24 MAR '16 AM 9:34

8593B
#8126

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: Lisa Kruse
ADDRESS: 16421 Tullock Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 919 971 3050
ALTERNATE PHONE: 919 971 5015
E-MAIL: Krusetk@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 21723244
STREET ADDRESS: 16421 Tullock Rd.
CITY: Charlotte
STATE: NC ZIP: 28278

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: 3
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.

Lisa M Kruse — Owner's/Agent's Signature
3/23/16 — Date

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

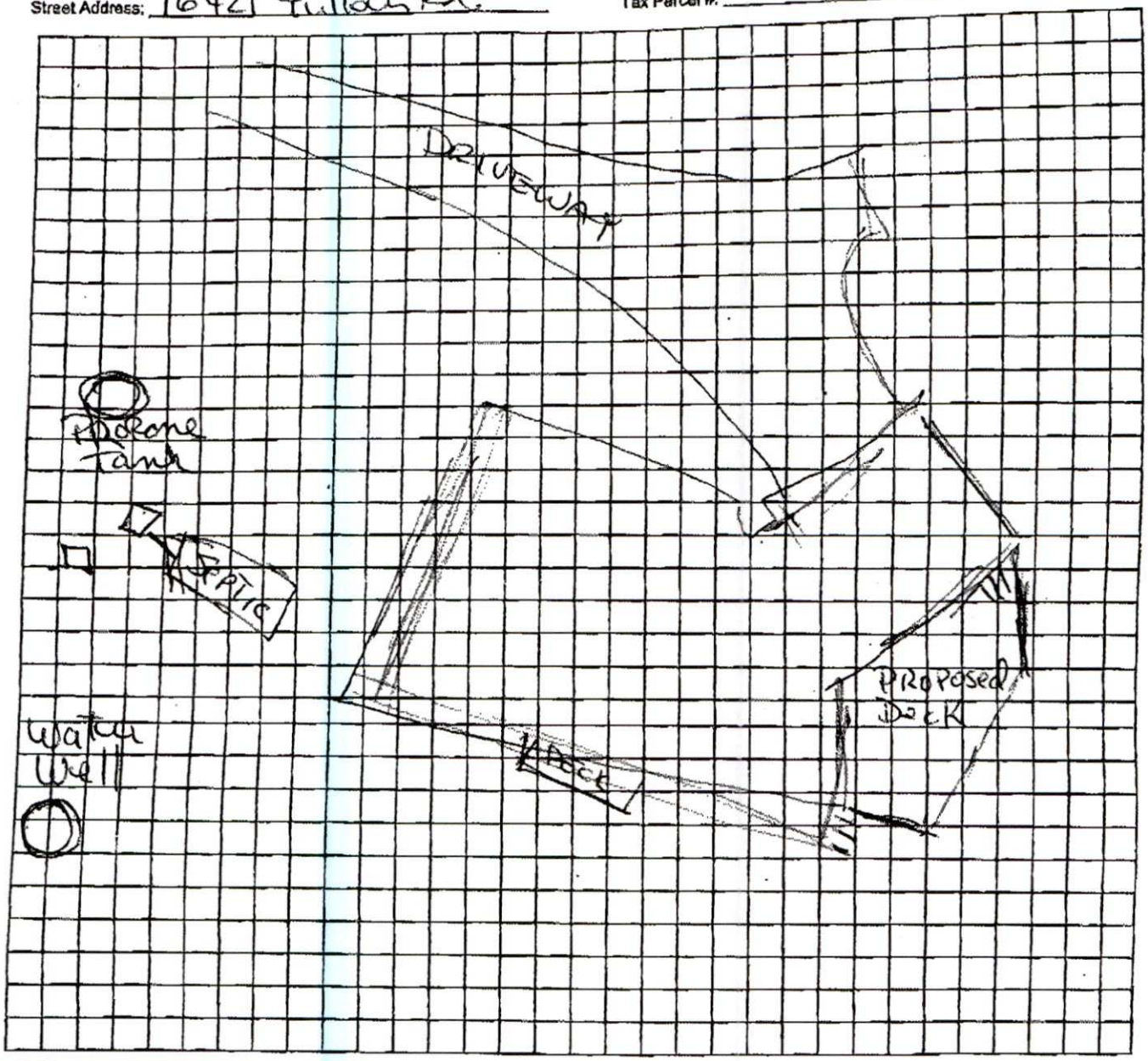
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5894

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: 16421 Tullock Rd. 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

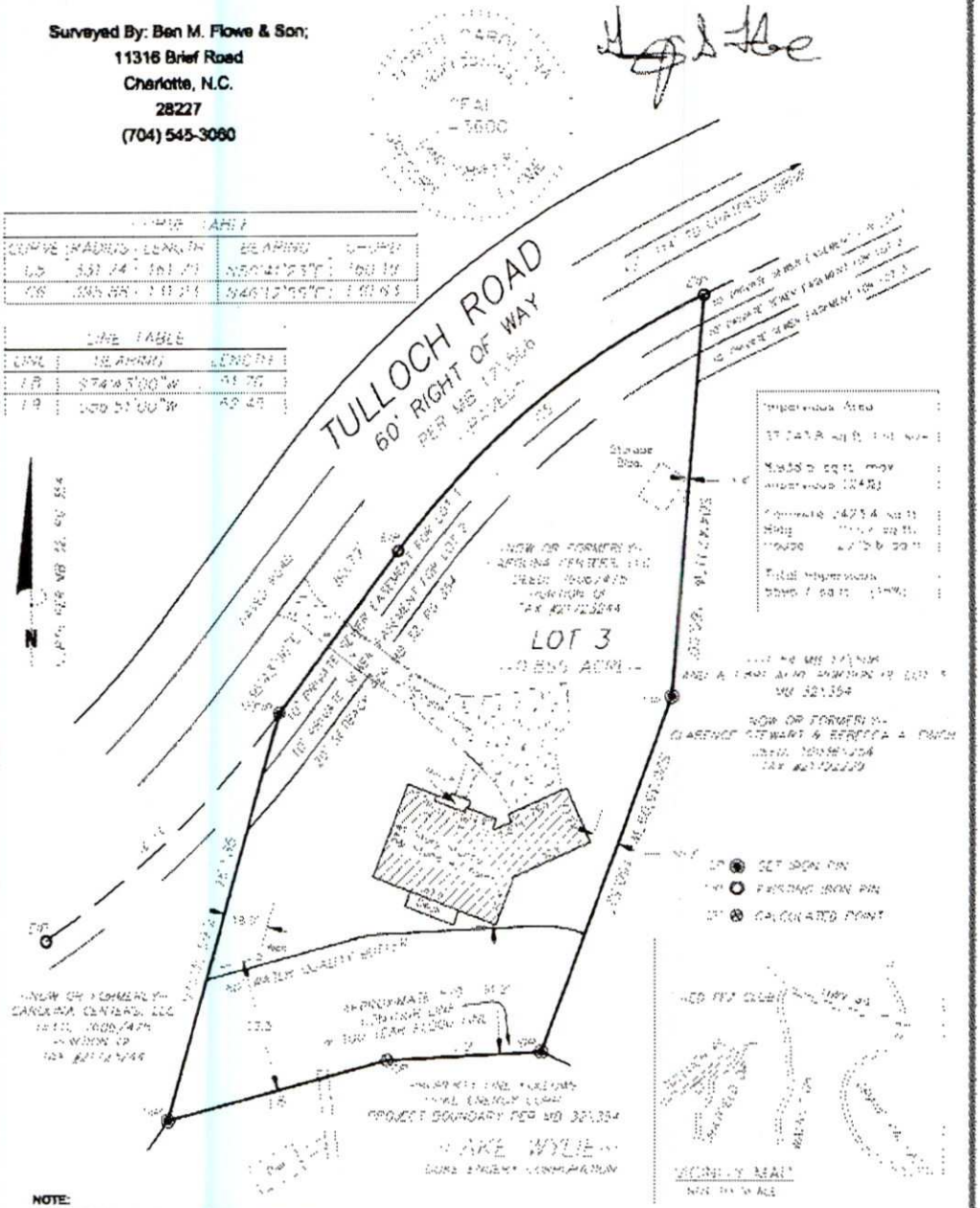
Proposed construction meet required setbacks. Permit approved

REHS Signature Bradley W. Hallman Date 3/28/16

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

Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060



NOTE:
ALL CORNERS ARE I.P/N(P) UNLESS OTHERWISE NOTED.

NOTE:
ALL DISTANCES ARE HORIZONTAL DISTANCES UNLESS OTHERWISE NOTED.

NOTE:
AREA BY COORDINATE COMPUTATION.

NOTE:
PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.

SUBJECT HOUSE IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY FLOOD INSURANCE RATE MAP.

NOTE:
THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL or PARCELS OF LAND.

SCALE 1"=50'

Tax Parcel: 217-232-44

E.C. = 1' : 10,000' +

Deed Ref: 27489 / 280

Map Book:

Physical Survey
For

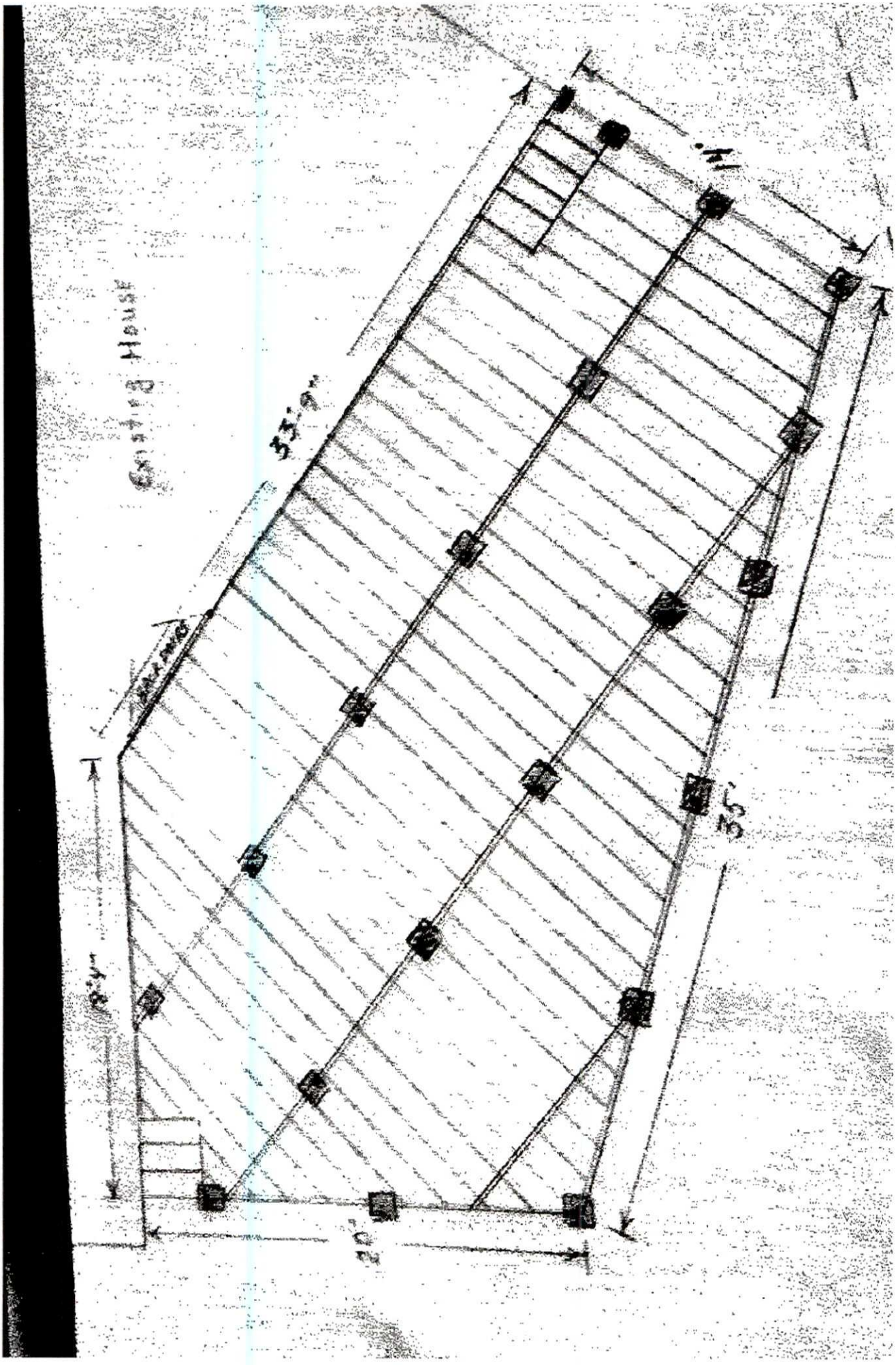
Tulloch Partners, LLC

16421 Tulloch Road
Steele Creek Township
Mecklenburg County, N.C.

Drawing No. 225-12

Scale: 1" = 50'

April 28, 2014


Guest House
33'-6"
14'-0"
5'-0"

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/24/16
Receipt #: 99616
Check / Auth #: VISA 71747C
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KRUSE,LISA
Attn:
Address: 16421 TULLOCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 16421 TULLOCH RD		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 KRUSE

Bill To:

LISA KRUSE
16421 TULLOCH RD

Charlotte, NC 28278

Single Payment

Transaction Date: 03/24/2016 6:57 AM Pacific Time
Pay Method: VISA **********6434
Approval #: 71747C
Trace Number: cd668c3a-657c-4db3-a277-3e3385615d17
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 LE 3/24/16 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Acct # X-50964 85938 #8812 B3128307

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: Matt Myers
ADDRESS: 190 Meadow Oaks Dr
CITY: Statesville
STATE: NC ZIP: 28625
PHONE: 704-902-1017
ALTERNATE PHONE: N/A
E-MAIL: Myersconstructiongroup@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Gary Kruse
ADDRESS: 16421 Tullech Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 919-971-5015
ALTERNATE PHONE:
E-MAIL: Kruser38@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 21723244
STREET ADDRESS: 16421 Tullech Rd
CITY: Charlotte
STATE: NC ZIP: 28278

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: 3
NUMBER OF OCCUPANTS: 2

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

4-7-17
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: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

wellreg@mecklenburgcounty nc.gov

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: 16421 Tulloch Rd Tax Parcel #: 21723244



*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. New construction meets all required setbacks

REHS Signature Bradley W. Hallman Date 4/25/17

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/17/17
Receipt #: 105325
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X50964
Contractor: MATT MYERS CONSTRUCTION
Attn:
Address: 190 MEADOW OAKS DR
Address:
City/State/Zip: STATESVILLE, NC 28625

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 16421 TULLOCH RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Matt myers is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

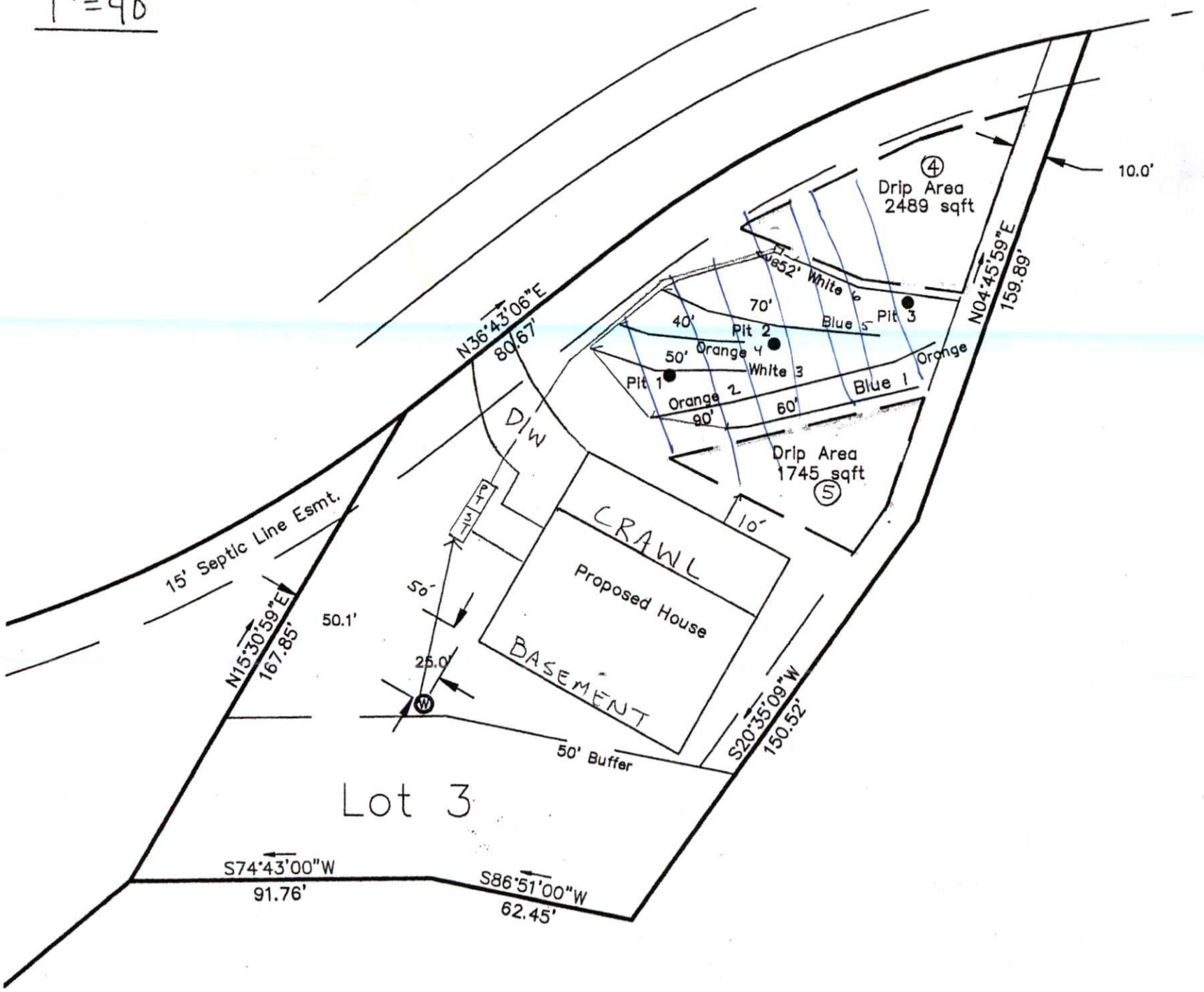
16421 Tulloch rd Charlotte
Number Street Town
(Or Parcel Number)

Gks holdings llc Gary Kruse
Property Owner (print name)

Property Owner (signature)

4/17/17
Date

1"=40'


N36°43'06"E
80.67'
N04°45'59"E
159.89'
10.0'
④
Drip Area
2489 sqft
52' White 6
70'
40'
Pit 2
Blue 5
Pit 3
50'
Orange 4
White 3
Pit 1
Orange 2
90'
60'
Blue 1
Orange
Drip Area
1745 sqft
⑤
DW
CRAWL
10'
Proposed House
BASEMENT
15' Septic Line Esmt.
N15°30'59"E
167.85'
50.1'
50'
25.0'
W
50' Buffer
S20°35'09"W
150.52'
Lot 3
S74°43'00"W
91.76'
S86°51'00"W
62.45'