#11893

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

OK TO USE FOR A 3 Bedroom MHX. Thanks.

(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 AB / 01.20.21 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 ☐ _____

#11893
20 JAN '21 PM12:33

MECKLENBURG COUNTY
HEALTH DEPARTMENT 108606

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: Donald B. Hutto
ADDRESS: 179 Pine Valley Dr
CITY: Stanley
STATE: NC ZIP: 28164
PHONE: (704) 400-6929
ALTERNATE PHONE:
E-MAIL: brian.hutto@installed.net

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

JOB LOCATION INFORMATION
TAX PARCEL #: 01727209
STREET ADDRESS: 11714 McCoy Rd
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green
LOT #: 67

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: 3
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.

Brian Hutto
Owner's/Agent's Signature

1/19/21
Date

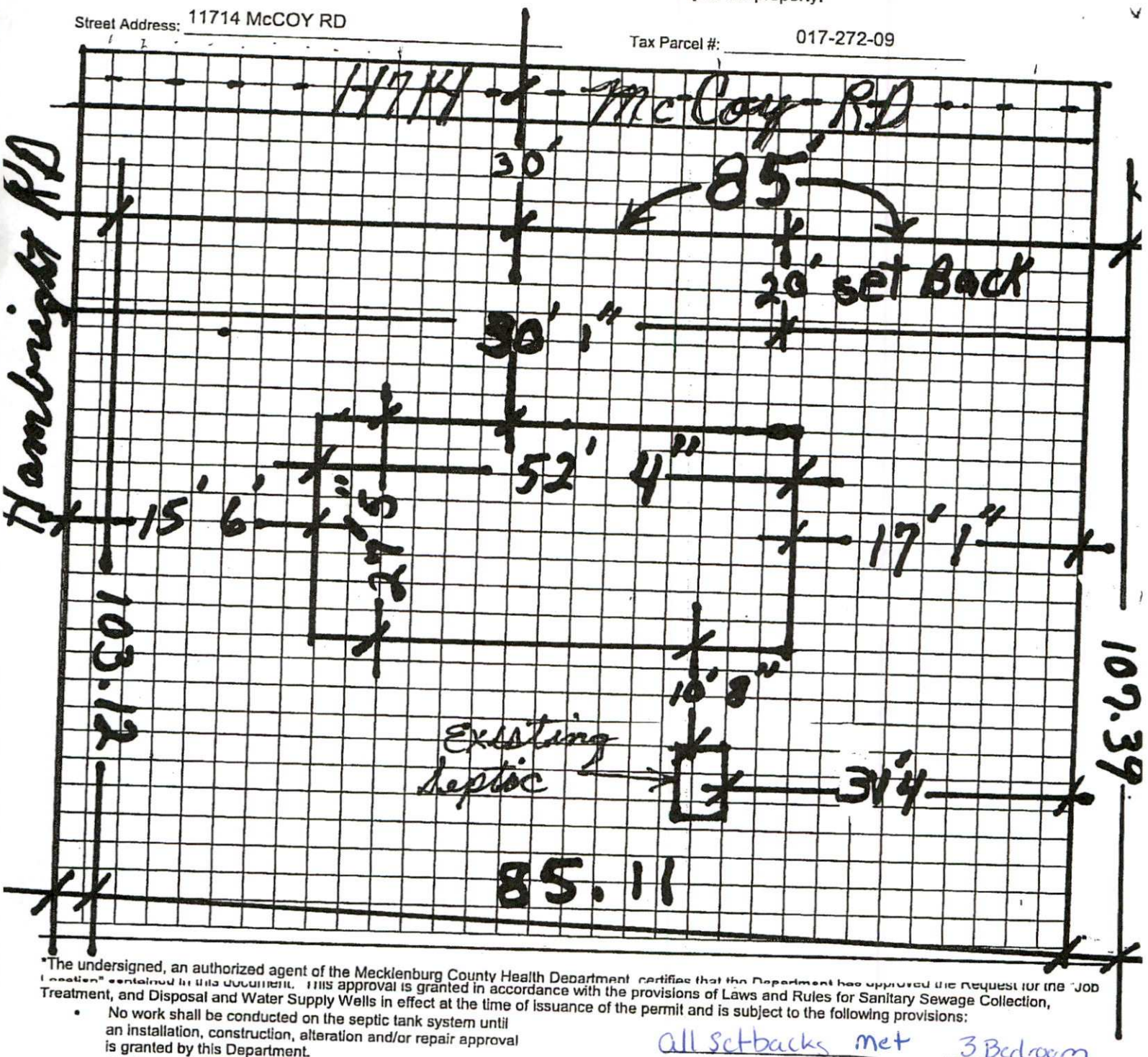
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 11714 McCOY RD Tax Parcel #: 017-272-09



*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

all setbacks met 3 Bedroom only

Heather Ray 1-26-21

REHS Signature Date

Serial No 93

Date Issued 10-8-70

LA No 363

T C No 017-272-09

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hambright-McCoy, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

LOCATION OF LOT McCoy Road Lot 67 (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green LOT NO 67 BLOCK NO

MAP BOOK NO 14 PAGE NO 473 and 475

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in on an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration and/or Repair Permit", number 363. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Polaris 3G Map – Mecklenburg County, North Carolina

11714 mccoy

Date Printed: 12/31/2020 12:22:04 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

5/10 01-20-2021 09:28:11 a.m. CENTURY 21 Murphy & Rudolp 7043937408

C

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 363

T C No 612-272-08

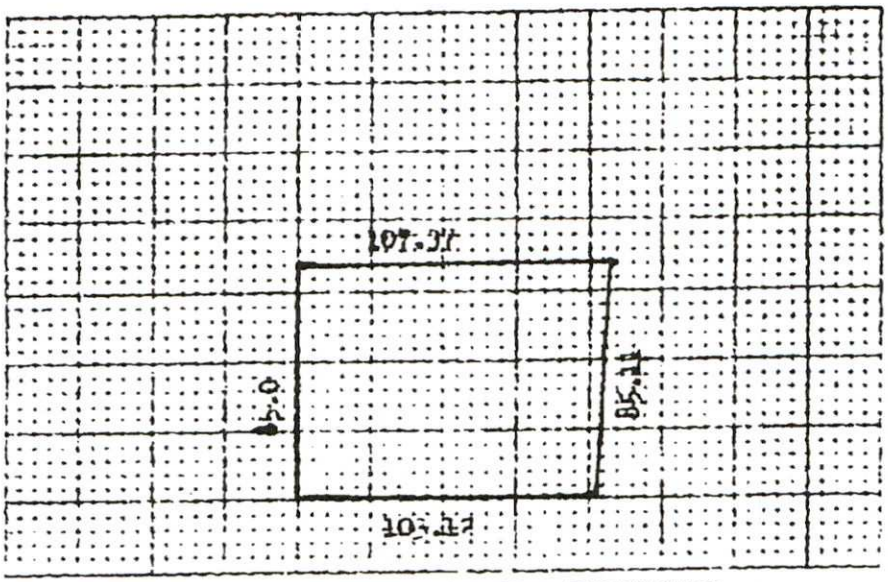
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System 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) ✓ 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 X No
8) Dishwasher ___ Yes X No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer Yes ___ No ✓
House located within 200 feet of community sewer Yes ___ No ✓
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Hambright-McCoy, Inc.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1710 E. Independence Blvd., Charlotte, N.C. 28205

15) PHONE NO Home ___ Office 375-8656

16) LOCATION OF SYSTEM Lot No. 67 - McCoy Road
(STREET OR COUNTY ROAD)

17) SUBDIVISION Wilawood Green Lot No 67 Block No ___

Map Book No 14 Page No 473 and 475

18) DEED REFERENCE DEED BOOK 2652 AT PAGE 334

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN ___

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.

October 6, 1970
DATE OF APPLICATION

Hambright-McCoy, Inc.
OWNER

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY

C

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 363

T C No 612-222-25

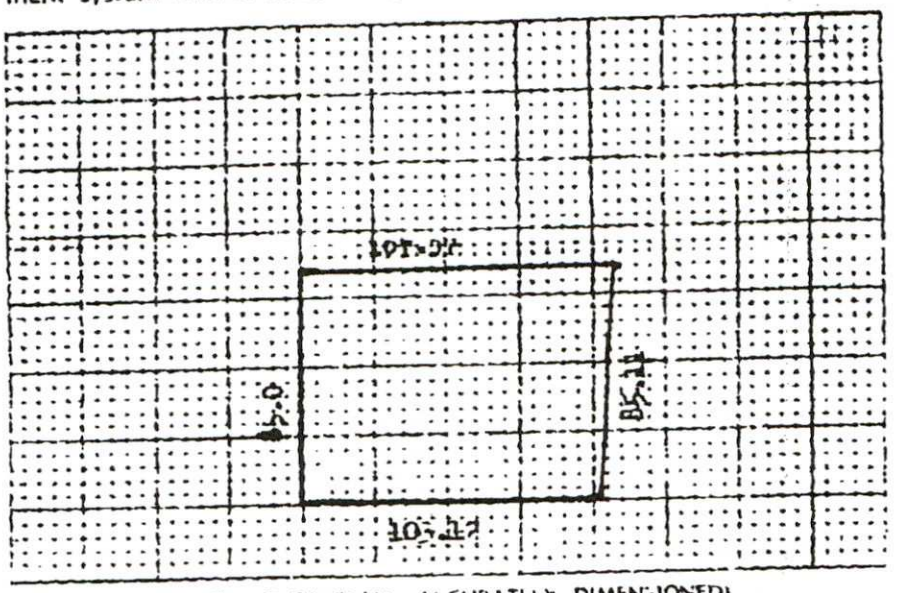
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System 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. ✓ 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 X No
8. Dishwasher ___ Yes X No
9. Water Supply
   A. Individual Well _____
   B. Governmental System _____
   C. Community System
      1 Well source _____ ✓
      2 Governmental source _____
10. Sewage System
    House located within 200 feet of public sewer Yes ✓ No
    House located within 200 feet of community sewer Yes ✓ No
11. FHA Case No _____
12. VA Case No _____

13. NAME OF OWNER Hambright-McCoy, Inc.
    (LAST) (FIRST) (MIDDLE)
14. ADDRESS OF OWNER 1760 E. Independence Blvd., Charlotte, N.C. 28205
15. PHONE NO home _____ Office 375-8656
16. LOCATION OF SYSTEM Lot No. 67 - McCoy Road
    (STREET OR COUNTY ROAD)
17. SUBDIVISION Wilawood Green Lot No 67 Block No _____
    Map Book No 14 Page No 473 and 475
18. DEED REFERENCE - DEED BOOK 2857 AT PAGE 334
19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN _____

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.

October 6, 1970
DATE OF APPLICATION

Hambright-McCoy, Inc.
OWNER

FORM NO E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 115 ICAR(S) Permit No. 363

Date Issued 10/6/70 T. C. No 012-222-09

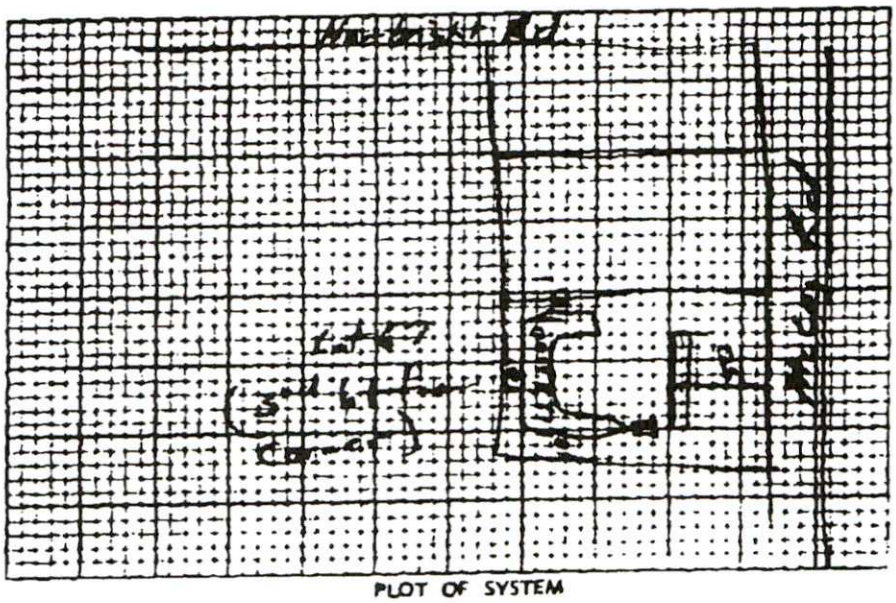
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 363, dated _____ 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 1250 gals

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Lenght 500'

Number of Lines 5 (12½ x 100')

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Hambright-McCoy Inc

LOCATION OF PROPERTY Lot 67 McCoy Rd. Wildwood Green

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: Travis Oak

J. McMillan
Division or Section Head

Michael R. [illegible]
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

Serial No 82

Date Issued 10/7/20 C of A (s) No. 363

T. C. No 47-322-09

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hoobcajat McCoy, Inc
LAST FIRST MIDDLE

Location of Property Lot 67, McCoy Rd, Wildwood Green

Application Number 363 Permit Number 45

Inspection Data:

Liquid Capacity of Tank 1250 gal Tank Material precast

Total Length of Drain Tile 500' Number of Lines 5 (125' ea)

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Community Distance from Water Source NA

Excavation Inspected 10/7/20 DATE Tank Inspected 10/7/20 DATE

Nitrification Field Inspected 10/7/20 DATE

Washing Machine Line Inspected, If Applicable NA 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: Travis Orr

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Fwd: RE: [External]Setbacks

Subject: RE: [External]Setbacks
To: "Setzer, Maia" <Maia.Setzer@mecklenburgcountync.gov>
Cc: tbatesncrealtor@aol.com,Au'Darius Blackwood <ablackwood@huntersville.org>,Brian Ric

Good morning,
The setbacks for Parcel 01727209 (11714 MCCOY RD HUNTERSVILLE NC 28078) are as
Front Min – 20 ft
Rear Min – 30 ft
Side Min – 8 ft on side, 6 ft other side
Lauren Speight
Planner I | Town of Huntersville
105 Gilead Road | Third Floor
P.O. Box 664 | Huntersville, North Carolina 28070
PH: 704-766-2254 | FX: 704-992-5528
Email: lspeight@huntersville.org
Web: www.huntersville.org
h

Pursuant to North Carolina General Statutes, Chapter 132, email correspondence to and from this address may b parties.

From: Setzer, Maia <Maia.Setzer@mecklenburgcountync.gov>
Sent: Monday, November 2, 2020 10:26 AM
To: permits <permits@huntersville.org>
Cc: tbatesncrealtor@aol.com
Subject: FW: [External]Setbacks
CAUTION: This email originated from outside of the organization. Do not click links or open
Good morning!
Please see a message below received from the main LUESA webpage. This parcel appear
Thank you!
–Maia
Maia M. Setzer
Land Use and Environmental Services Agency
County of Mecklenburg
2145 Suttle Avenue
Charlotte, NC 28208-5237
980-314-3330 desk
704-301-7957 cell

From: tbatesncrealtor@aol.com <tbatesncrealtor@aol.com>
Sent: Monday, November 2, 2020 10:13 AM

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/20/21	**Amount:**	100.00
Receipt #:	125716	**Tendered:**	100.00
Check / Auth #:	VISA 076369	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #: 200000
Contractor: HUTTO, DONALD
Attn:
Address: 11714 MCCOY RD
Address:
City/State/Zip: HUNTERSVILLEE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 11714 MCCOY RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
DONALD HUTTO

Bill To:

DONALD HUTTO

Single Payment

Transaction Date:	01/20/2021 9:37 AM Pacific Time
Pay Method:	VISA **********0484
Approval #:	076369
Trace Number:	a534acfc-273c-4967-bb37-b4508b9e33e8
Amount:	$100.00

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

Thank you for your payment.