210
#10793

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: James R Gibson Jr
ADDRESS: 15901 Henry Lane
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-634-4634
ALTERNATE PHONE:
E-MAIL: Russ_Gibson@Hotmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 00102205
STREET ADDRESS: 15901 Henry Lane
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER City Water

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: 4

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.

James R Gibson Jr — 10-10-19
Owner's/Agent's Signature — Date

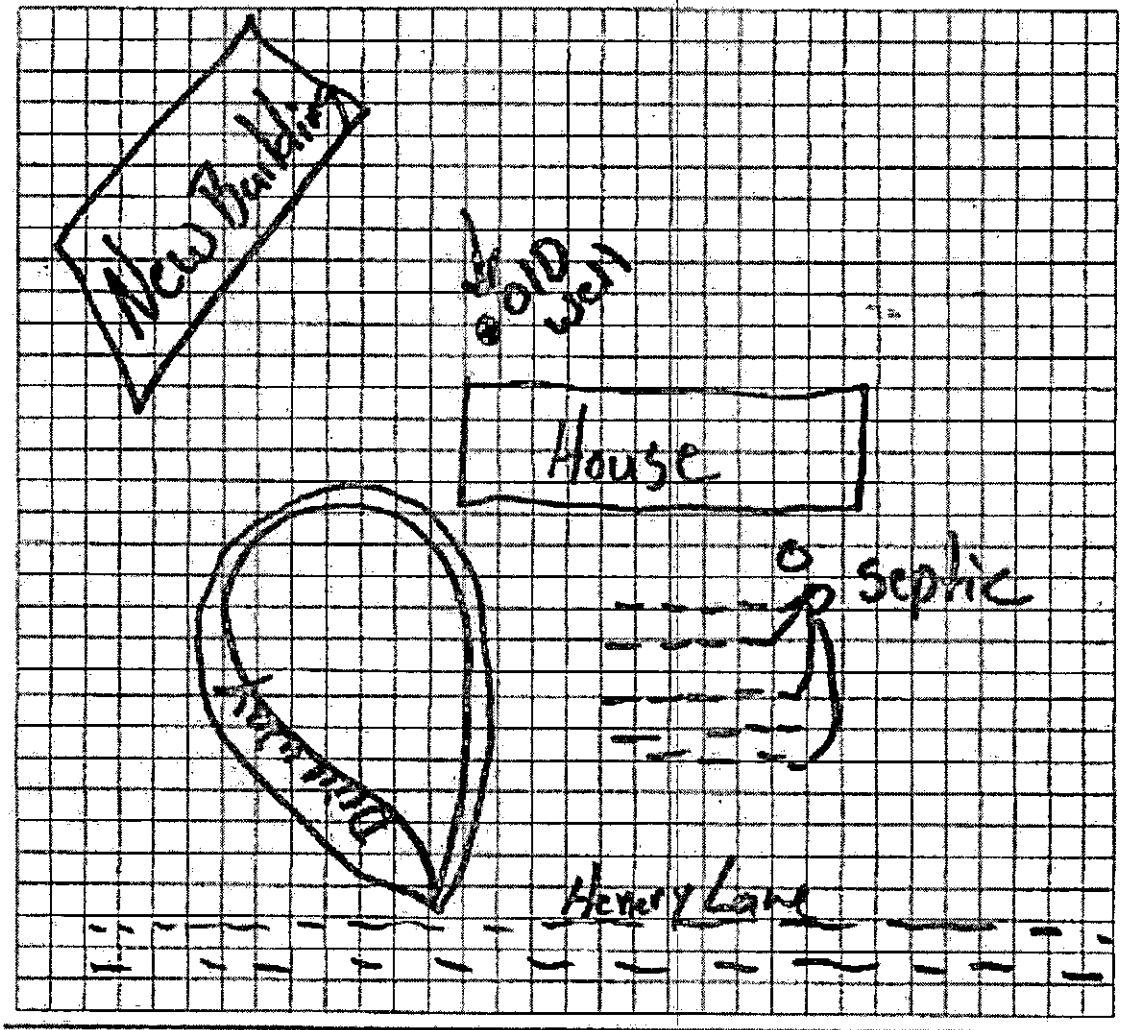
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1660 FAX: 704-336-5694

Revised on: 03/27/19

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: 15901 Henry Land Huntersville Tax Parcel #: _____



"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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

OK to USE for a Detached Garage. The garage has already been built and meets all setbacks.

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE (980) 314-1600, FAX: 704-336-6894

Revised on: 03/27/19

10/17/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/14/19	**Amount:**	100.00
Receipt #:	118982	**Tendered:**	100.00
Check / Auth #:	VISA 083640	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: GIBSON, JAMES R
Attn:
Address: 15901 HENRY LANE
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15901 HENRY LANE		1	100.00	100.00

Outstanding Balances

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

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No. 210

T. C. No. 001-022-05

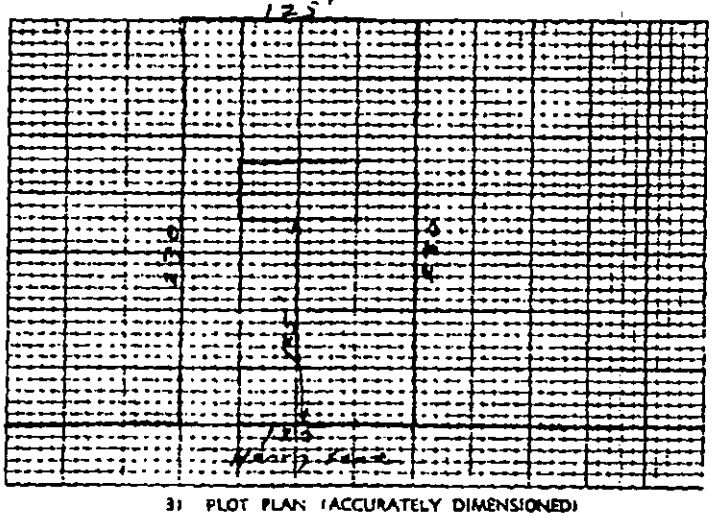
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply:
A) Individual Well X
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Ellis (LAST) David (FIRST) Boyd (MIDDLE)

14) ADDRESS OF OWNER 4110 Avalon Ave

15) PHONE NO Home 399-0103 Office _____

16) LOCATION OF SYSTEM Henry Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2227 AT PAGE 567

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 6/24/70

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.

9/20/70
DATE OF APPLICATION

David Boyd Ellis
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Henry Lane
Subdivision Lake Wood
Lot No. & Block No.
FHA Case No.

Owner David Ellis
Builder Jack Rogerbaert
No. Perc. Holes

6-Hole Average

1st. Perc. Rate	60	Min./In.	Date 6/24/70
2nd. Perc. Rate		Min./In.	Date
3rd. Perc. Rate		Min./In.	Date
4th. Perc. Rate		Min./In.	Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms Baths
Washing Machine Yes No Disposal Yes No

Separate Yes No Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Laveratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Michael R. Jones
Sanitarian - Engineer

EH: #85
9/1968

Serial Nº 76

Date Issued 9/20/72

ICAR(S) Permit No. 210

T C. No. 001-022-05

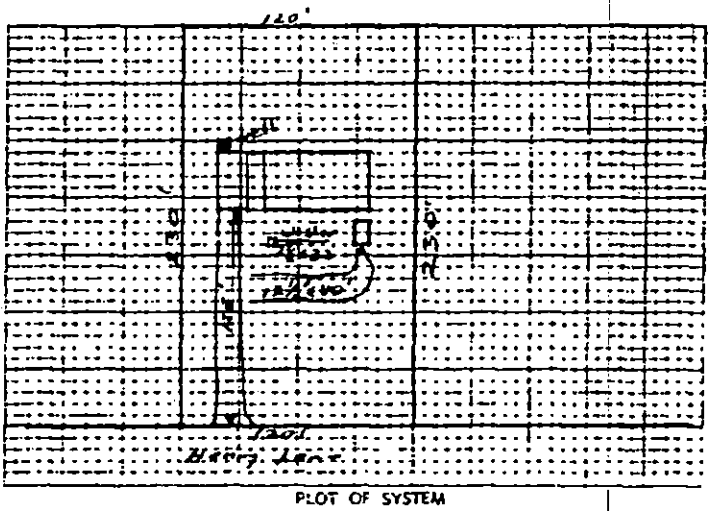
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to _X_ 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 _____, dated 9/20/72 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gals

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Line Lenght 400' + 100'

Number of Lines 5 (2½'x50')

Distance from House 10'

Distance from Property Line 80'

Distance from Well 50'

NAME OF OWNER David Boyd Ellis

LOCATION OF PROPERTY Heavy Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments Claudius Morrison

D. L. McMillan
Division or Section Head

Michael R. Jones
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 7/25/70 **Serial N: 15** C of A (s) No. 210

T. C No 09-022-05

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Ellis (LAST) David (FIRST) Boyd (MIDDLE)

Location of Property Henry Lane

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast

Total Length of Drain Tile 400' Number of Lines 5 (12½' x 80')

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 9/25/70 (DATE) Tank Inspected 9/25/70 (DATE)

Nitrification Field Inspected 9/25/70 (DATE) (2½ x 33' x 4')

Washing Machine Line Inspected, If Applicable 100' 9/25/70 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval 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: Claudius Meerson

Michael R. Shaw
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY