MECKLENBURG COUNTY
HEALTH DEPARTMENT

2208A #8022

5 FEB '16 AM11:41

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: Doc Ward
ADDRESS: 2311 Village Lake Drive
CITY: Charlotte, NC
STATE: NC ZIP: 28212
PHONE: 704-900-1182
ALTERNATE PHONE: 704-572-3872
E-MAIL: dward@archadeckofcharlotte.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Calvin Morrison
ADDRESS: 9120 Crosstimber Drive
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704-488-6213
ALTERNATE PHONE:
E-MAIL: CalSAN1@AOL.com

JOB LOCATION INFORMATION
TAX PARCEL #: 105 26 205
STREET ADDRESS: 9120 Crosstimber Drive
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North
LOT #: 25

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
over existing deck

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.

Doc Ward
Owner's/Agent's Signature

2/5/16
Date

USE Existing Approved for deck
April Burrgarner, 2-10-16

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
02/05/2016 10:51

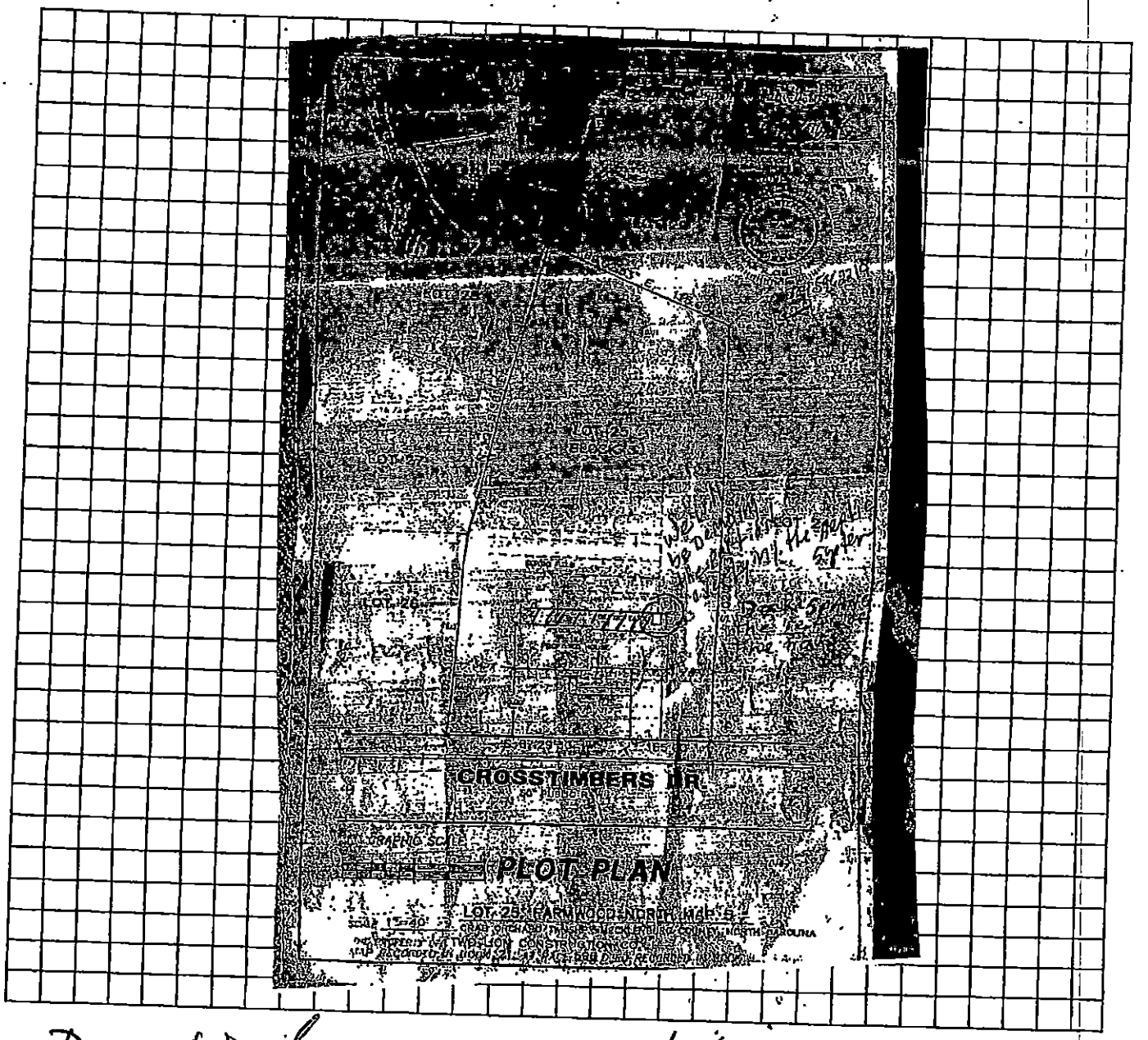
File #: _____

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.

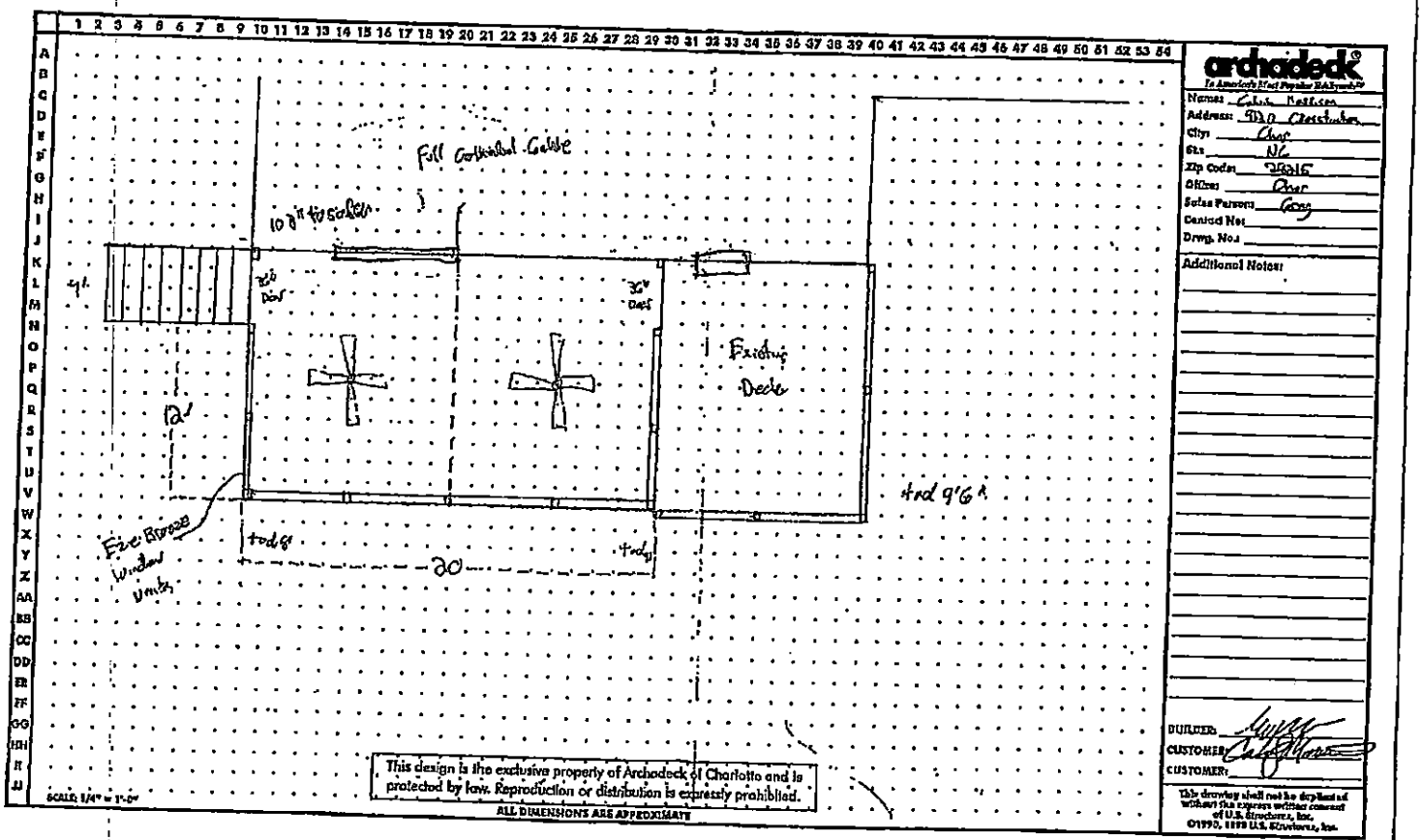
Street Address: 9120 Crosstimbers Drive Tax Parcel #: 105-26-205

Subdivision Name: Farmwood North Lot #: 25



Property Owner's or Owner's Legal Representative Signature

1/13/16
Date



01/28/2016 08:32

MECKLENBURG COUNTY

R. Winters Mabry, MD
Director

Health Department

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

9120 Crosstimbers Dr Charlotte
Number Street Town
(Or Parcel Number)

Calvin T. Morrison
Property Owner (print name)

Calvin T. Morrison
Property Owner (signature)

2-2-15
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/01/16	**Amount:**	100.00
Receipt #:	97755	**Tendered:**	100.00
Check / Auth #:	CHECK 2782	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: KENT'S BACKYARD VISION INC
Attn: DA ARCHADECK OF CHARLOTTE
Address: 2311 VILLAGE LAKE DR
Address:
City/State/Zip: CHARLOTTE, NC 28212

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 9120 CROSSTIMBERS DRIVE		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		145.00		75.00	

APPLICATION FOR AN 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: 105-146-25
STREET ADDRESS: 9120 Crosstimbers Drive
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: Farmwood North
LOT #: 25 LOT SIZE (acres): 0.574 Ac
TOWNSHIP:
● MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

2208A #8012

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MODULAR HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 2,950
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE: → OEN
● CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING
→ Mold issue [redacted]

FEB 16 AM 10:38

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 8 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: Calvin Morrison
ADDRESS: 9120 Crosstimbers Drive
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE: ____
MOBILE PHONE: ____
FAX: ____
E-MAIL: calsan1@aol.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Doe Ward
ADDRESS: 231 Village Lake Dr
CITY: Charlotte
STATE: NC ZIP: 28217
WORK PHONE: 704-944-1350
MOBILE PHONE: 704-572-3872
FAX: 704-944-1354
E-MAIL: dward@archblock.com

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.

_____ (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.

_____ Property Owner's or Owner's Legal Representative Signature

1/13/16 Date

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

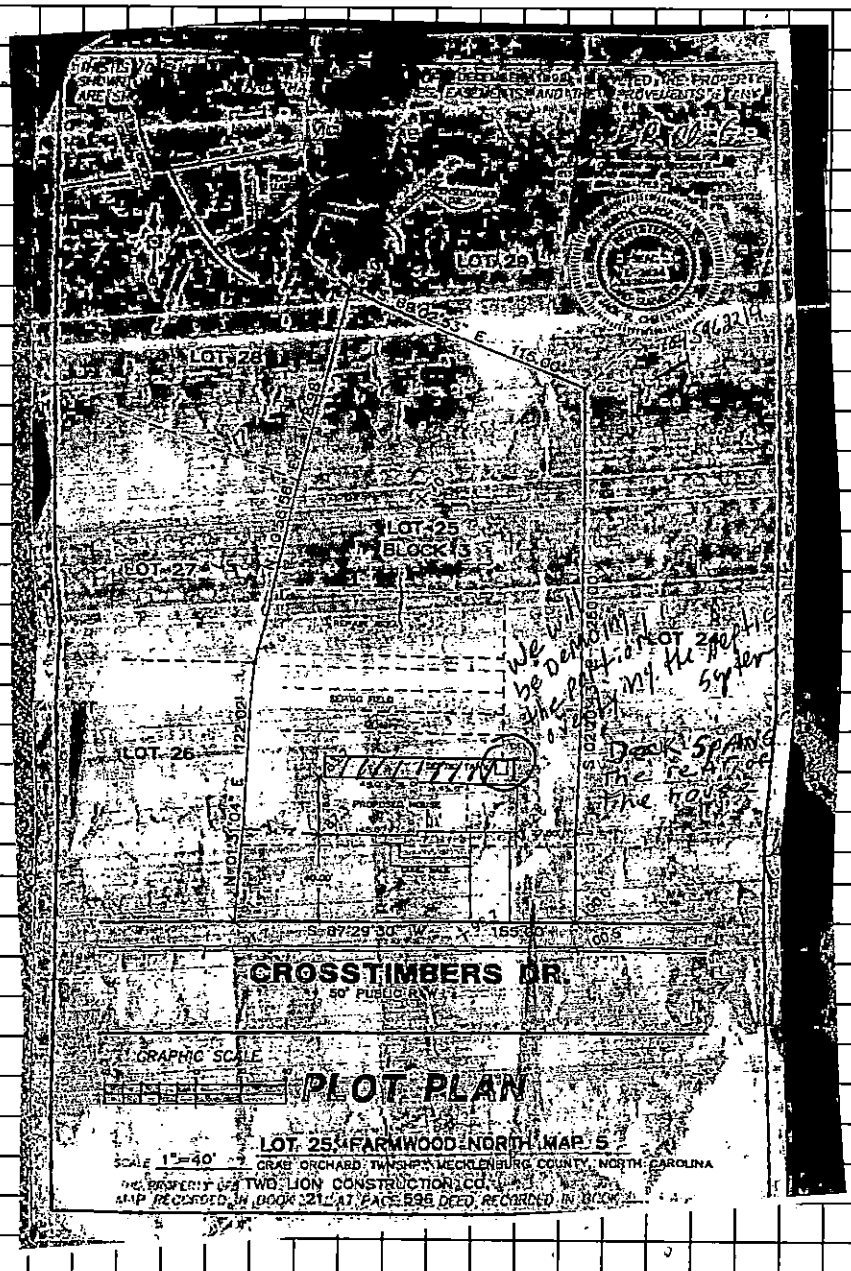
File #: _____

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.

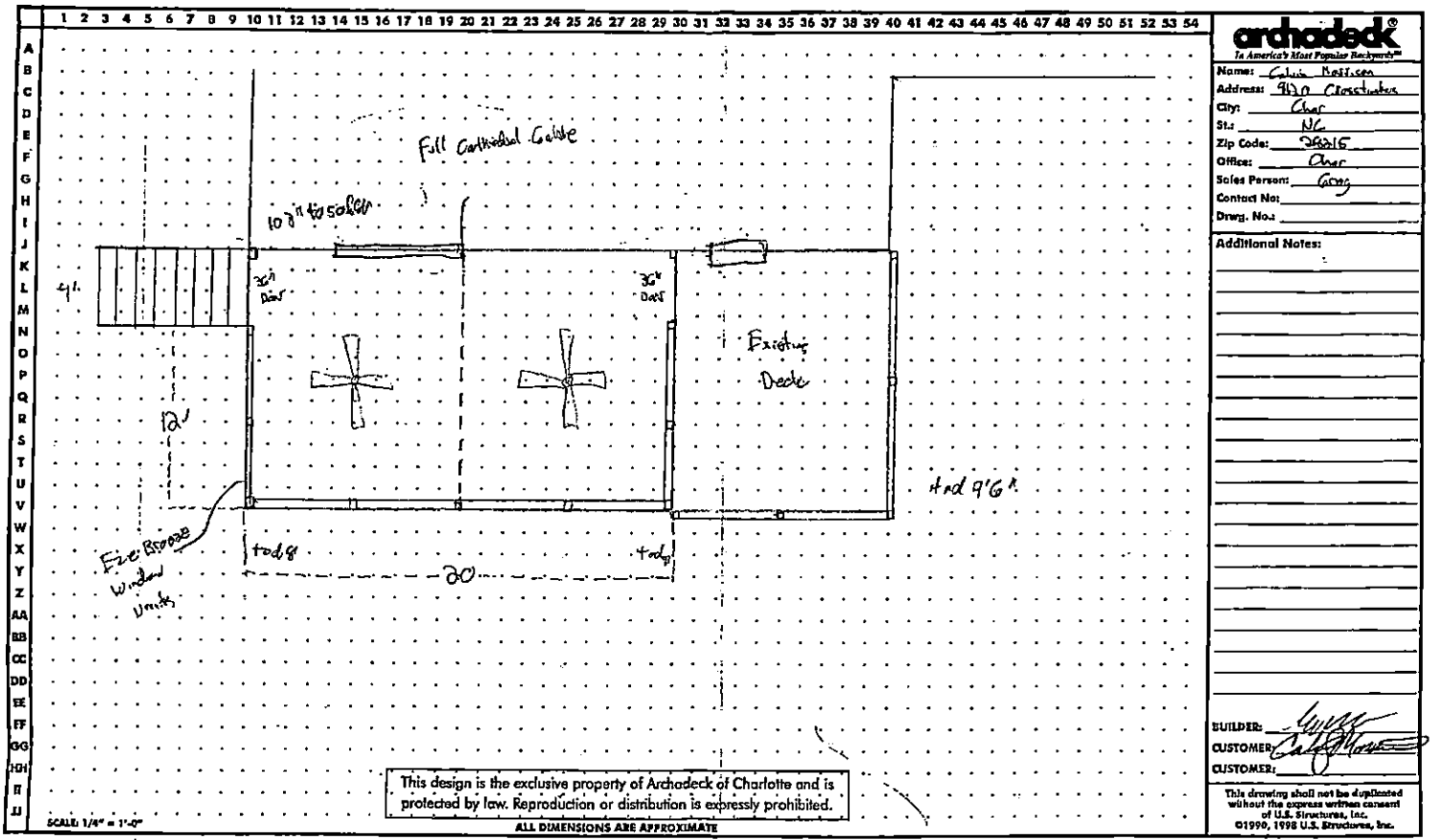
Street Address: 9120 Crosstimbers Drive Tax Parcel #: 105 26 205

Subdivision Name: Farmwood North Lot #: 25



Property Owner's or Owner's Legal Representative Signature

1/13/16
Date



01/28/2016 08:32

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

9120 Crosstimbers Dr Charlotte
Number Street Town
(Or Parcel Number)

Calvin J. Morrison
Property Owner (print name)

Property Owner (signature)

2-2-15
Date

2208A

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 Qua 9/13/13 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. ☐

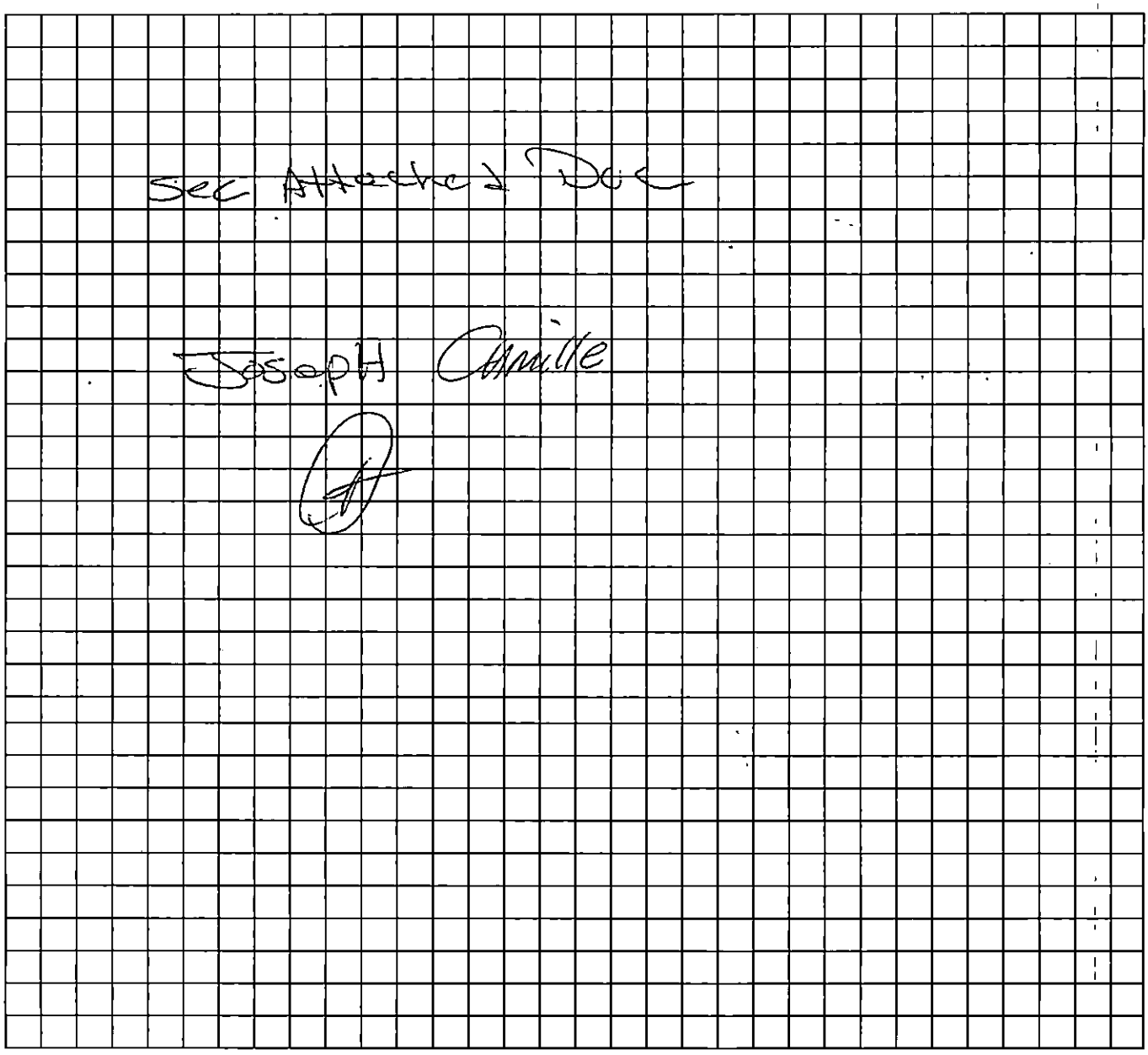
Certified operator contract is on file. ☐ _____

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: 9120 Cross Timbers Dr Charlotte 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

USE Existing Approved for Deck

Jeremy Gunter 9/17/13
RGHS 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

2208A

MECKLENBURG COUNTY HEALTH DEPARTMENT

App #6396

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: CFC, Inc
ADDRESS: PO Box 447347
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704-606-6585
ALTERNATE PHONE:
E-MAIL: CamillesConstruction@yahoo.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Calvin T. Morrison
ADDRESS: 9120 Crosstimbers Dr
CITY: Charlotte,
STATE: NC ZIP: 28215
PHONE: 704-599-1777
ALTERNATE PHONE: 704-488-6213
E-MAIL: Calsan@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 105-262-05
STREET ADDRESS: 9120 Crosstimbers Dr
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North
LOT #: 25 Block #3

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

09/12/13
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

THIS IS TO CERTIFY THAT ON THE 15TH DAY OF DECEMBER, 1999I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, EASEMENTS, AND THE IMPROVEMENTS IF ANY ARE SHOWN HEREON.

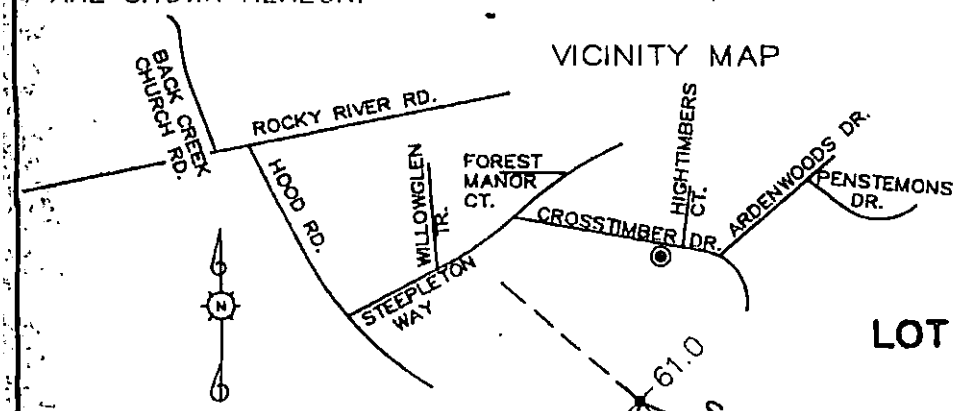
SIGNED Jack R. Christian
REGISTERED SURVEYOR
JACK R. CHRISTIAN & ASSOCIATES
811 CENTRAL AVENUE, #6, CHARLOTTE, N.C.
PHONE: 704-332-4763

CROSST25
FB.

NORTH CAROLINA REGISTERED SEAL L-2624 LAND SURVEYOR JACK R. CHRISTIAN

704/596-2214

VICINITY MAP



LOT 29

61.0

S 69°02'53" E 115.00'

62.7

LOT 28

178.98'

N 10°56'56" E

70.3

LOT 25
BLOCK 3

LOT 27

REPAIR AREA

74.6

LOT 24

250.00'

S 02°20'43" E

SEPTIC FIELD

New addition

LOT 26

122.02'

N 01°31'04" E

83.7

SEPTIC TANK

89.3

45.0'

2.0'

45.0'

28.0'

PROPOSED HOUSE

24.0'

87.3

92.6

34.72'

45.0'

2.0'

45.0'

27.50'

CONC WALK

40.00'

91.4

91.7

S 87°29'30" W 155.00'

98.7

100.0

100.5

CROSSTIMBERS DR.

50' PUBLIC R\W

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/13/13	**Amount:**	100.00
Receipt #:	85251	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: X42992
Contractor: CAMILLES RENOVATION & CONST IN
Attn:
Address: PO BOX 44347
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 9120 crosstimbers drive		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
166.37	20.67	20.47	2,048.00		

FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

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

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

3. LOCATION INFORMATION:

PARCEL NUMBER: 125-162-05

PROJECT ADDRESS: 9120 Crosshaven Drive

CITY: Charlotte

STATE: NC ZIP: 28215

SUBDIVISION NAME: Idlewood North

LOT #: 25 LOT SIZE (acres): 0.574 Ac

TOWNSHIP:

● MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE WIDE (MOBILE) HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 2950

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

● CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

2308 A #8012

FEB 16 AM 10:38

DEN

Main House

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 6-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: Calvin Morrison

ADDRESS: 9120 Crosshaven Drive

CITY: Charlotte

STATE: NC ZIP: 28215

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: calsan1@aol.com

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:

NAME: Doc Ward

ADDRESS: 231 Village Lake Dr

CITY: Charlotte

STATE: NC ZIP: 28217

WORK PHONE: 704-944-1350

MOBILE PHONE: 704-521-3892

FAX: 704-944-1354

E-MAIL: dward@architectsofcharlotte

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.

_____ (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.

_____ 1/13/16

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

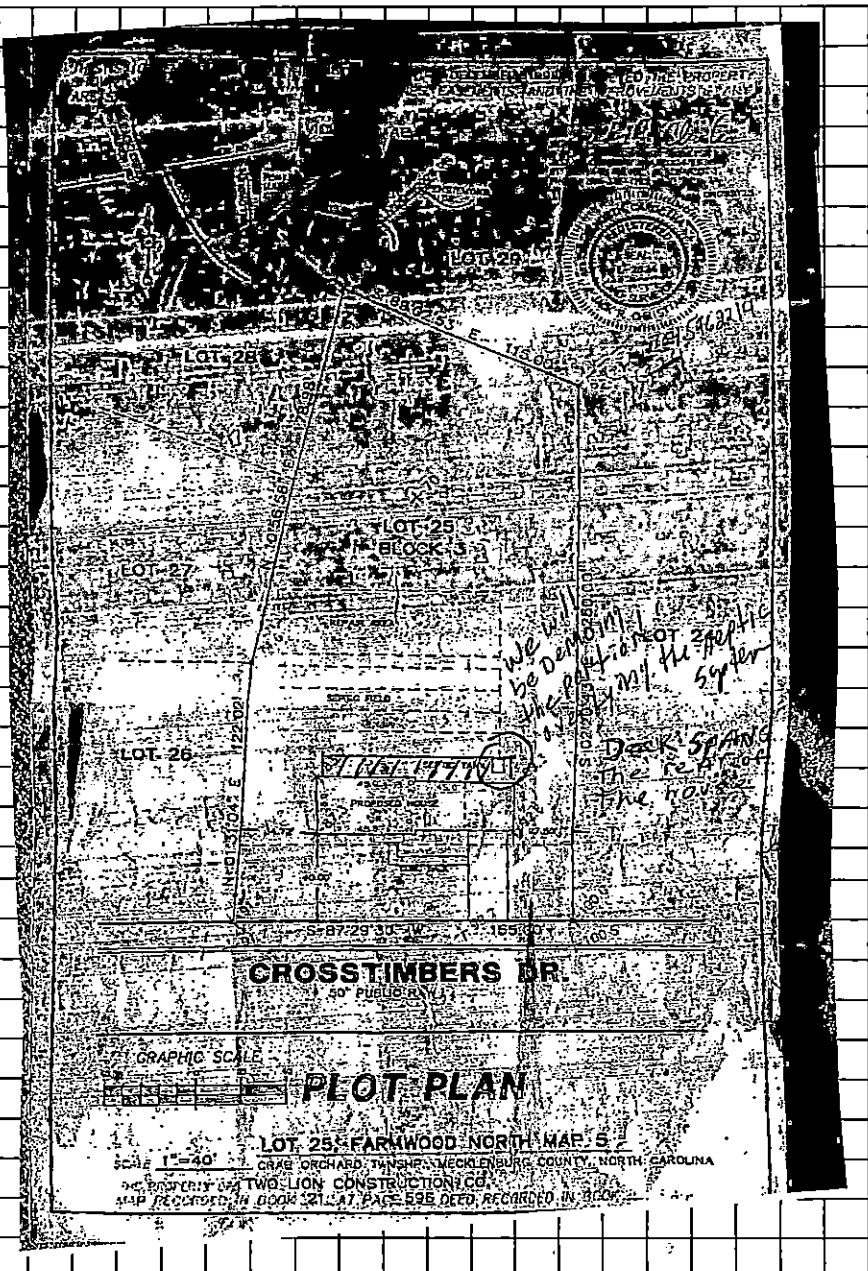
File #: _____

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: 9120 Crosstimbers Drive Tax Parcel #: 105 26 205

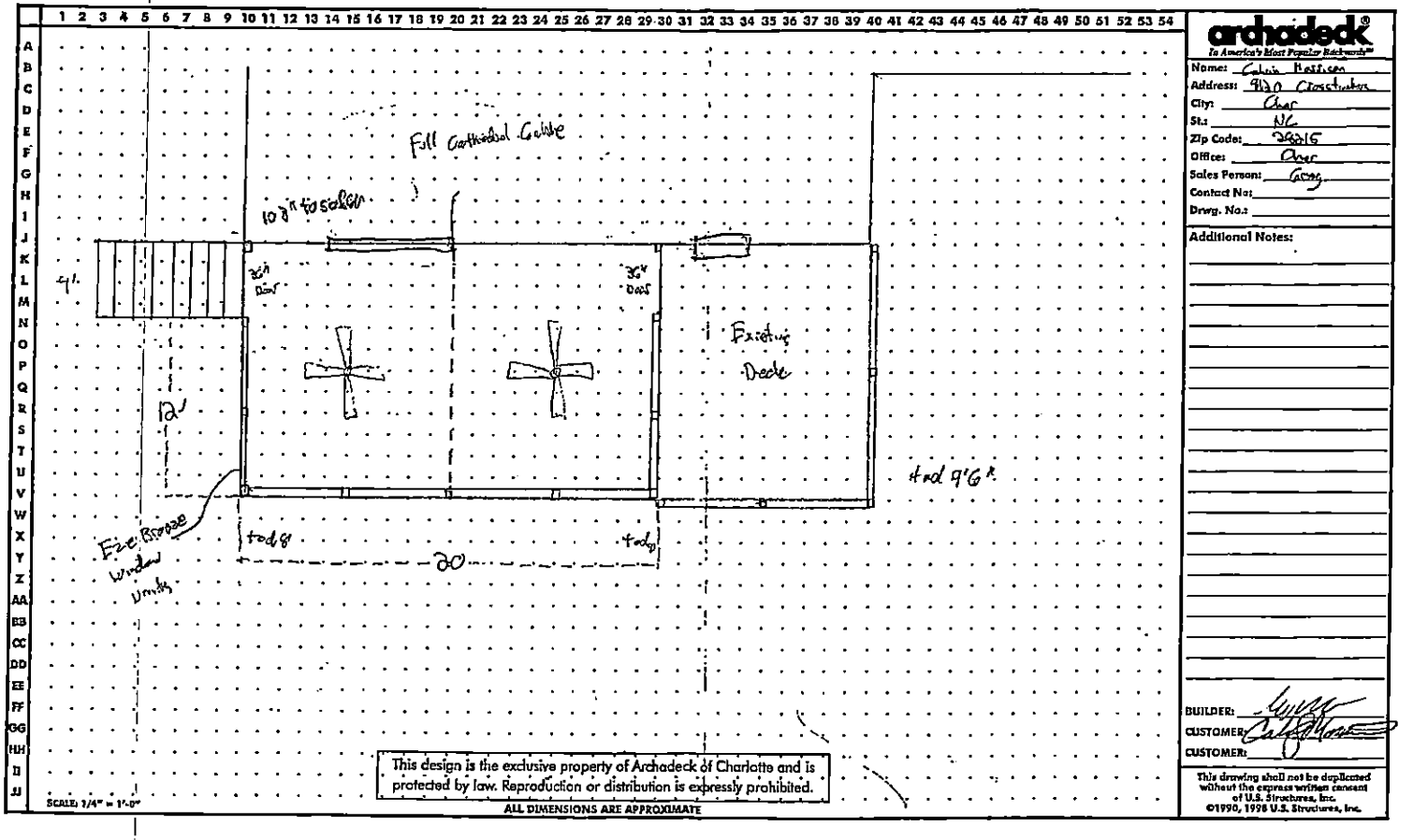
Subdivision Name: Farmwood North Lot #: 25



Property Owner's or Owner's Legal Representative Signature

1/13/16
Date

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


Full Cathedral Gable
10 3/4" to soffit
36" door
36" door
Existing Deck
12'
Fire Rated Window Units
tod 8'
20
tod 9'6"
4'
SCALE: 1/4" = 1'-0"
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