MECKLENBURG COUNTY
HEALTH DEPARTMENT

9148 Application # 7906

12 AUG '15 AM 11:43

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: Carlos Alvarez
ADDRESS: 5627 Hickory Grove
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704-804-2974 (Primary)
ALTERNATE PHONE: 704-777-0199 (Secondary)
E-MAIL: Anvil4Power@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 0993023
STREET ADDRESS: 5627 Hickory Grove Rd.
CITY: Charlotte
STATE: NC ZIP: 28215

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.

√ _____ 8/12/15
Owner's/Agent's Signature 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

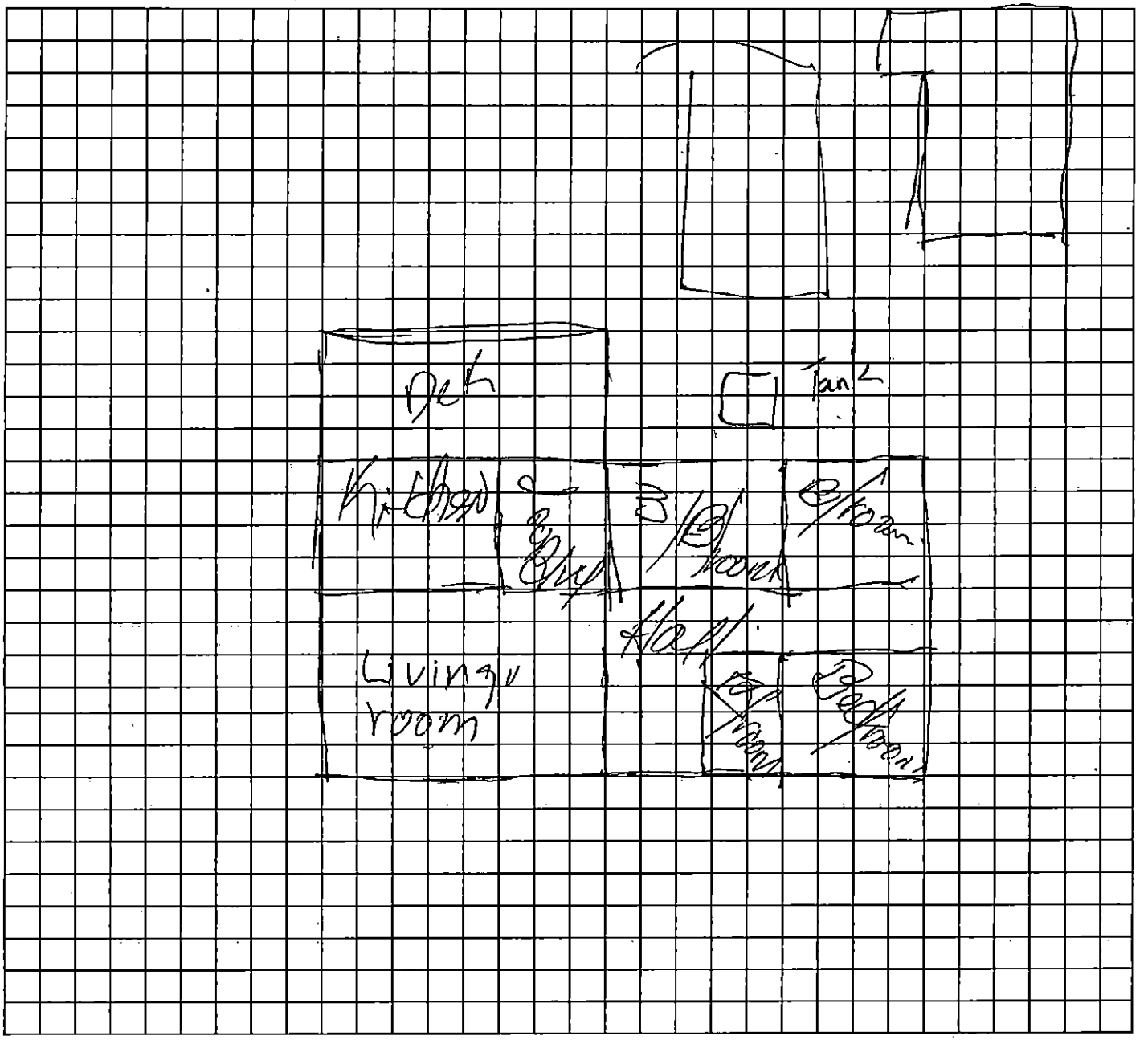
- Please Call Clt when going to residence - Thx

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: 5627 Hickory Grove 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

Permit approved, Construction meets setback.

REHS Signature 8/12/15 Date

8/26/15

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

Date Received 4/14/75

ICARIS Application No 9148

T C No 099-301-23

Map Date 9-1-70

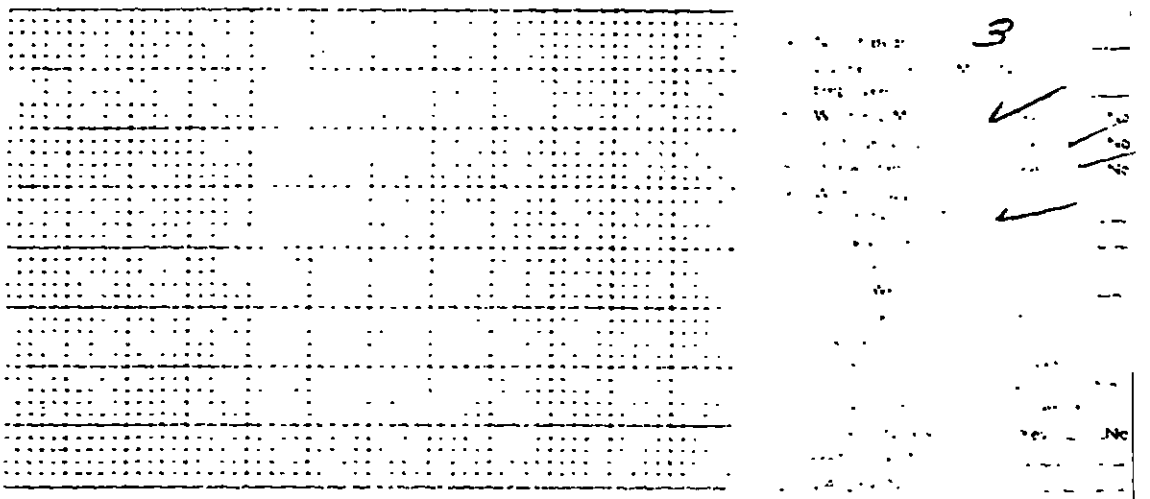
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that or parcel described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

Install or Construct ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

13. NAME OF OWNER SEAGLE (Last) DAVID (First) KNOX (Middle)

14. ADDRESS OF OWNER 5627 HICKORY GROVE RD.

15. PHONE NO Home 537362 Office

16. LOCATION OF SYSTEM (Street or Road)

17. SUBDIVISION Lot No Block No

Map Book No Page No.

18. DEED REFERENCE — DEED BOOK AT PAGE

19. HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

20. PTR NUMBER See Instructions

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for hereunder will be void and of no effect if any of the above facts are not true.

4-11-75
DATE OF APPLICATION

David K Seagle
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 9148

Date Issued APRIL 14, 1975

ICAR(S)-Permit No. 049-

T C No 049-301-23

Map Date 9-1-70

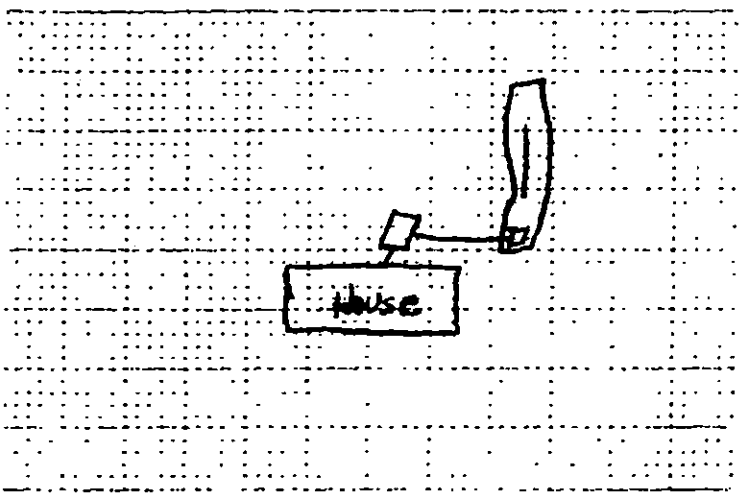
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 4-11-75 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 MAY14 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permitted Rate REPAIR

Liquid Capacity of Tank ____

Type Construction ____

Absorption Trench or Bed Lines ____

Total Line Length 125'

Size ② 63' - 5' x 17"

Distance from ____ 10'

Distance from ____ 10'

Distance from Well city

NAME OF OWNER DAVID K. SEAGLE

LOCATION OF PROPERTY 5627 HICKORY GROVE RD

The above system must 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 TAP ON TANK

Director of Services Head

Environmentalist Paul A Krefer

If this permit is for the installation or construction of a new system it must be signed by the division or a duly authorized County Environmental Health Division member to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

C of A Ist No 9148

Serial No. :

Date Issued APRIL 17, 1975

T C No 699-301-23

Map Date 9-1-10

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner SEAGLE (LAST) DAVID (FIRST) K (MIDDLE)

Location of Property 5627 HICKORY GROVE ROAD

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank REPAIR Tank Material —

Total Length of Drain Tile 125' Number of Lines (3) 42'x 1½'x 17"

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source PRIVATE WELL Distance from Water Source 40'

Excavation Inspected — (DATE) Tank Inspected APRIL 17, 1975 (DATE)

Nitrification Field Inspected APRIL 17, 1975 (DATE)

Working Permit Issued: Inspected if Applicable — (DATE)

This Certificate of Approval is issued in accordance with the Mecklenburg County Health Department Regulations governing Individual Septic Tank Systems. It is understood that this Certificate of Approval is issued on the basis of information contained in the application and any additions are made to the plot plan which would increase the requirements for said system.

Comments

Paul A. Kiefer
Environmentalist

FORM NO E-6-9-1-72

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/12/15	**Amount:**	100.00
Receipt #:	95724	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: 200000
Contractor: CARLOS ALVAREZ
Attn:
Address: 5627 HICKORY GROVE
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 5627 HICORY GROVE RD.		1	100.00	100.00

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

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

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 8/14/15 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. ☐ _____