5943B

~~WELL 5943B~~

#10617

2 AUG '19 PM 2:35

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: Amanda Gardner Cummings
ADDRESS: 2225 Corporation Trail
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-900-1193
ALTERNATE PHONE: 704-989-2992
E-MAIL: AGARDNER@southernlivingfranchise.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Matt & Tara Carattini
ADDRESS: 15150 Stumpy Oak Rd
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-400-2945
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 19522145
STREET ADDRESS: 15150 Stumpy Oak Rd
CITY: Charlotte
STATE: NC ZIP: 28227

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: 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

8/1/2019
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

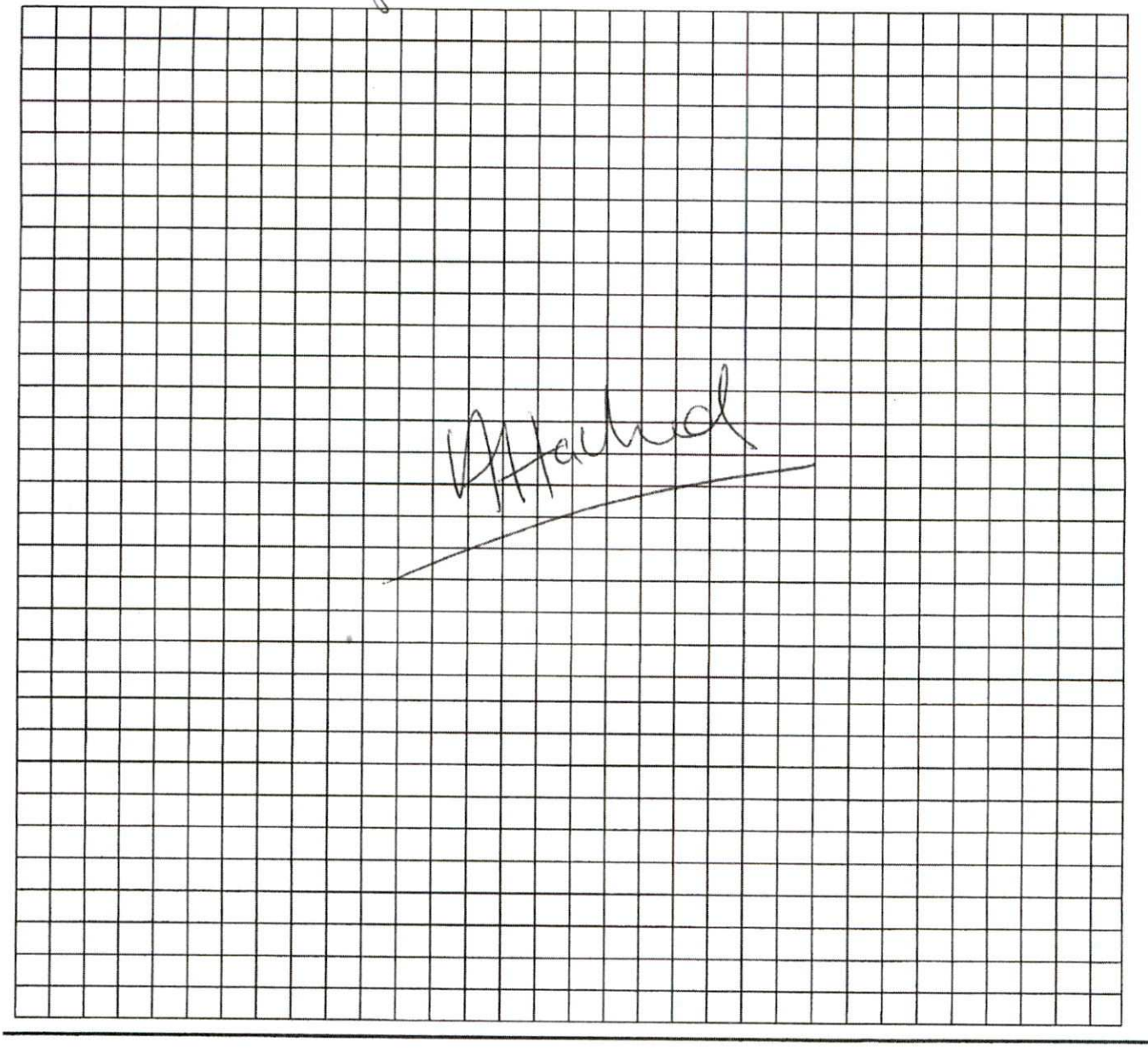
Revised on: 4/20/17

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: 15150 Shingle Oak Rd Tax Parcel #: 1952245



*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 for sunroom

Bryan Dayne
REHS Signature

Aug-9-19
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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/02/19
Receipt #: 118127
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X53410
Contractor: OUTDOOR LIVING BRANDS FIELD
Attn:
Address: 2225 CORONATION BLVD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15150 SHINGLE OAK RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	1,636.40	790.52			

Ellis, Loretta

From: Amanda Fincher <AFincher@outdoorlivingbrands.com>
Sent: Friday, August 2, 2019 10:45 AM
To: WellReg
Subject: [External]15150 Shingle Oak Rd
Attachments: Plot plan.pdf; Septic app.pdf; Plans.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Please find attached existing system usage app for 15150 Shingle Oak Rd. I have included a plot plan and plans for our proposed porch/deck addition.

Please charge all fees to X53410.

Thank you!

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
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 Amanda Fincher Cummings is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

15150 Shingle Oak Rd, Charlotte, NC 28227
Number Street Town
(Or parcel Number)

Matt Cavalline
Property Owner (print name)

Matt Cavalline (Aug 2, 2019)
Property Owner (signature)

Aug 2, 2019
Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5943B DATE: 9/16/05

TC: 195 282 45 L

SERIAL Nº 20213

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 the application dated 3/1/05. All work shall be completed

This form has been revised.
Note addition of Utility information.

For Department Use

PERMIT #

RESIDENTIAL PLOT PLAN
FOR INTERNET PERMIT APPLICATION
ENTER SUBMITTAL NUMBER HERE:

LOCATION/SITE DATA

15150 ____ Shingle Oak ____ Rd
Street # (N,S,E,W) Street Name (Av,Rd,St)
Project/Subdivision Name ____ Phase ____ Section ____
Lot # ____ Block # ____ Land Area (sq. ft.) ____

OWNER INFORMATION

Owner: Matt + Tessa Cavallino Address: 15150 Shingle Oak Rd
City: Charlotte State: NC Zip: 28277 Phone # 704-400-7945

FOR DEPARTMENT USE Tax Parcel # ____ Tax Jurisdiction ____
Zoning ____ Juris ____ Map # ____ R/W ____
Special (Circle) C D N P S Floodplain ☐ Yes Flood Elev ____ Fire Dist. ☐ Yes
Lot: ☐ Corner ☐ Through ☐ Front Street (if different) ____
Minimum Setbacks: Front ____ Left Side ____ Right Side ____ Rear ____
Remarks: ____

PROJECT DATA

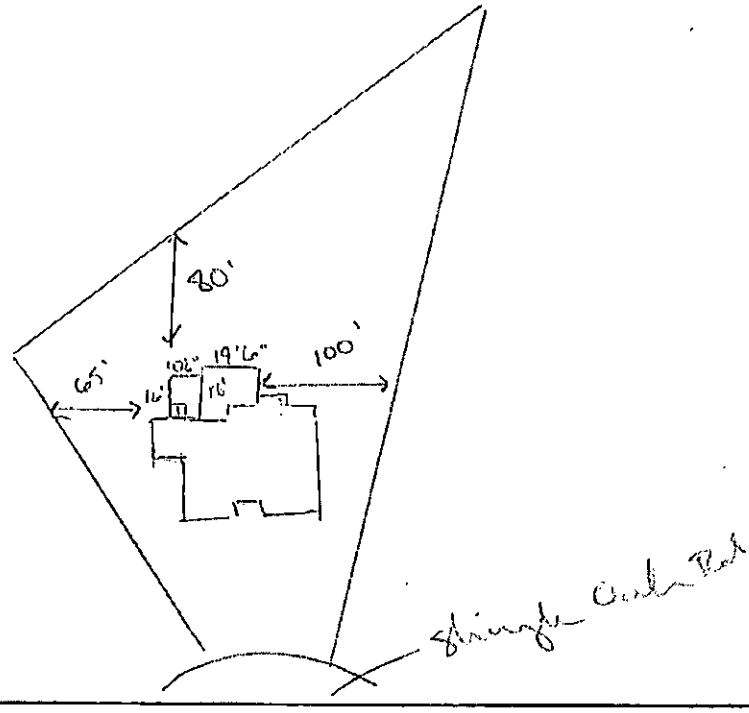
Type Work:
___New ✓Addition ___Accessory
Project Description:
___ Single Family (detached)
___ Duplex ____ Modular
___ Garage ____ Other ____
Area (sq. ft.):
Heated ____ Unheated ____
Deck(s) ____
Utilities: ☐ New ☐ Existing

Public
1-Indiv Meter/Conn. ☐ Water ☐ Sewer
2-Master Meter/Conn. ☐ Water ☐ Sewer

Private
3-Individual ☐ Well ☐ Septic
4-Community ☐ Well ☐ Septic

Note: This plot plan must be faxed before your Internet permit will be processed.
Central office: 704-336-3823; South office: 704-814-0874; North office: 704-432-2523.

DRAW PLOT PLAN – Show what the permit is requesting.
If there are no additions or extensions, what work is being done.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

AC 8/2/19 Amanda F Cunningham Fax # ____
Applicant's Signature Date Print Applicant's Name

Contractor Name Outdoor Living Brands Contractor Acct. # ____

MECKLENBURG COUNTY CODE ENFORCEMENT DEPARTMENT
P. O. Box 31097, Charlottte, NC 28231-1097 • (704)336-3803 • Fax # (704) 336-3823
Abbreviations: C = Conditional Use N = Non-Conforming S = Special Use Permit
D = Historic District P = Historic Property

For Department Use Zoning Approved By	
Initial	Date