92883 Application # 7764

14 SEP '15 PM12:10

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: TODD R. HOSTER dba TREAD BLDG GROUP, LLC
ADDRESS: 408 BLAIN STREET
CITY: HIGH POINT
STATE: NC ZIP: 27262
PHONE: (704) 230-8853
ALTERNATE PHONE: (336) 383-8089
E-MAIL: zakhster@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: WILLIAM J. (ROBERT) ROSE
ADDRESS: 4508 STEEPLETON WAY
CITY: CHARLOTTE
STATE: NC ZIP: 28215
PHONE: (704) 968-3896
ALTERNATE PHONE:
E-MAIL: zip2@bellsouth.net

JOB LOCATION INFORMATION
TAX PARCEL #: 10525307
STREET ADDRESS: 4508 STEEPLETON WAY
CITY: CHARLOTTE
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:
FARMWOOD NORTH
LOT #: 011

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.

Owner's/Agent's Signature _____ Date 9/10/2015

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

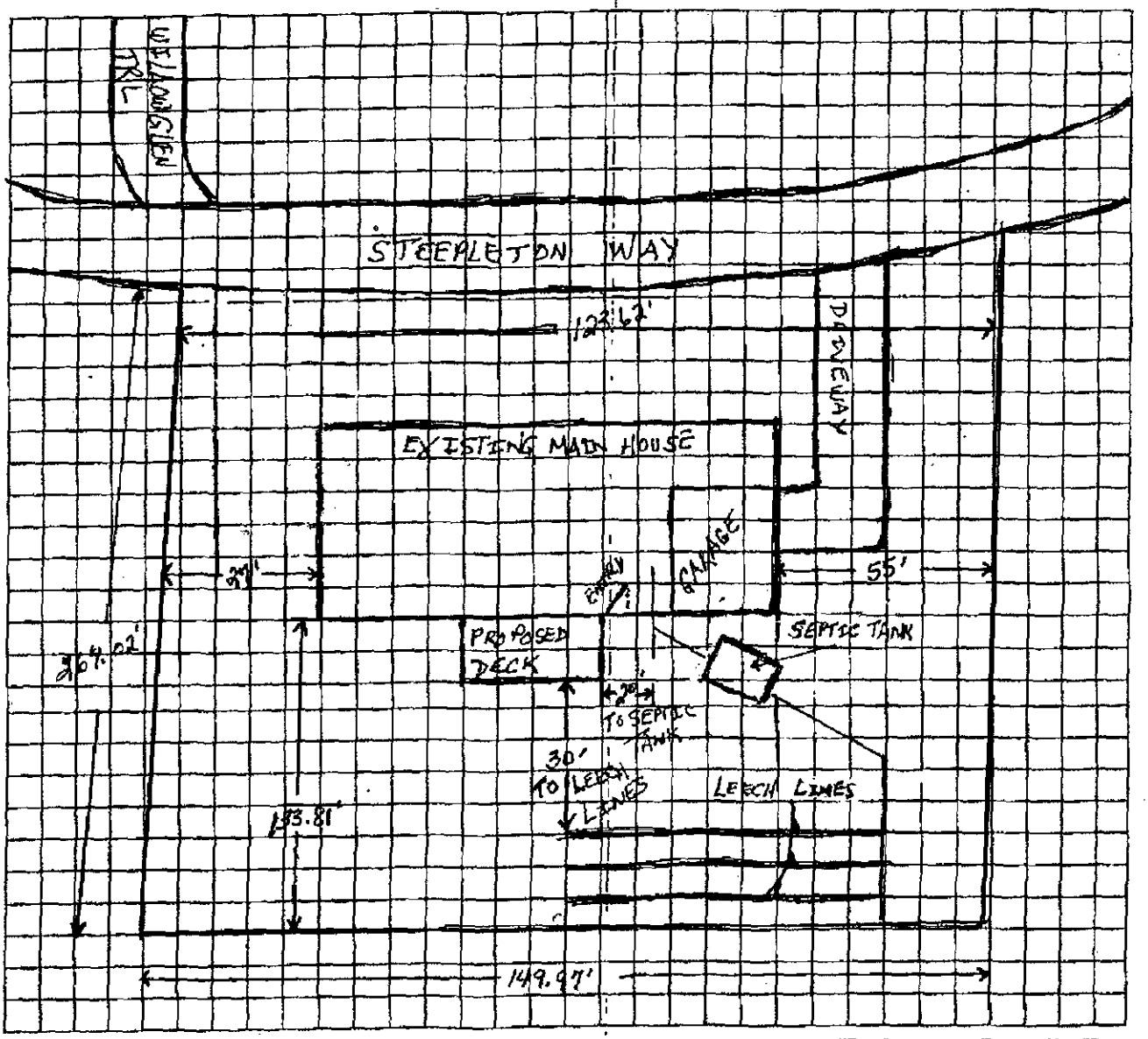
Revised on: 01/03/11

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: 4508 STEEPLETON WAY Tax Parcel #: 10525307



*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

Permit approved. Required setback have been met w/new const

REHS Signature 10/15/16 Date

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

Revised on: 01/03/1

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/17/15	**Amount:**	100.00
Receipt #:	96125	**Tendered:**	100.00
Check / Auth #:	VISA 884355	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: HAMATHER, FRED
Attn:
Address: 143 HARMON RIDGE CT
Address:
City/State/Zip: KERNERSVILLE, NC 27284

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4508 STEEPLETON WAY		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: FRED HAMATHER

Bill To:

FRED HAMATHER
143 HARMON RIDGE CT

Kernersville, NC 27284

Single Payment

Transaction Date:	09/17/2015 7:26 AM Pacific Time
Pay Method:	VISA **********5985
Approval #:	884355
Trace Number:	f25e1ff5-4f20-44ce-8679-2e13bbadd17f
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 1463-A DATE: 10-2-87
PID: 105-152-01,03 ☐ L
SERIAL № 11314

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 6-9-86. All work shall be completed on or before 11-2-87, 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 Department of Environmental Health 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 [illegible] operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liabi [illegible] to operate properly.

File #1463A

change

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction Pcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 535 feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well Comm feet

PLOT OF SYSTEM

NAME OF OWNER Bob McLemore Co.
LOCATION OF PROPERTY 4508 Steepleton Way
Comments: 5 lines 3'X107'X12" stone

Division or Section Head

D. R. Ferguson
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1463-A DATE: 10-6-87
PO
TC: 105-152-0103 ☐ L ☑ CRT
SERIAL № 10597

Name of Owner Bob McLemore Co. Juris.:
Address of Property 4508 Stapleton Way

Inspection Data:

Tank Material PCC
Total Length of Drainfield 535
Number of Lines 5 @ 107'
Cover Depth 18"-21"
Water Supply Source Comm
Distance to Water Source —
Excavation Inspected 10-6-87
Tank(s) Inspected 10-6-87
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1987, 1500ST, 2cn, 1605SFT, 12", recil CTR# 113

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:

B. R. Ferguson
Environmentalist

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