File # 20921

#8417

Philawalker@mecklenburgcountync.gov

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ● REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 11308218
STREET ADDRESS: 6319 Amos Smith Rd
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
● MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: _____
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
○ CONCRETE SLAB ● BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: Mark Mitchell
ADDRESS: 6319 Amos Smith Rd
CITY: Charlotte
STATE: NC ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704 363 4332
FAX: _____
E-MAIL: mark@bakermitchell.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Stanley Environmental
ADDRESS: P.O. H-4
CITY: Stanley N.C. 2
STATE: _____ ZIP: 28164
WORK PHONE: 704-263-3186
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SAE (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. *A proper signature is required in order to process your application.* Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

[signature] 3-20-16

Property Owner's or Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 20921 Permit #: 8417 Tax Parcel #: 113 082 18

Property Owner: Fabius Mitchell

Job Location Address: 6319 Amos Smith Rd

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 3/29/16 **Construction Authorization Issuance Date** 3/29/15

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

NOTICE: This system shall not be installed while soils are in a wet condition.

Permitted Design Flow: 360 GPD Site LTAR: NA GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

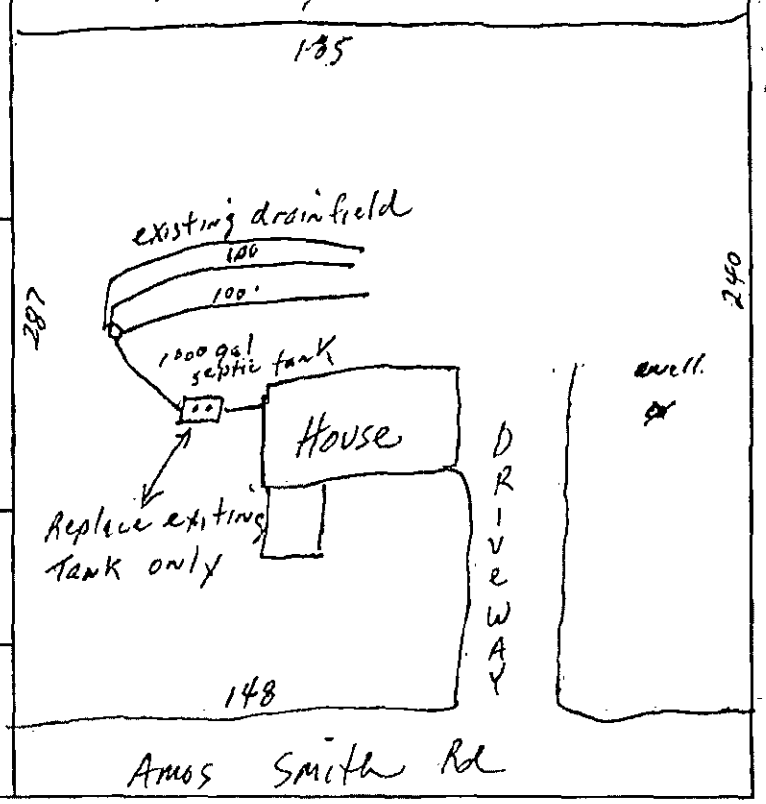
Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II
Replace septic tank only

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: Fabius A. Mitchell Date: 8/1/16

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

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IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION
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***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD Site LTAR: NA GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

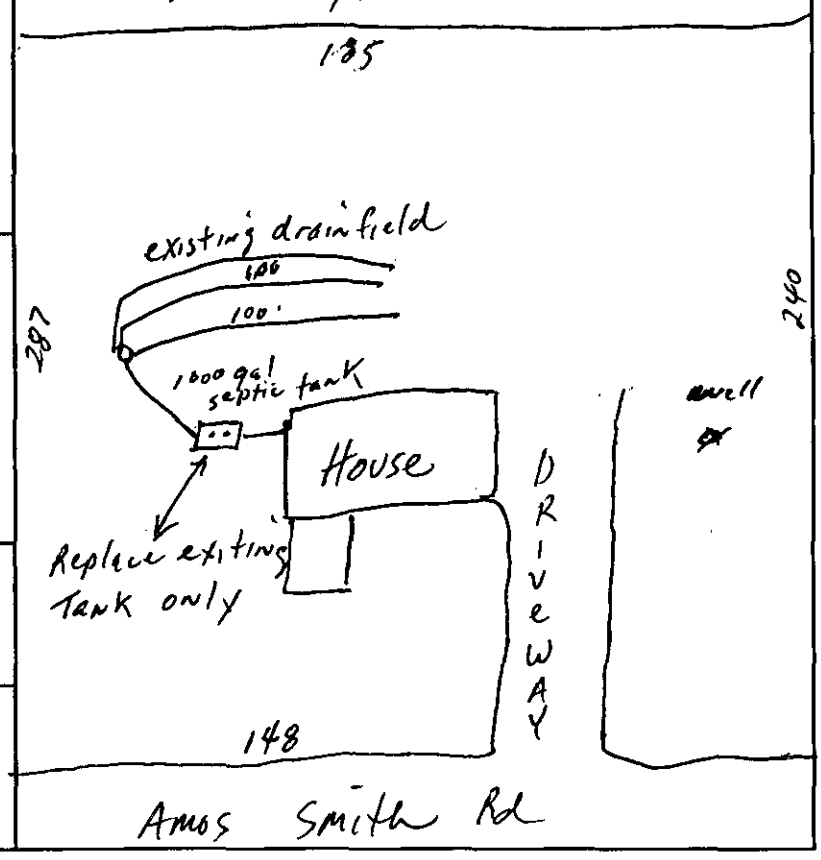
Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa

Replace septic tank only

Authorized Agent: Philo Walker Signature: Philo Walker REHS

Owner Signature: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 20921 Permit #: _____ Tax Parcel #: 113 082 18

Property Owner: Fabius Mitchell

Job Location Address: 6319 Amos Smith Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 3/29/16 Contractor Name: 3/29/16

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Delinger Effluent Pump Model: NA

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50' feet

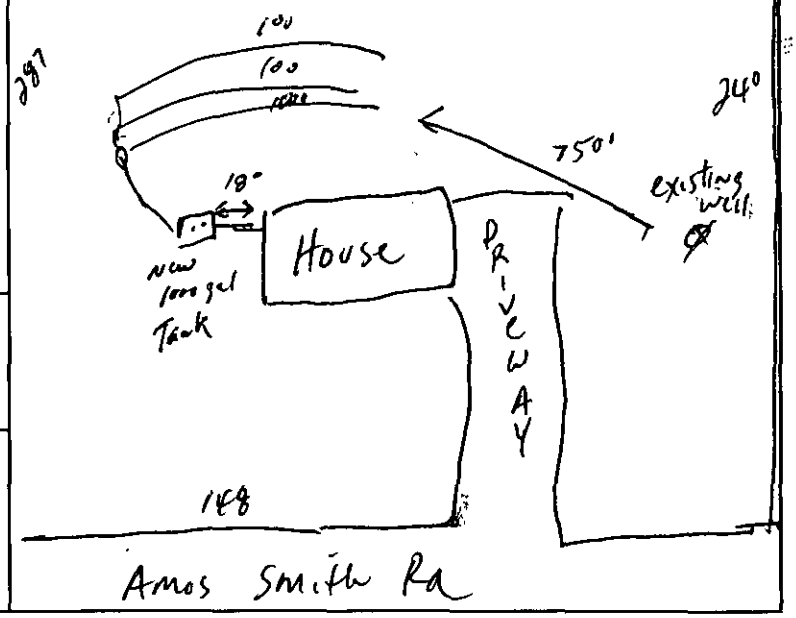
Inspection Dates

Tank(s) Inspected: 3/29/16

Excavation Inspected: 3/29/16

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



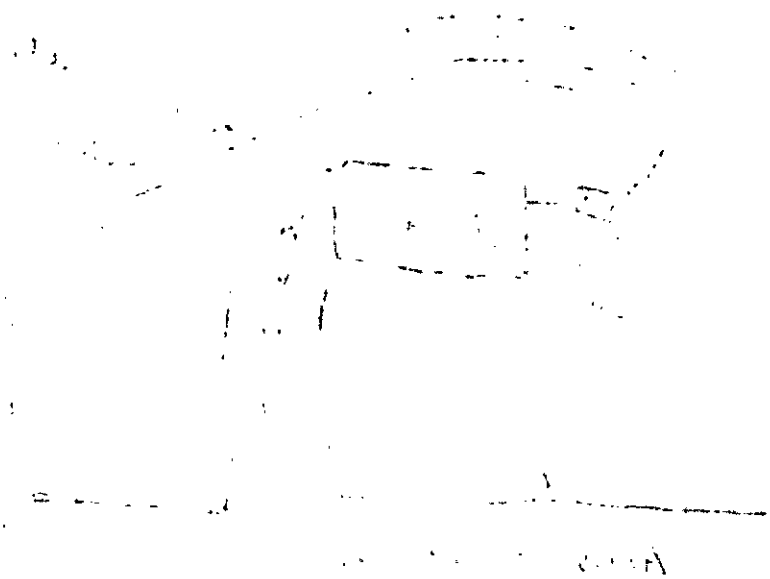
The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Tg GTR, G, NA, NA

Replace existing tank only, Abandon old tank

DENR Authorized Agent: Phil Walker Signature: Phil Walker REAS



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 20921 Permit #: _____ Tax Parcel #: 113 082 18

Property Owner: Fabius Mitchel

Job Location Address: 6319 Amos Smith Rd

City: Charlotte State: NC Zip Code: 28215

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Replace septic tank only

DENR Authorized Agent: Phil Walker Date: 3/29/16

Signature: Phil Walker



Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
11308218	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
MITCHELL FABIUS A JR	6319 AMOS SMITH RD	CHARLOTTE NC 28214

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L5-7 B1 M3-570	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	WEST MECKLENBURG	0

Total Parcel Assessment

Building	Land	Features	Total
341000	275000	20200	636200

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Aug 17 2012	450000	900		IMP	WARRANTY D	27582-15	MITCHELL,FABIUS A
Jun 3 1982	50000			VAC	DEED STAMPS	04548-139	

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1	WF	L302	275000

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1984	6319 AMOS SMITH RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	7643	5018	CRAWL SPACE	CEDAR,RDWD - STONE	GOOD 02	341000

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP4	AC-CENTRAL	0	3	4	0	1

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	2482
1	GARAGE - FINISHED	1109
1	PORCH - OPEN - FINISHED	176
1	UPPER STORY - FINISHED	448
1	UPPER STORY - FINISHED	384
1	PATIO	368
1	WOOD DECK	372
1	WOOD DECK	216
1	PORCH - OPEN - FINISHED	384
1	BASEMENT - FINISHED	1704

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 16.00%	- 0.00%	- 0.00%	- 0.00%	- 0.00%

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1985	DECK	1	256.00000	1300
1	1985	BOAT RAMP	1	64.00000	100
1	1985	PIER	1	416.00000	2200
1	1985	DOCK	1	384.00000	2700
1	2008	BOATHOUSE	1	896.00000	13700
1	1990	PATIO	1	144.00000	200

Notes

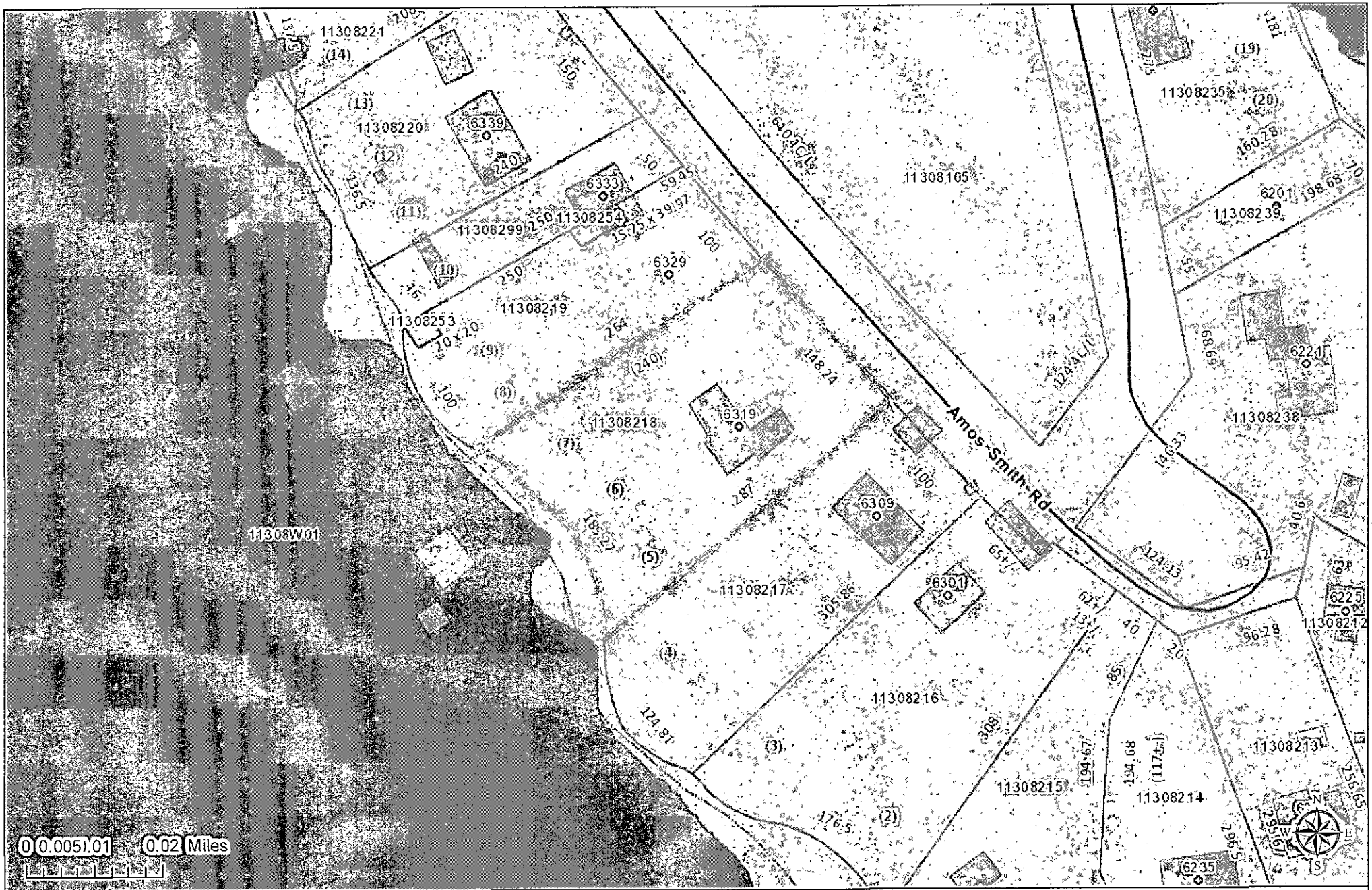
Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	484500	0
Jan 17 2003	2003	Countywide Revaluation	364000	0
Jan 5 1998	1998	Countywide Revaluation	340890	
Nov 15 1991	1991	Equalization of Value	320740	
Jan 2 1991	1991	Countywide Revaluation	335690	

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 3/29/2016 9:42:54 AM



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.

Serial No. 08003

ICAR(S) Permit No. 20921

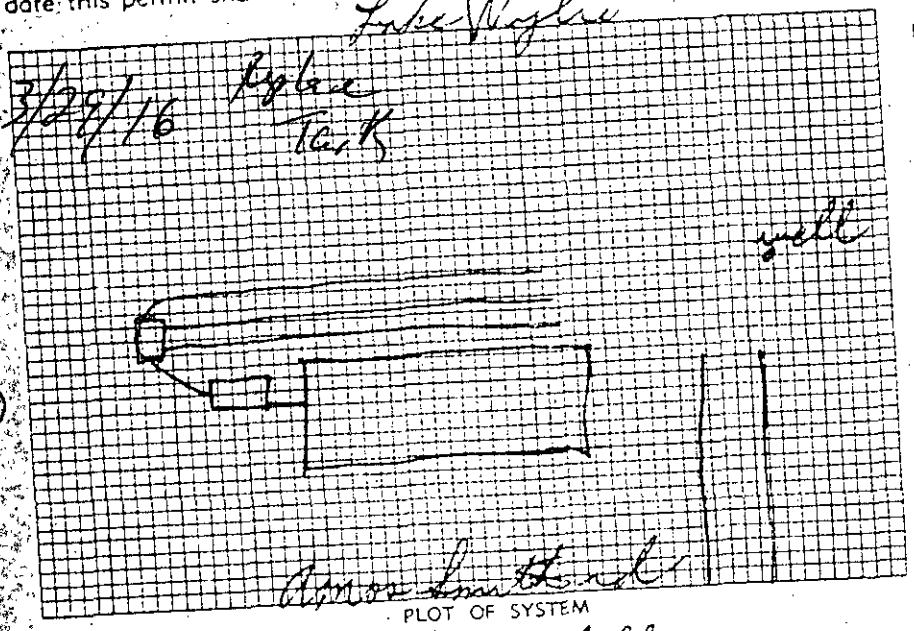
T. C. No. 113-082-18

Date Issued 3-28-85

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 was
water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the
scribed location. This permit is granted based upon the information supplied in application 20921
dated 9-19-84 and this permit shall be void and of no effect if the information provided in the
plication is not true or is erroneous. All work shall be completed on or before 4-28-85, after wh
date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PR

Liquid Capacity of Tank 1500

Tank Construction Acc

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3

Distance from House 15'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER F. A. Mitchell

LOCATION OF PROPERTY 6319 Amos Smith Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Meckl
County Health Commission which are in effect on the date of the granting of this permit. A certificate
proval must be issued by the Environmental Health Director before any system can be covered up or ot
rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee t
system anticipated to be constructed will operate properly, or relieve any person now or hereafter ownir
trolling or using such system from any liability resulting from the failure of the system to operate prop

3 lines 3 X 100' X 12" stone

Comments:

Division or Section Head

B. R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the divi
section head of the Department of Environmental Health in order to be valid. Only the signature o
vironmentalist is required where an existing system is being altered or repaired.

Mecklenburg County
Health Department

FAX

Date: ~~4/1/16~~ ~~Mark~~ 7/27/16

To: ~~Scott~~ Mark

Fax number: —

From: Philo Walker

Phone: 704-201-7673

Comments: Please sign and email back to me at Philo.Walker@mecklenburgcountync.gov or fax back to my attention at 704-336-6894. Thank You

~~Scott, Please have the owner sign this IPCA and email me his application also. Thanks Philo~~

Please sign this repair permit. We have to have consent signature on file for our records. Thanks Please call if you have any questions. Philo 704 201 7673

Number of pages being transmitted including this cover page: 2

My fax number is (704) 336-6894

CONFIDENTIALITY NOTICE:
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20921

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Donnie Vaughn - Vaughn Constr.
ADDRESS: ~~PO~~ PO Box 551043
CITY: Gastonia, NC
STATE: NC ZIP: 28055
PHONE: 980-522-1439
ALTERNATE PHONE:
E-MAIL:

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Mark Mitchell
ADDRESS: 6319 Amos Smith Rd.
CITY: Charlotte
STATE: NC ZIP:
PHONE: 704-363-4332
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 113-082-18
STREET ADDRESS: 6319 Amos Smith Rd.
CITY: Charlotte,
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: 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.

Donnie Vaughn — Owner's/Agent's Signature
8-8-14 — 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

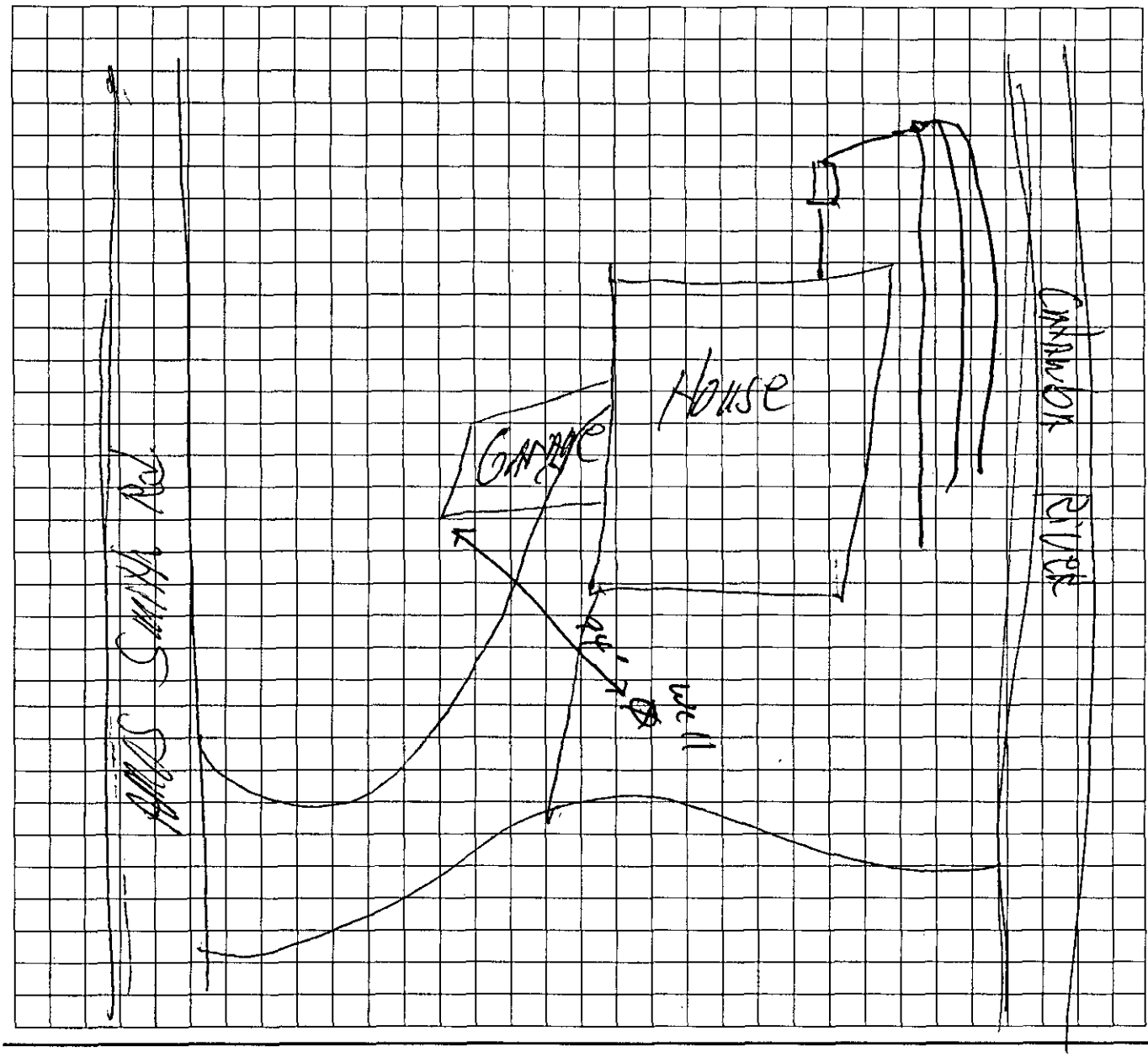
Revised on: 01/03/11

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: _____ 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

Approval granted for garage, bathroom and den addition, use existing system

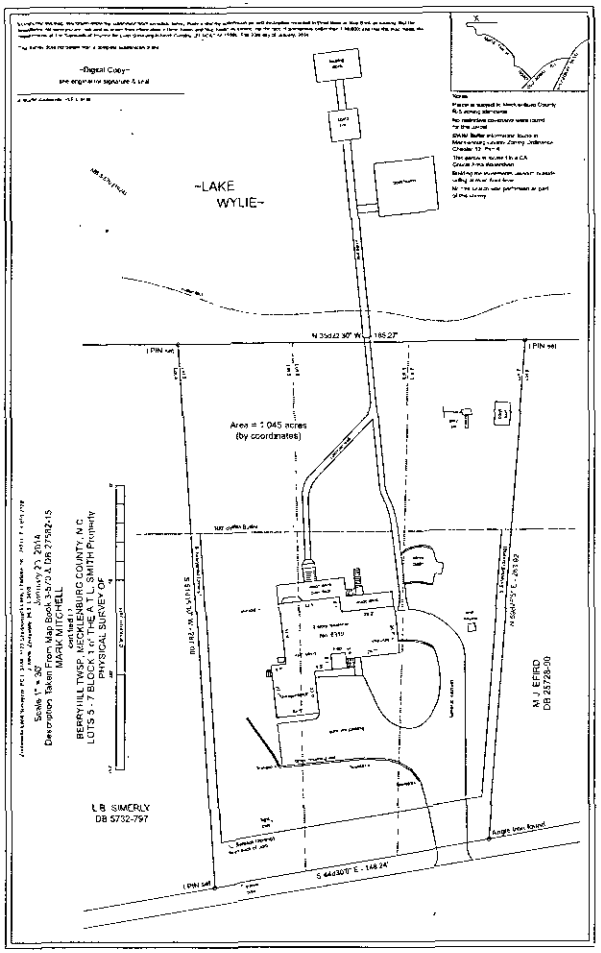
Phyllis Walker REHS 8/12/14

REHS Signature Date

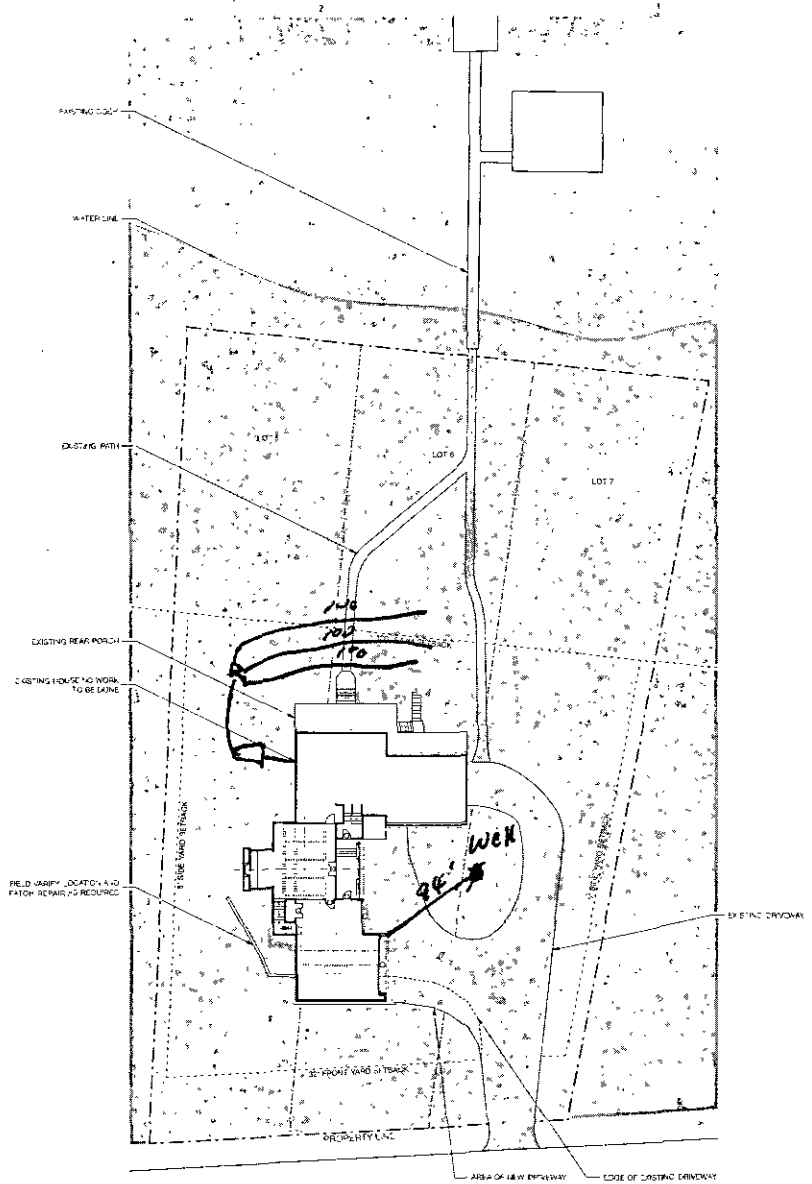
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11





A0 Survey (Shown For Reference Only)



A1 Site Plan
Scale: 1" = 20' 0 20 40 FT

cluck
DESIGN COLLABORATIVE

2723 S. Tryon St. Suite 2B
Charlotte, NC 28203

704 376 5980
www.cluckdesign.com

6319 Amos Smith
Charlotte, NC 28214

prepared for Mark Mitchell

Mark	Date	Description
01	02/28/14	Architectural Completion
02	03/03/14	Structural Coordination
03	03/05/14	Pricing Coordination
04	03/25/14	For Construction

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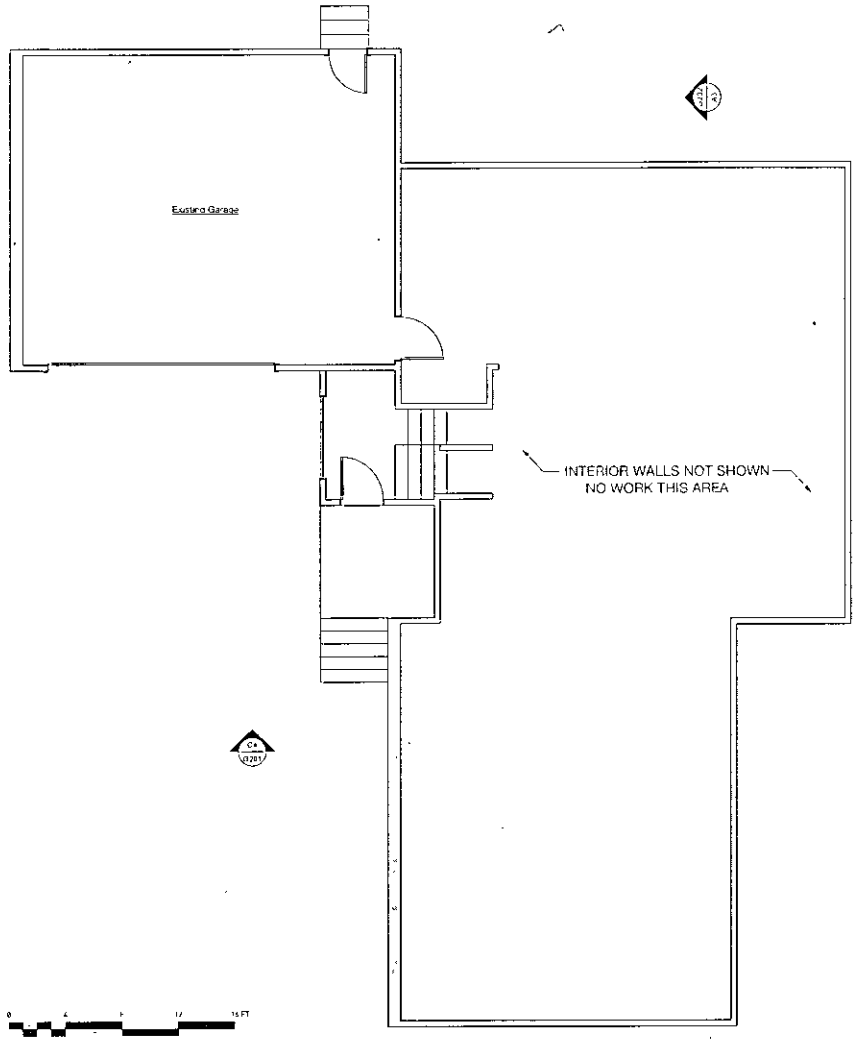
Project number Amos Smith/ 13_118
CAD file name Amos_Smith.vwx

Site Plan & Survey

A001



EXISTING UNHEATED AREA	
Space Name	Area
Garage	626
Total	626



A5 Existing First Floor Plan
Scale: 1/4" = 1'-0"

0 4 8 12 16 FT

cluck
DESIGN COLLABORATIVE

2923 S Tryon St Suite 100
Charlotte NC 28203

T: 704.940.0660
www.cluckdesign.com

6319 Amos Smith
Charlotte, NC 28214

prepared for: Mark Mitchell

Mark	Date	Description
01	02/26/14	Architectural Completion
02	03/03/14	Structural Coordination
03	03/05/14	Pricing Coordination
04	03/25/14	For Construction

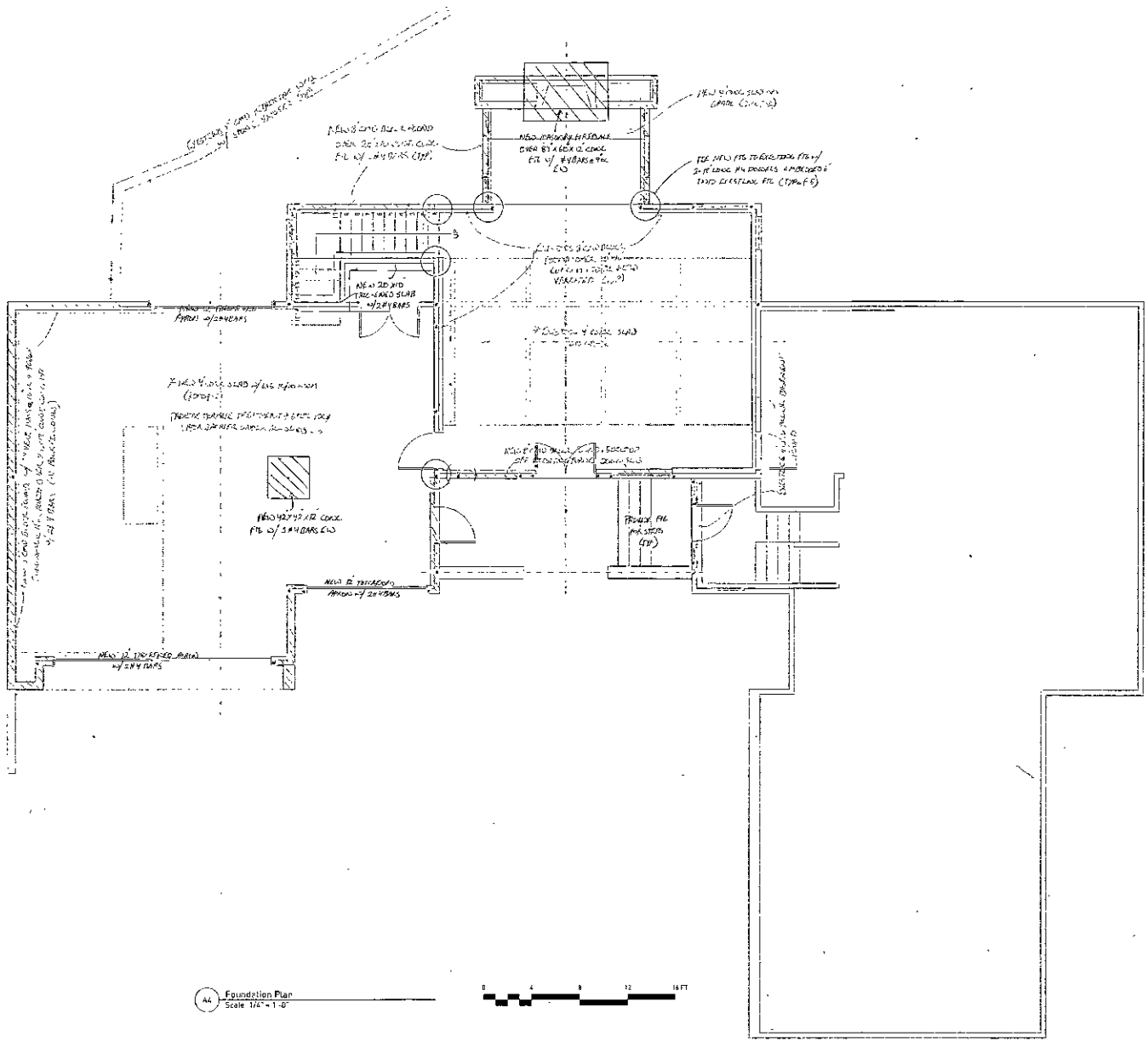
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Project name: Amos Smith/ 13_178
CAD File Name: Amos_Smith.vwx

Existing Floor Plans
First Floor

G101



A4 Foundation Plan
Scale: 1/4" = 1'-0"

0 4 8 12 16 FT

cluck
DESIGN COLLABORATIVE

2023 S Tryon St Suite 250
Charlotte NC 28203

704 405 8990
www.cluckdesign.com

PRELIMINARY, NOT FOR CONSTRUCTION

6319 Amos Smith
Charlotte, NC 28214

prepared for: Mark Mitchell

Mark	Date	Description
01	12/29/14	Permit Set

SUSTAINABLE ENGINEERING & EFFICIENT DESIGNS, PLLC
PO BOX 921071
CHARLOTTE, NC 28227-7018
SEAL FOR STRUCTURAL ONLY

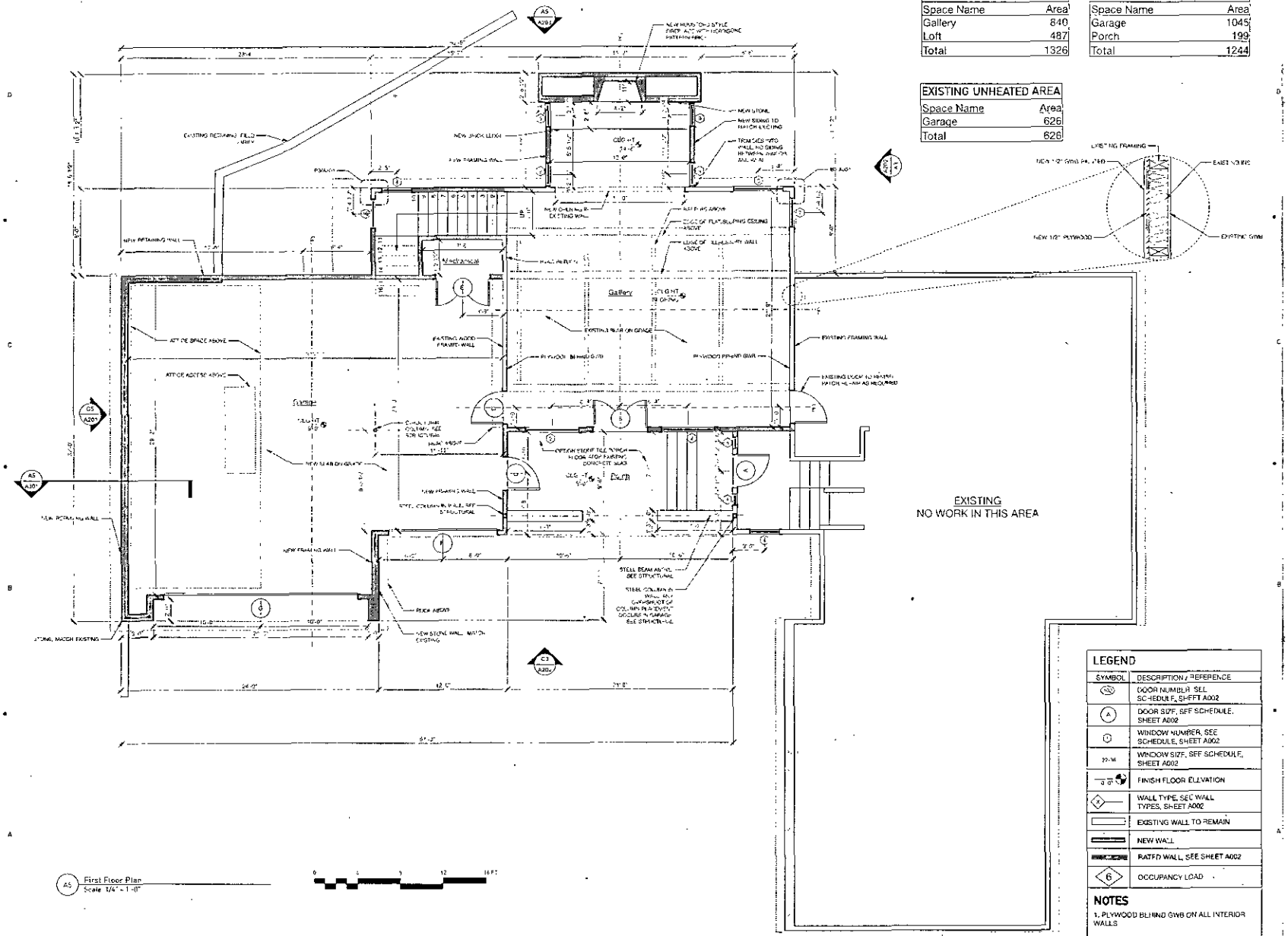
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Project Name# Amos Smith 13_118
CAD File Name Amos_Smith.vwx

Structural
Foundation Plan

S100



PROPOSED HEATED AREA	
Space Name	Area
Gallery	840
Loft	487
Total	1326

PROPOSED UNHEATED AREA	
Space Name	Area
Garage	1045
Porch	199
Total	1244

EXISTING UNHEATED AREA	
Space Name	Area
Garage	626
Total	626

LEGEND	
SYMBOL	DESCRIPTION / REFERENCE
100	DOOR NUMBER, SEE SCHEDULE, SHEET A002
A	DOOR SIZE, SEE SCHEDULE, SHEET A002
1	WINDOW NUMBER, SEE SCHEDULE, SHEET A002
20-36	WINDOW SIZE, SEE SCHEDULE, SHEET A002
0'-0"	FINISH FLOOR ELEVATION
1	WALL TYPE, SEE WALL TYPES, SHEET A002
	EXISTING WALL TO REMAIN
	NEW WALL
	RATED WALL, SEE SHEET A002
6	OCCUPANCY LOAD

NOTES

1. PLYWOOD BLIND GWB ON ALL INTERIOR WALLS

A5 First Floor Plan
Scale: 1/4" = 1'-0"

0 1 3 12 16 FT

cluck
DESIGN COLLABORATIVE

2923 S Tryon St, Suite 250
Charlotte NC 28203

704 438 9035
www.cluckdesign.com

6319 Amos Smith
Charlotte, NC 28214

prepared for: Mark Mitchell

Mark	Date	Description
01	02/28/14	Architectural Completion
02	03/03/14	Structural Coordination
03	03/05/14	Pricing Coordination
04	03/25/14	For Construction

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Project number: Amos Smith/ 13_118
CAD file name: Amos_Smith.vwx

Floor Plans
First Floor

A101

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/08/14	**Amount:**	100.00
Receipt #:	90413	**Tendered:**	100.00
Check / Auth #:	CHECK 1279	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: VAUGHN CONSTRUCTION & RENOV
Attn:
Address: 248 HIGHLAND FOREST DRIVE
Address:
City/State/Zip: CLOVER, SC 29710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6319 AMOS SMITH ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
117.40		270.00	205.00	2,064.65	

Date Issued 3-28-85

Serial No. 08003

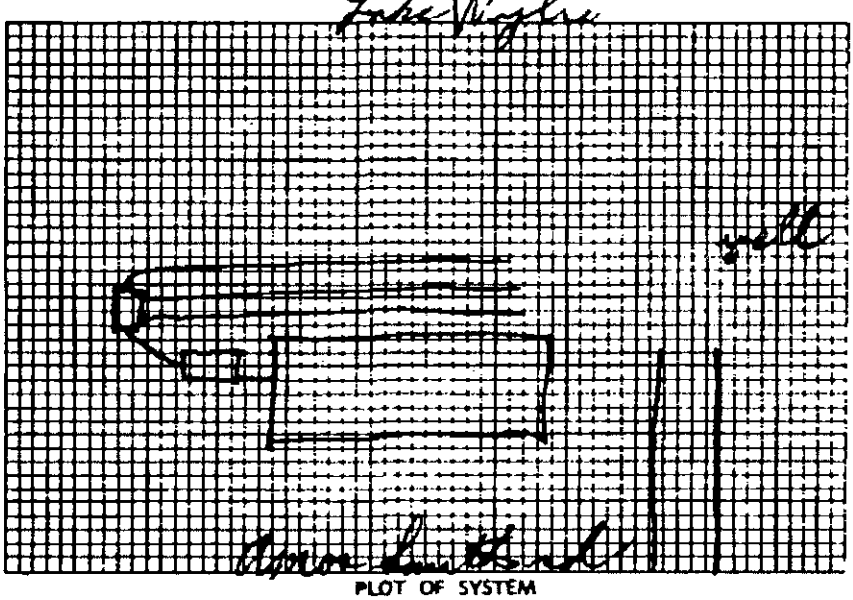
ICAR (S) Permit No 20921

T C No. 113-082-18

Map Date 2

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 20921, dated 9-19-84 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 4-28-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction RCC

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 3

Distance from House 15'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER F. A. Mitchell

LOCATION OF PROPERTY 6319 Anna Smith Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

3 lines 3'X100'X12" stone

Comments:

Division or Section Head

B. R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BHD-5-76

Environmental Health Department Copy

C of A (s) No. 20921

Date Issued 4-11-85 **Serial** 7389 T. C. No. 113-082-18

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Mitchell (LAST) F. A. (FIRST) (MIDDLE)

Location of Property 6319 Amos Smith Rd

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-11-85 (DATE) Tank Inspected 4-11-85 (DATE)

Nitrification Field Inspected 4-11-85 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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

B. R. Ferguson
Environmentalist

EHD-5-76

Environmentalist's Copy