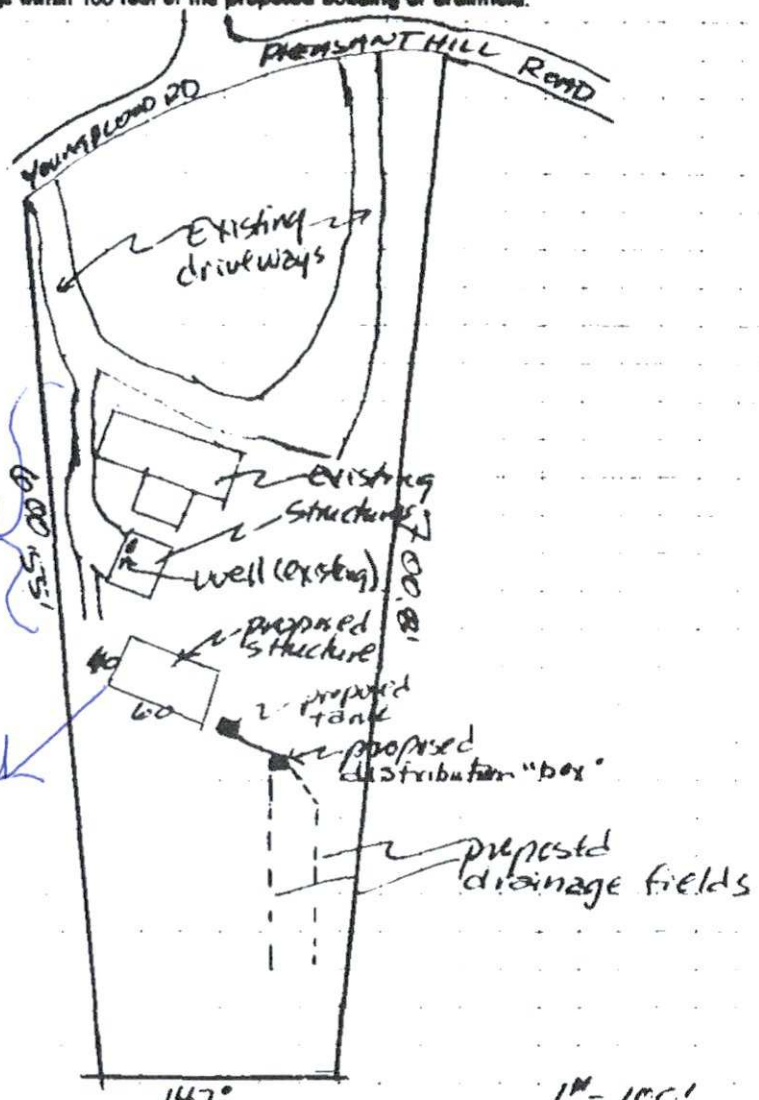
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10911

TC: PD 217-011-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Existing House & well

garage/ 1 Bed room Apt.

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Date Issued 26 July 1996 Serial No. 5 ICARUS Permit No. 10211

T C No. 213-011-04

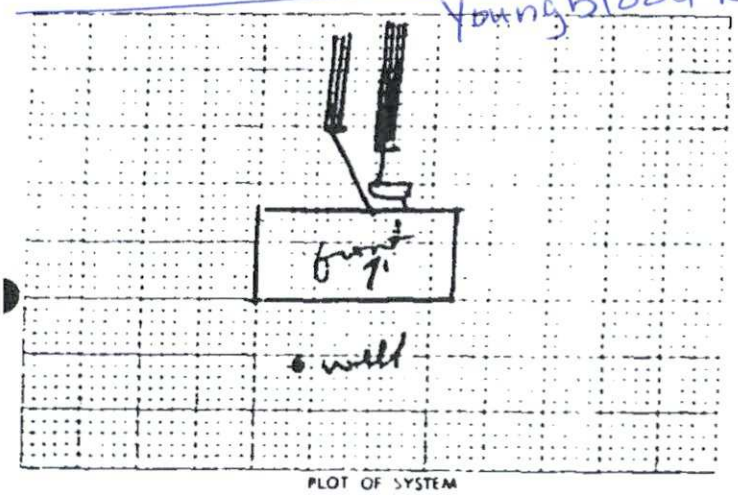
Map Date 9-5-23

original OP for House

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 granted to ✓ Install or Construct Alter or Repair the above dual septic tank waste water 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 10211, dated 5-3-96 and this permit shall be void and of no effect if the conditions provided in the application are not fulfilled. All work shall be completed on or before 23 Aug 96 after which date this permit shall be null and void.

Youngblood Rd



PLOT OF SYSTEM

60

1500

precast

600 ✓ 150

6 ✓ 4

10' +

10' +

50' +

NAME OF OWNER Crowther, Norman D.

LOCATION OF PROPERTY Youngblood

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 uninspectable or can be used.

Comments in bed 15'x100'x12" stone + aeration pit -
wash line in bed 10'x38'x12" stone

John K. Hudson
Sanitarian Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

White - Applicant's Copy Yellow - Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

WW400

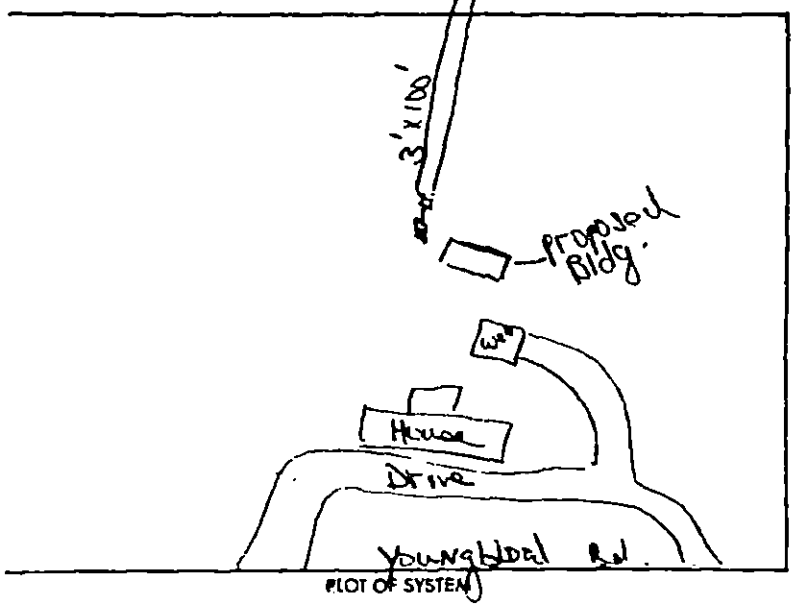
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10911 DATE: 7/2/92

PC TC: 217-011-04 ☐ L

SERIAL № 15438

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 the application dated 7/1/92. All work shall be completed on or before 8/2/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥ 50' feet

NAME OF OWNER Clifford Callaway

LOCATION OF PROPERTY 14500 Youngblood Road

Comments: INSTALL Tank and (2) Trenches 3x100, 12" Stone

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

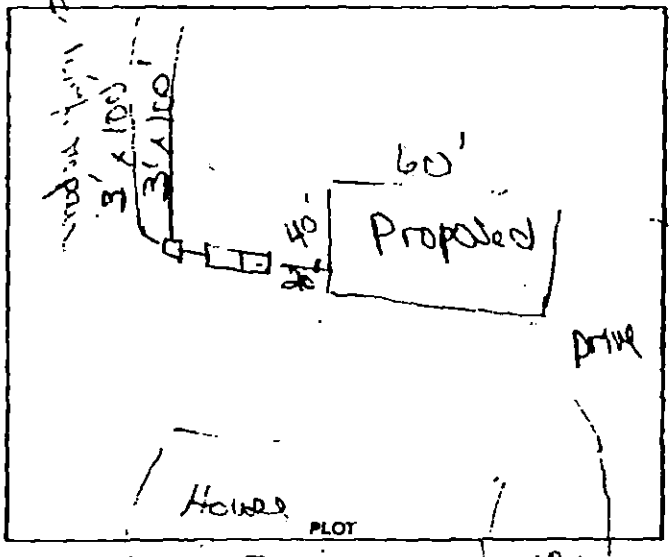
CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 10911 DATE: 8/11/92
TC: 217.01.04 ☐ L ☐ CRT
SERIAL № 14159

Name of Owner Clifford Carney Juris.:
Address of Property 14500 Youngblood Rd

Inspection Date:
Tank Material PC
Total Length of Drainfield 200'
Number of Lines 2 @ 100'
Cover Depth 18"
Water Supply Source Well
Distance to Water Source 200'
Excavation Inspected 8/11/92
Tank(s) Inspected 8/11/92
Wash Line Inspected
High Water Alarm Inspected



Design: 1992 1500 gal Concrete 12' S Tank CTR# 187

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☐ Certificate of Completion ☐ Operation Permit
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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Installed for Shop w/ bath. 1500 gallon tank installed; Contractor changed plans with owners. 100% area required and available

Judy Kerr R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.