9710B #8889

Permit # B31379168

MECKLENBURG COUNTY
HEALTH DEPARTMENT

27 APR '17 PM 3:27

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: Amanda Swilley
ADDRESS: 2824 San Saba St
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: (980) 299-3891
ALTERNATE PHONE:
E-MAIL: aswilley22@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 06325276
STREET ADDRESS: same
CITY:
STATE: NC ZIP:

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: 4
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 [X] 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.

Amanda Swilley
Owner's/Agent's Signature

4/20/17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

9/2/17 Sewer House on municipal sewer, need refrige

9710B #8889

No record

Permit # B3137968

MECKLENBURG COUNTY
HEALTH DEPARTMENT

27 APR '17 PM 3:27

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: Amanda Swilley
ADDRESS: 2824 San Saba St
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: (980) 299-3891
ALTERNATE PHONE:
E-MAIL: aswilley22@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 06325276
STREET ADDRESS: SAME
CITY:
STATE: NC ZIP:

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

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: 4
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 the property for the purpose of processing this request.

Amanda Swilley
Owner's/Agent's Signature

4/26/17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

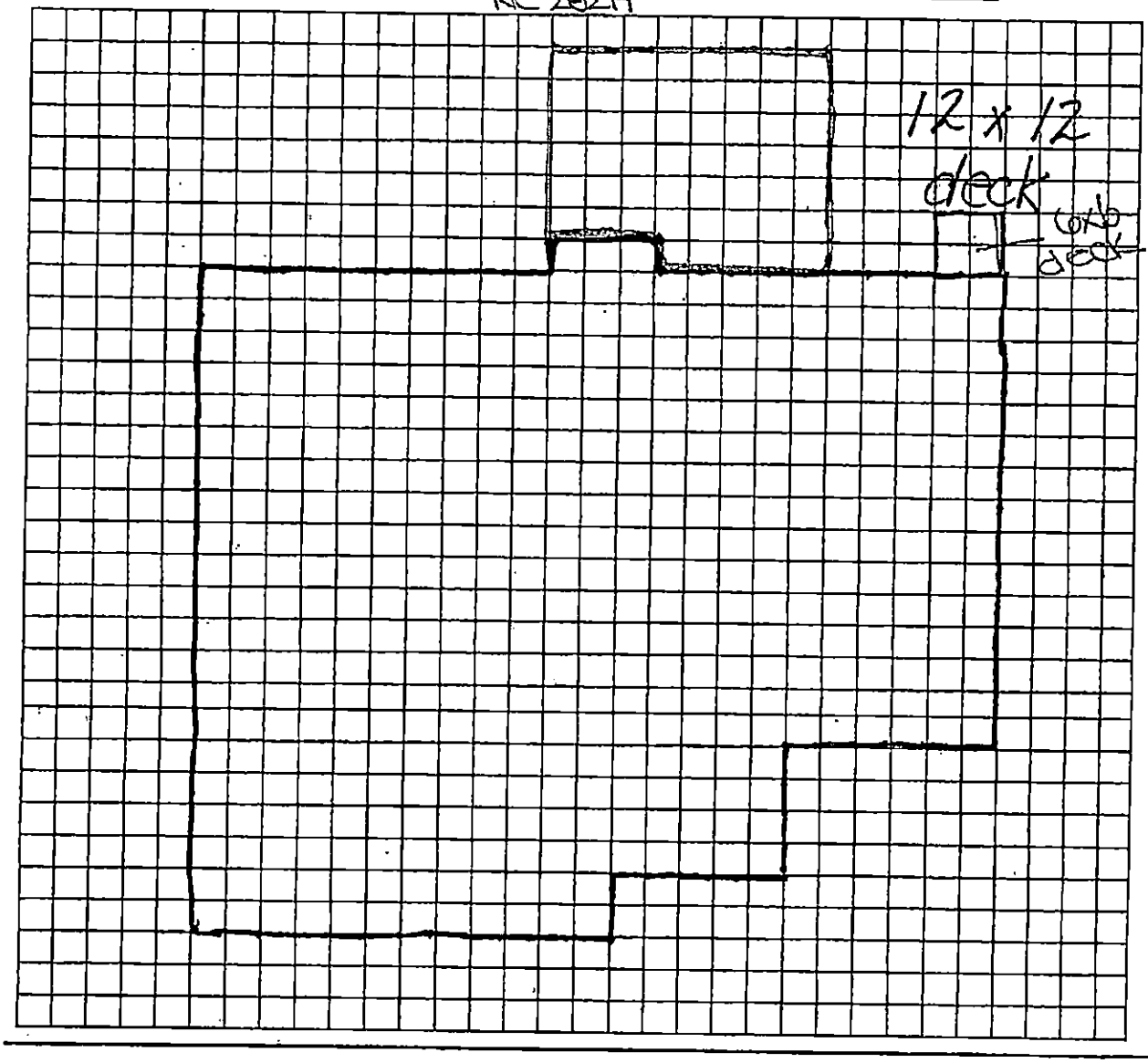
Permit # B3137968

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: 2824 San Saba St, Charlotte, NC 28214 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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

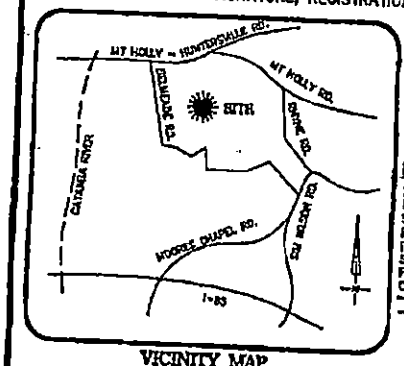
REHS Signature _____ Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Permit #
B31379768

I, WILLIAM T. POWELL, JR., CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK _____ PAGE ____, ETC)(OTHER); THAT BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK 58, PAGE 3; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:7,500+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S.47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 14TH DAY OF DECEMBER, A.D., 2015.



VICINITY MAP
Not To Scale

BY: _____ (PLS)
WILLIAM T. POWELL, JR. NCPLS L-3981

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	SET IRON PIN
P.D.E.	PUBLIC DRAINAGE EASEMENT
P.U.E.	PUBLIC UTILITY EASEMENT
S.S.E.	SANITARY SEWER EASEMENT
F.P.E.	FLOOD PROTECTION ELEVATION
CLOSURE	EXCEEDS 1 INCH in 10,000'
———	PROPERTY LINE
- - - -	ADJOINER PROPERTY LINE BY DEED OR PLAT

NORTH CAROLINA PROFESSIONAL SEAL L-3981 LAND SURVEYOR WILLIAM T. POWELL, JR.

NOW OR FORMERLY
LOT 63
KELLY J. GREENE
MB 54 PG 552
DB 29486 PG 225
TPN 05325259

NOW OR FORMERLY
LOT 81
HEATHER STAM &
MICHAEL STAM
MB 54 PG 552
DB 29608 PG 619
TPN 05325258

NOW OR FORMERLY
LOT 80
PHYLLIS J. ROBINSON &
ANIWAN L. STRONG
MB 54 PG 552
DB 29242 PG 597
TPN 05325257

S72°18'48"W
54.00'
E.I.P.
E.I.P.

79
6,480 Sq.Ft.±
0.15 Ac.±

30' REAR YARD

3' SETBACK
3' SETBACK
120.00'
120.00'

S17°41'12"E
N17°41'12"W

A/C

#2824
2-STORY FRAME
W/P STONE
"NO DRIVEWAY, LEADWALK, PATIO INSTALLED AT TIME OF SURVEY"

39.0
41.6
34.0
11.8
7.6'
20' SETBACK
19.6
7.7
7.6'
21.0'

54.00'
S.I.P.
N72°18'48"E S.I.P.

78

80

MB. 58 PG. 3

permit request for 12x12 wooden deck

IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	1,631 S.F.
PATIO/AC/MISC.	8 S.F.
DRIVEWAY & WALKS	0 S.F.
TOTAL (AS-BUILT)=	1,639 S.F.
TOTAL (ALLOWED)=	2,685 S.F.

SAN SABA STREET

50' PUBLIC R/W

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

30 0 30
SCALE: 1" = 30'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1633)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 527-8040

PHYSICAL SURVEY
FOR
LOT 79, RAPIDS AT BELMEADE MAP 4
Paw Creek Township, Mecklenburg County, North Carolina
PROPERTY OF: AMANDA SWILLEY
MAP BOOK 58 PAGE 3 DEED REFERENCE _____

Walker, Philo

From: WellReg <WellReg@MecklenburgCountyNC.gov>
Sent: Friday, April 28, 2017 8:34 AM
To: Walker, Philo
Subject: You have been assigned Use Existing System Project: (App ID # 8889)

Mecklenburg County, NC
Health Department
Groundwater & Wastewater Services

Application Type:	Septic Only
Additional UES Options:	ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
Tax PID:	05325276
Address:	2824 SAN SABA ST
City:	CHARLOTTE
Zip:	28214
Subdivision Name:	
Lot #:	0
Water Supply:	Municipal
Proposed Use of Well:	
Owner Name:	AMANDA SWILLEY
Owner Work Phone:	
Owner Mobile Phone:	
Owner Email:	ASWILLEY22@GMAIL.COM
Agent Name:	AMANDA SWILLEY
Agent Work Phone:	
Agent Mobile Phone:	
Agent Email:	ASWILLEY22@GMAIL.COM

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/28/17	**Amount:**	100.00
Receipt #:	105581	**Tendered:**	100.00
Check / Auth #:	VISA 168336	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: SWILLEY, LISA
Attn:
Address: 2824 SAN SABA ST
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2824 SAN SABA ST		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: LISA SWILLEY

Bill To:

LISA SWILLEY
2824 SAN SABA ST

Charlotte, NC 28214

Single Payment

Transaction Date: 04/28/2017 5:23 AM Pacific Time
Pay Method: VISA **********2690
Approval #: 168336
Trace Number: 0e819a21-97dc-46e7-9693-acf577c0a0f1
Amount: $100.00

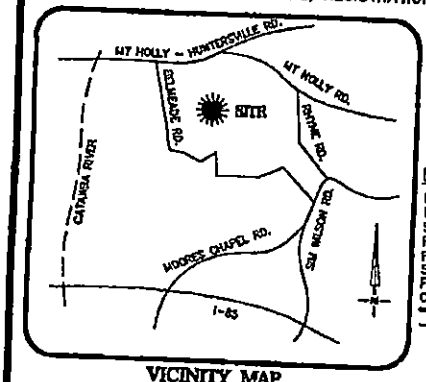
Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Permit #
B31379768

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VICINITY MAP
Not To Scale

BY William T. Powell (PLS)
WILLIAM T. POWELL, JR. NCPLS L-3981

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NORTH CAROLINA PROFESSIONAL SEAL L-3981 LAND SURVEYOR WILLIAM T. POWELL, JR.

NOW OR FORMERLY
LOT 82
KELLY J. GREENE
MB 54 PG 552
DB 28489 PG 225
TPN 05325259

NOW OR FORMERLY
LOT 81
HEATHER STAM &
MICHAEL STAM
MB 54 PG 552
DB 28608 PG 619
TPN 05325256

NOW OR FORMERLY
LOT 80
PHYLLIS J. ROBINSON &
ANTWAN L. STRONG
MB 56 PG 592
DB 29242 PG 597
TPN 05325257

S72°18'48"W
E.I.P. 54.00' E.I.P.

IMPERVIOUS SURFACE AREA	
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permit required for 12x12 wooden deck

30' REAR YARD

3' SETBACK
120.00'
S17°41'12"E
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W/P STONE
"NO DRIVEWAY; LEADWALK; PATIO INSTALLED AT TIME OF SURVEY"
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11.8
7.5'
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S.I.P.
N72°18'48"E S.I.P.
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MB. 58 PG. 3

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50' PUBLIC R/W

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LAND SURVEYING COMPANY, P.A.
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10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 527-8228

PHYSICAL SURVEY

FOR

LOT 79, RAPIDS AT BELMEADE MAP 4
Paw Creek Township, Mecklenburg County, North Carolina

PROPERTY OF: AMANDA SWILLEY

MAP BOOK 58 PAGE 3 DEED REFERENCE _____

Walker, Philo

From: WellReg <WellReg@MecklenburgCountyNC.gov>
Sent: Friday, April 28, 2017 8:34 AM
To: Walker, Philo
Subject: You have been assigned Use Existing System Project: (App ID # 8889)

Mecklenburg County, NC
Health Department
Groundwater & Wastewater Services

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Additional UES Options:	ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
Tax PID:	05325276
Address:	2824 SAN SABA ST
City:	CHARLOTTE
Zip:	28214
Subdivision Name:	
Lot #:	0
Water Supply:	Municipal
Proposed Use of Well:	
Owner Name:	AMANDA SWILLEY
Owner Work Phone:	
Owner Mobile Phone:	
Owner Email:	ASWILLEY22@GMAIL.COM
Agent Name:	AMANDA SWILLEY
Agent Work Phone:	
Agent Mobile Phone:	
Agent Email:	ASWILLEY22@GMAIL.COM

22 MAY 17 AM 9:22

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: Amanda Swilley 2. Permit #: B1379168
3. Permit Address: 2824 San Saba St 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
7. *If Refund*, Check payable to: Lisa Swilley 8. Phone #: _____
9. Mailing Address: 2824 San Saba St, Charlotte NC 28214

Reason for Request

☒ ~~Plan~~ Change ☐ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason *(explain in detail-application may be rejected without complete details)*

unable to get decl to pass inspection
-decided not to build.

Signature (*Requestor*): Amanda Swilley ~~Print~~ name: Amanda Swilley

Fax #: _____ Phone #: 203-733-7592 Date: 5/14/17

Staff signature for in-person verification: _____ *(or accept notary below)*

ID used for in-person verification: _____ *(examples: DL #, Business card, Student ID, etc...)*

State of North Carolina
County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): Rob B Gantt Date: 5/23/17

Notes: 3620 8680 6083 5C4370

Note: Site on City Sewer.

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

# of Hours _____ X Rate _____ = $ _____

Processing Notes:

_____

Expired Permit
Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee	100.00
- Less Zoning Fee	
-Plan review (Total Hours X Rate)	
-Inspection Info (# of Insp. X Rate)	
Misc Fees deductions	
-Homeowner Recovery	
-Other Deduction _____	
-Other Deduction _____	
Total Credit/Refund	100.00

☐ Minimum Fee retained

(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

Calculation Signature _____ Date 5/22/17

Supervisor/Manager Signature _____ Date 5/23/17

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Reason: _____

Initials _____ Date / /

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88---	88116	Initials & Date	in Navision

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Dept Approval: _____ Date_

Finance Approval: _____ Date_____

Assigned to: S R C

Rev Coll. Distribution Date

Rev. Coll. Tracking #