SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 9617

Assigned Inspector: Bryan Davenport

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: 2/27/25 JSO Initial/Date

☑ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

9617/15309

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: Michael Huntley
ADDRESS: 4028 Matthews Indian Trail RD
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704-221-8974
ALTERNATE PHONE:
E-MAIL: incentivebuild@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Chris McCord
ADDRESS: 6116 Cherry Tree Lane
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 932 231 2054
ALTERNATE PHONE:
E-MAIL: chris@chrismccord.com

JOB LOCATION INFORMATION
TAX PARCEL #: 227 082 19
STREET ADDRESS: 6116 Cherry Tree Ln
CITY: Charlotte
STATE: NC ZIP: 28270

SUBDIVISION OR MOBILE HOME PARK NAME:
Providence Plantation
LOT #: 2

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:
NUMBER OF OCCUPANTS:

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

2/24/2025
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

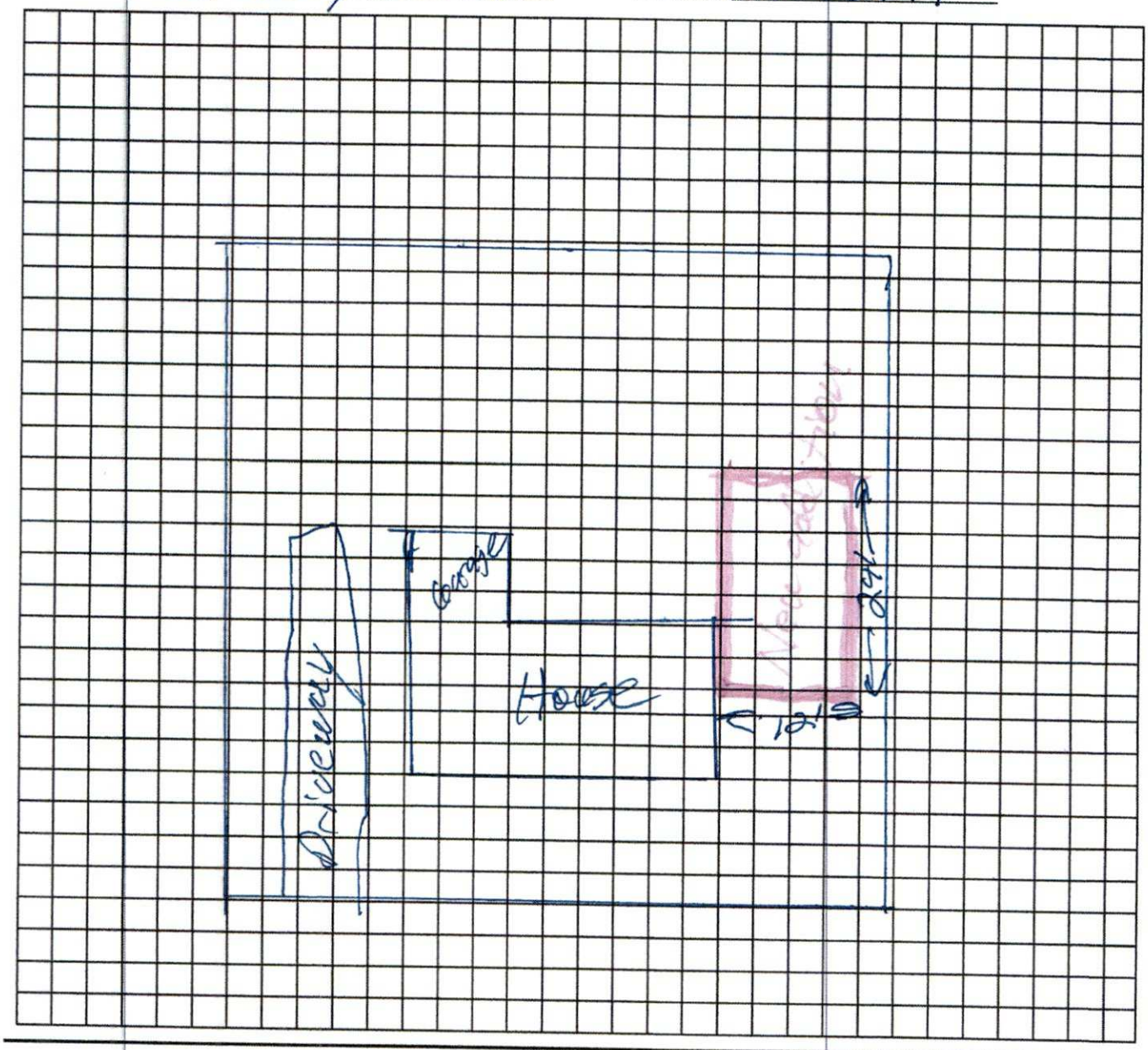
Revised on: 01/03/11

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: 6116 Cherry Tree Lane Tax Parcel #: 227-082-19



*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:

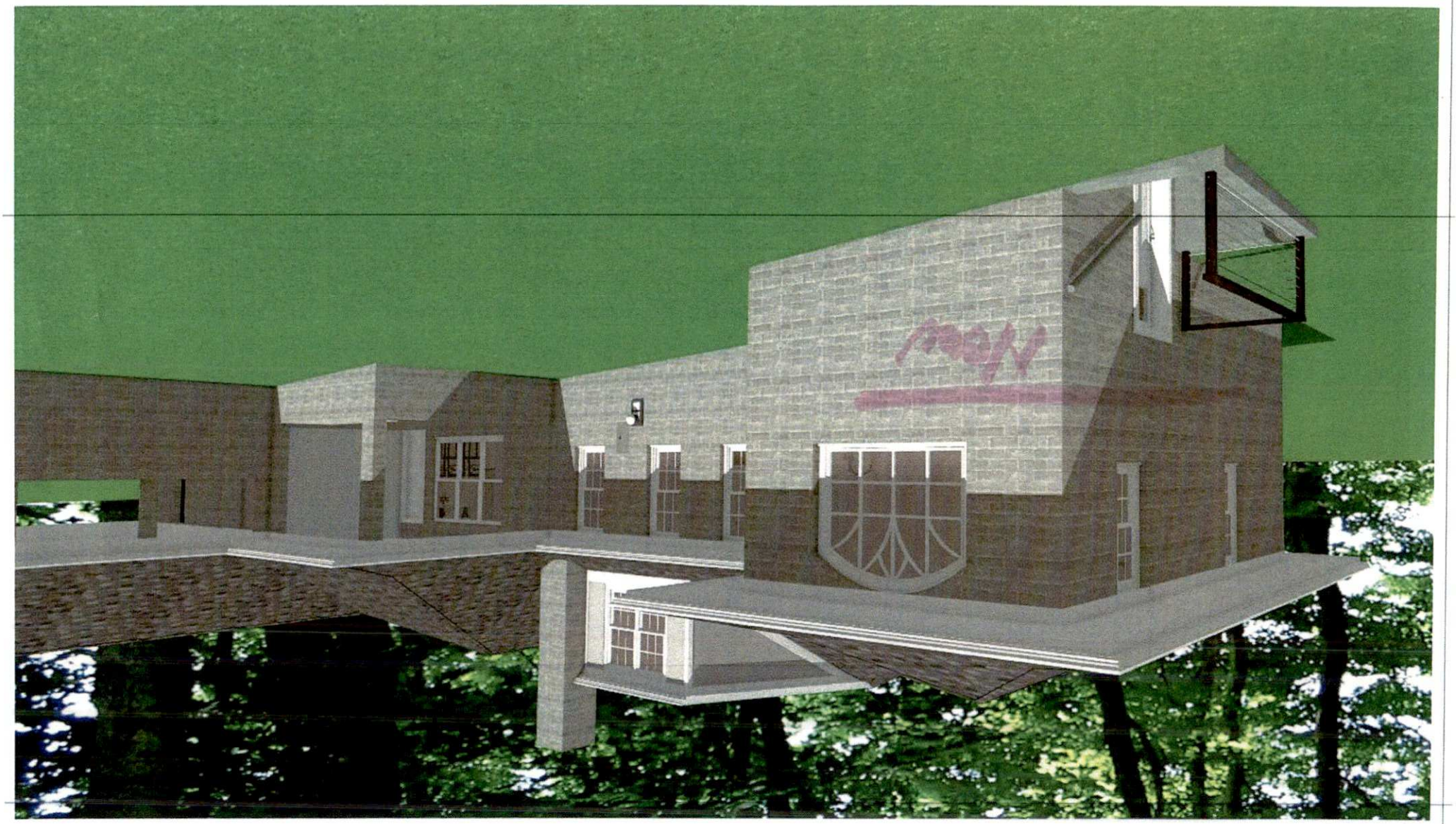
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Customer meets required set backs

Ryan Dupont 2/28/25
REHS Signature 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: 01/03/11



MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 Incentive Builders LLC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   6116 Cherry Tree Ln, Charlotte NC, 28270.
   Number Street Town
   (Or Parcel Number)

Christopher McCord
Property Owner (print name)

Property Owner (signature)

2-18-2025
Date

THIS IS TO CERTIFY THAT ON THE 5th DAY OF MARCH 1987 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R. B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
212 EAST INDEPENDENCE BLVD
CHARLOTTE, N.C. 28204
TEL (704) 376-2186

NORTH CAROLINA REGISTERED L-1179





CHERRY TREE LANE

PHYSICAL SURVEY
OF

LOT 2, HENRY G. NEWSON PROPERTY

SCALE 1" = 40' CHARLOTTE, N.C.

THE PROPERTY OF BOHDAN KOSTYSHYN & wife, EMMA E. KOSTYSHYN

MAP RECORDED IN BOOK 17 AT PAGE 411 DEED RECORDED IN BOOK ____ PAGE ____

CERTIFICATE OF COMPLETION/OPERATION PERMIT

~~HEALTH DEPARTMENT~~
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9617 DATE: 01/22/02

TC: 227-082-19 ☒ L ☐ CRT

SERIAL Nº 18734

Name of Owner Bohdon Kostyshyn Juris.: _____

Address of Property 6116 Cherry Tree Lane

Inspection Data:

Tank Material existing

Total Length of Drainfield 120'

Number of Lines 3 @ 40 (BED)

Cover Depth 8-12"

Water Supply Source well

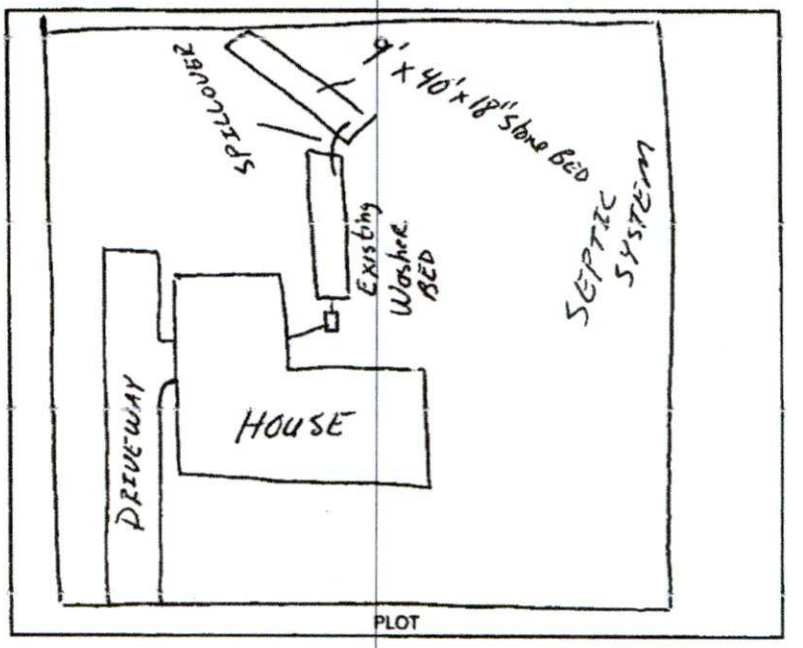
Distance to Water Source >100'

Excavation Inspected 01/22/02

Tank(s) Inspected existing

Wash Line Inspected 01/22/02

High Water Alarm Inspected NA



Design Washer system, 360 SFB, Conv, 18" stone, Repair CTR# Autrey

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to Washer System
9' x 40' x 18" Stone Bed
Type II Conventional System
No Installation approval issued
Built 1975

Tony L. Mackie R.S.
Environmental Health Specialist

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

Received 7/1/75

Application No. 9617

T. C. No. ~~20.227.063.01~~

Map Date ~~6-16-74~~

227-[illegible]-17

11-9-77

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER South Mineral Co (LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P.O. BOX 23057 Chas ZIP 28212

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY CHERRY TREE LANE (STREET OR COUNTY ROAD)

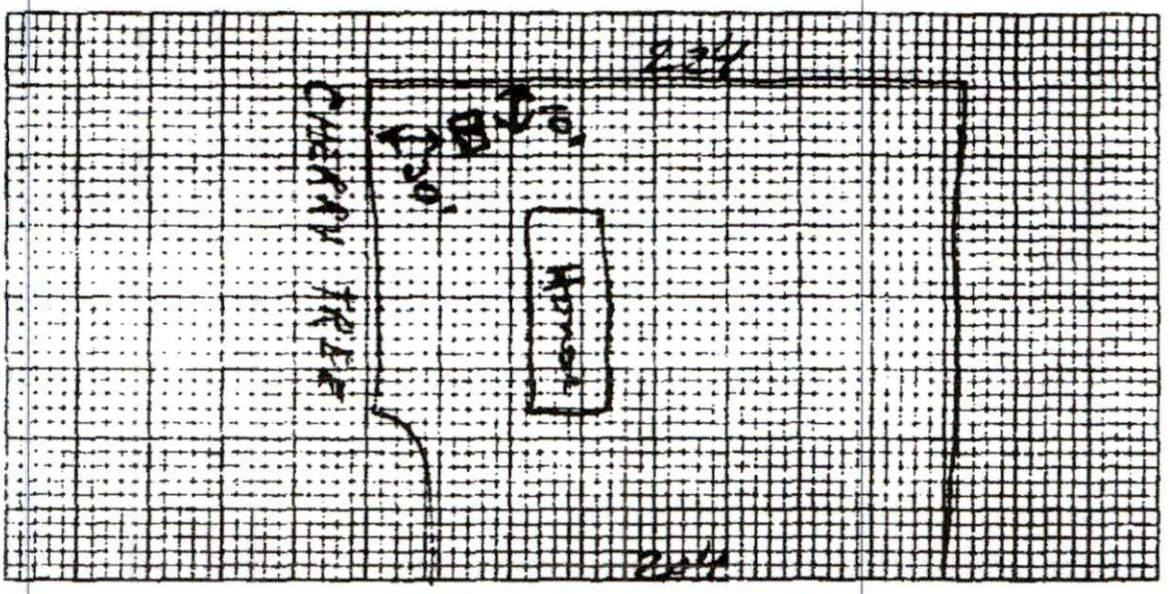
SUBDIVISION _____ LOT NO. 2 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR CAROLINA WELL LICENSE NO. 240

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

2 July 75
DATE OF APPLICATION

South Mineral Co.
OWNER

Application approved and permit hereby granted

Permit No: 9617

R. M. Reynolds
ENVIRONMENTALIST

PERM NO. E-38-9-1-72

HEALTH DEPARTMENT'S COPY

C of A (s) No. 9617

Serial No. 5993

Date Issued 27 Aug 1975

T C No 227-052-19

Map Date 11-9-77

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Southminster Co (LAST, FIRST, MIDDLE)

Location of Property 6116 Cherry Tree Lane

Application Number 9617 Permit Number 9617

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 600 Number of Lines 5

Depth of Filter Material 12" Cover Depth 12'-4"

Water Supply Source well Distance from Water Source 100'+

Excavation Inspected — Tank Inspected 8-27-75 (DATE)

Nitrification Field Inspected 8-27-75 (DATE)

Washing Machine Line Inspected If Applicable 8-27-75 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption ef- fluent disposal as described above and it has been installed or constructed in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at the date of issuance of the permit. The issuance of this Certificate of Approval does not guarantee that the system will operate properly or relieve any person from liability for damages resulting such system from any fact or circumstance resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions which are listed on the permit in addition to those listed below under comments. This Certificate of Approval shall be null and void if the 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 installed as permitted

Environmentalist

FORM NO E-6-9-1-72

Serial No. 5414

PTR No. 9627

Date Issued June 30, 1975

T C No P.O. 227-082-01

Map Date 6-10-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

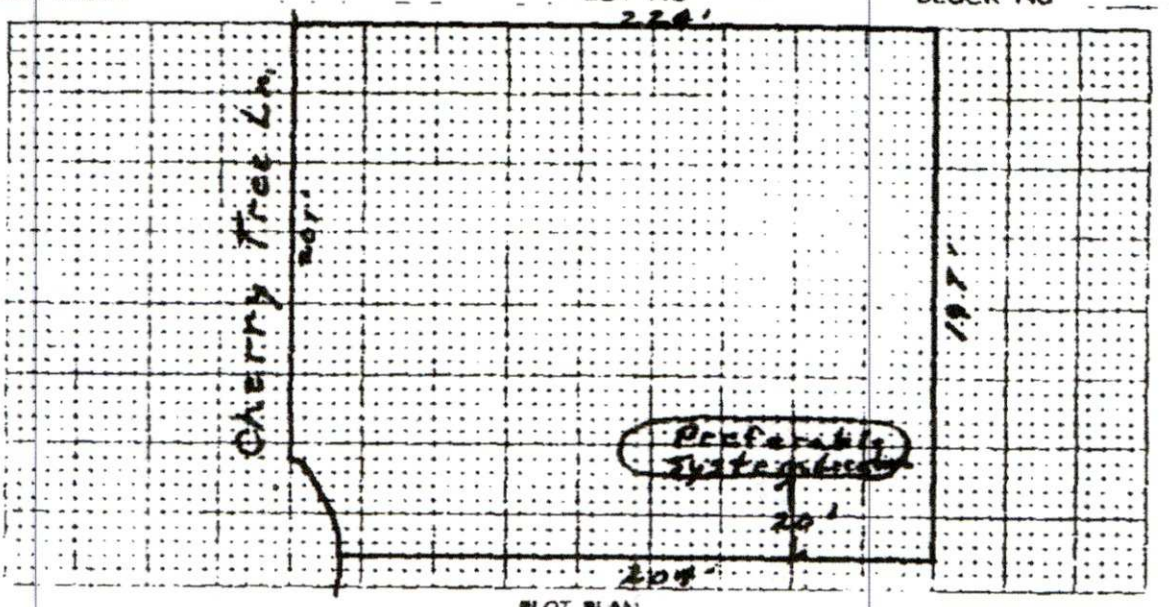
PERCOLATION TEST REPORT

NAME OF OWNER Southminister Company
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 23057, Charlotte, N. C. ZIP 28212

LOCATION OF PROPERTY Cherry Tree Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 2 BLOCK NO



PLOT PLAN

This is to certify that a percolation test has been run and an on site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was *60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above and on the size and type of building constructed thereon
3. This approval is void unless the system is installed in the immediate area where the percolation test was run
4. This approval is void if any grading, filling, or construction (including the felling of trees) is performed on the lot which in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

*Results determined by soil analysis

W. Everett Symmes, Jr. Soil Scientist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 26 Aug 75 Serial No. 6768 ICAR(S)-Permit No. 9617

T C No. 227-082-19

Map Date 11 9 77

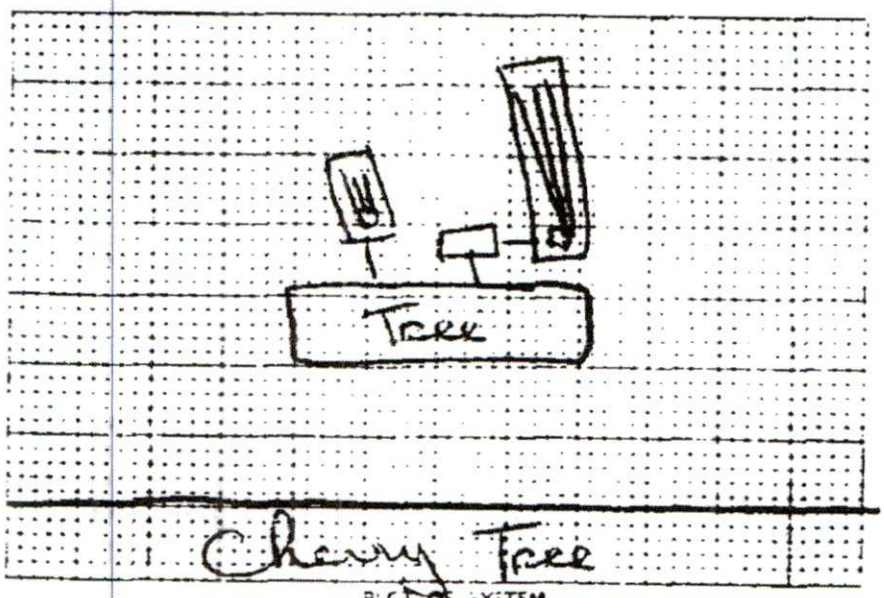
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 9617, 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 26 Sept 75 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 600' & 150'

Number of Lines (5) 12½' x 130'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Smithmuster Co.

LOCATION OF PROPERTY Cherry Tree 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: washer 10' x 38

aeration pit 2½' x 2' x 4' stone

Division or Section Head

R. M Reynolds
Environmentalist

If this permit 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 E-5-9-1-72

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/27/25
Receipt #: 153825
Check / Auth #: VISA 014275
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MICHAEL HUNTLEY
Attn: 6116 CHERRY TREE LN
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 6116 CHERRY TREE LN	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		507.50		3,317.50	