# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 168916

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: MO 2/19/24 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:**

Rec'd 2/19/24

168926 / 174458

**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: Malcolm Bottoms
ADDRESS: 7110 Ashbourne LN
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 256-762-1574
ALTERNATE PHONE:
E-MAIL: MBottomEcofab.coms@

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

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 19723117
**STREET ADDRESS:** 7110 Ashbourne LN
**CITY:** MInt HIll
**STATE:** NC **ZIP:** 28227

**SUBDIVISION OR MOBILE HOME PARK NAME:**
**LOT #:** 3

**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: 3

**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.

Malcolm Bottoms
Owner's/Agent's Signature

2/16/24
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

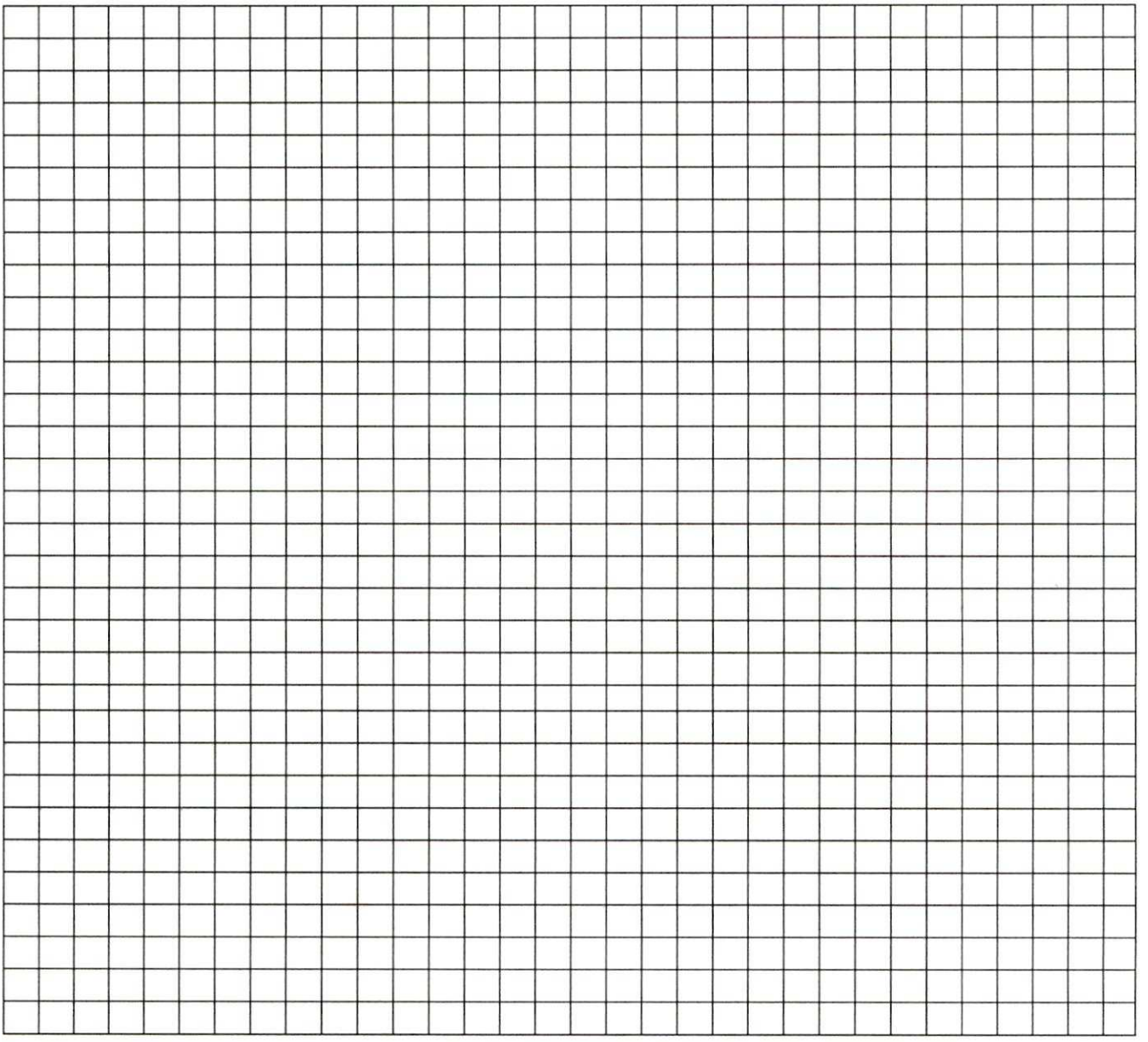
Revised on: 01/03/11

File #: 168926

## 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: 7110 Ashbourne Ln Tax Parcel #: 197-231-17



*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 for shed

Ryan Dupont — REHS Signature

2/22/24 — 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

# Residential Plot Plan
## For Internet Permit Application

For Department Use

Permit #

Master Plan #

ENTER SUBMITTAL NUMBER HERE: 653232382

LOCATION/SITE DATA

7110 ASHBOURNE LN Unit:

(N,S,E,W) Street Name (NW,NE,SW,SE)

Subdivision Name: Phase Section

Lot # 3 Block # Land Area (sq. ft.)

OWNER INFORMATION Address: 7110 ASHBOURNE LN.

Name: Malcolm Joe Bottoms

City: MINT HILL State: NC Zip: 28227 Phone # (256)762-157

FOR DEPARTMENT USE Tax Parcel # 19723117 Tax Jurisdiction: MINT HILL MINT

Zoning: Juris MINT Map # P/W

Overlay (Circle) C D N P S Floodplain Yes Flood Elev Fire Dist. Yes

Lot: Corner Through Front Street (if different)

Minimum Setbacks: Front Left Side Right Side Rear

Other:

PROJECT DATA

Type Work:

New Addition Accessory

Project Description:

Storage Building

Area (sq.ft.):

Footprint Unheated 512

Height

Utilities: New X Existing

Public:

Currently Meter/Conn. Water Sewer

Proposed Meter/Conn. Water Sewer

Private:

Individual X Well X Septic

Community Well Septic

Note: Permit must be up-to-date before this permit will be processed.

Central office: 980-314-CODE




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature 12/28/23 Date Malcolm Bottoms Applicant's Name Contact #

Contractor Name: Malcolm Bottoms Contractor Acct #: H08801

SASCARA@AOL.COM

For Department Use Only - Applied Appr. Denied

Initial Date:

Mail to: Charlotte-Mecklenburg Code Enforcement Dept.
Post Office Box 37 Charlotte, NC 28231-1097
Phone (704) 336-3600, Fax (866) 851-3553

Date Issued 5 Oct 83

Serial No. 6682

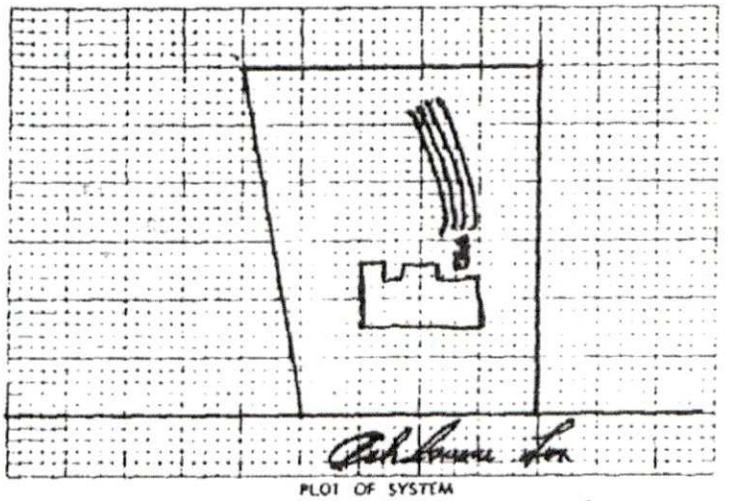
ICARIS Permit No. 6896

T C No. 197-011-36

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 6896, dated 5 Oct 83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5 Nov 83, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate 15

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and or Nitrification Lines

Total Line Length 330'

Number of Lines 4

Distance from House 75'

Distance from Property Line >10'

Distance from Well >75'

NAME OF OWNER Helms, H. Parks

LOCATION OF PROPERTY 7110 Parkhaven Ln. (Lot 3)

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. 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.

4 Trenches 3'X 83'X 12" 9' centers

Comments _____

_____ Division or Section Head

M. W. Lusby 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 02/19/24
**Receipt #:** 146813
**Check / Auth #:** MC 29402Z
**Received By:** ORTIZMP

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** MALCOLM BOTTOMS
**Attn:**
**Address:** 7110 ASHBORNE LN
**Address:**
**City/State/Zip:** MINT HILL, NC 28227

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>7110 ASHBOURNE LN | 1 | 100.00 | 100.00 |

Permit#

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 622.50 | 650.00 | | | 555.00 | |