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 4/21/16 LE 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. ☐ _____

Date Issued 5/5/82

Serial No. 5452

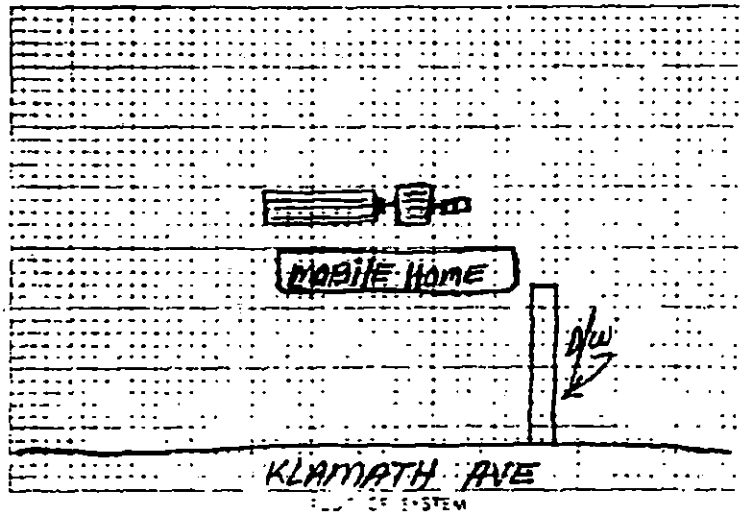
ICAR(S) Permit No. 18516

T. C No. 017-288-04

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 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 18516, dated 2/19/82, 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 6/15/82, after which date this permit shall be null and void.



Permeability Rate REPAIR

Trench Length 200'

Number of Lines 4

Distance from Property Line >10'

Distance from Property Line >10'

Distance from Community

NAME OF OWNER RAY CLAWSON

LOCATION OF PROPERTY 12019 KLAMATH AVENUE

The system shall meet all construction requirements of the Regulations of the Mecklenburg County Health Department in effect at the time granting this permit. A certificate of approval must be issued by the Environmental Health Director before this system can be covered up or otherwise rendered inaccessible. The issuance of this permit does not in any way guarantee that the system will operate satisfactorily, and the owner, hereafter owning, controlling or using the property, assumes all responsibility for the operation of the system on the property.

12'X25'X34" of STONE

Comments

Division of Septic Tank Section Head

Environmentalist Adam Wigfield

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

EHD-S-76

C of A (s) No. 18516

Date Issued 7/13/82 Serial 5261 T. C. No. 07-288-04

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 CLAWSON (LAST) RAY (FIRST) (MIDDLE)

Location of Property 12019 KLAMATH AVENUE

Application Number 18516 Permit Number 18516

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material —

Total Length of Drain Tile 200' Number of Lines 3

Depth of Filter Materia 36" Cover Depth 24"

Water Supply Source Community well Distance from Water Source >100'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/13/82 (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

REPAIR



R. Wingfield
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

MECKLENBURG COUNTY
HEALTH DEPARTMENT

18514 #8182

21 APR '16 AM 9:38

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: Ivette DeLaGarza
ADDRESS: 12415 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-650-5527 ✱
ALTERNATE PHONE: 704-622-8427
E-MAIL: greenriver206@bellsouth.net

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

JOB LOCATION INFORMATION
TAX PARCEL #: 017288O4
STREET ADDRESS: 12019 Klamath Place
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ☒ OTHER Community Well

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 per Jeremy Michelle
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

04-21-2016
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

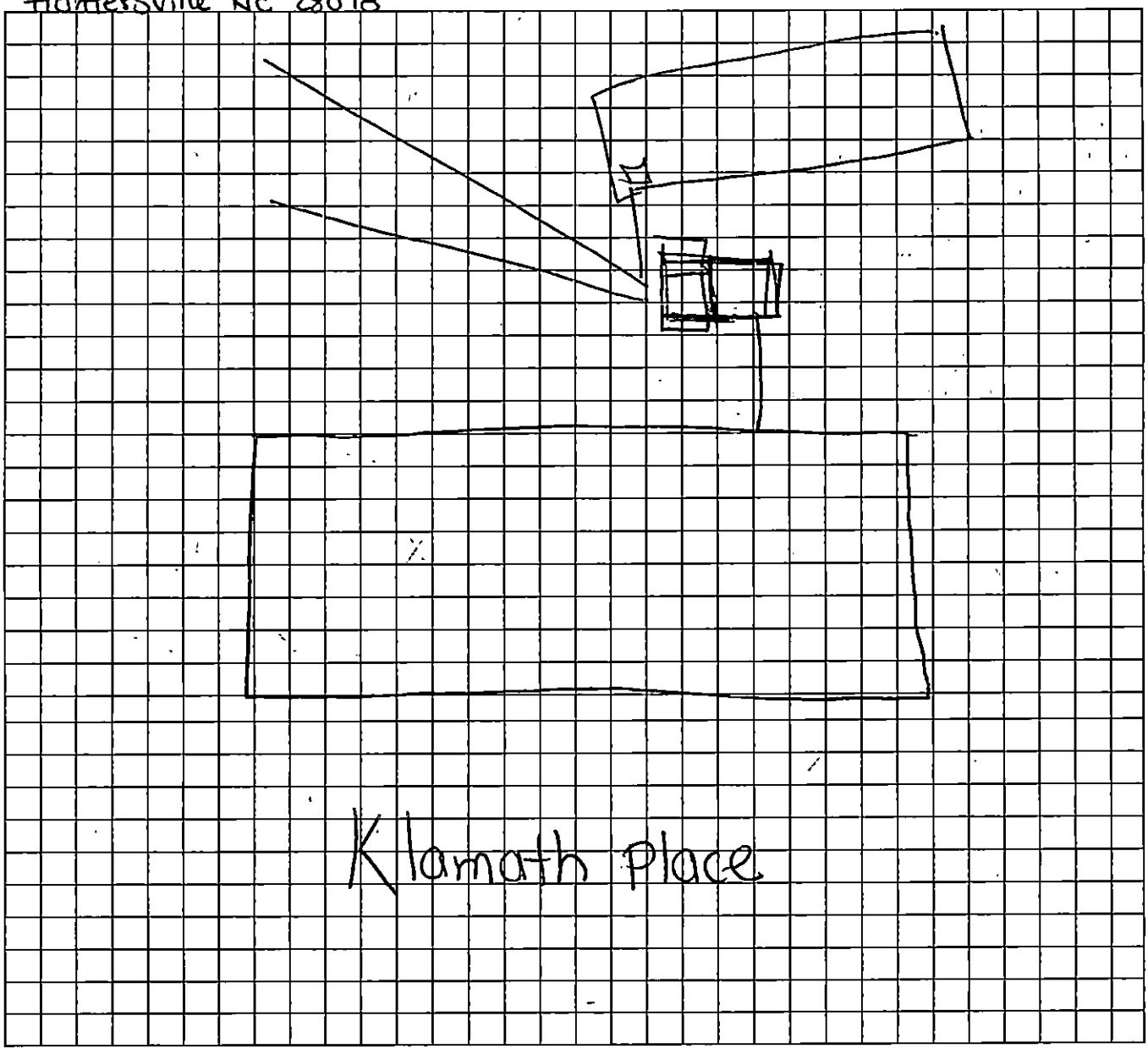
Revised on: 01/03/11

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: 12019 Klamath Place Huntersville NC 28078 Tax Parcel #: 01728804



*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

O.K. TO USE FOR A MOBILE HOME EXCHANGE

REHS Signature Date 6/25/10

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

Polaris 3G Map – Mecklenburg County, North Carolina

52.71 ft(0.01 miles)

Date Printed: 4/25/2016 9:19:19 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.

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 04/25/2016

Identity	
Parcel ID	GIS ID
01728804	01728804

Property Characteristics	
Legal desc	L4 M14-473
Land Area	1 LT (0.243 GIS Acres)
Fire District	HUNTERSVILLE
Special District	FIRE SERVICE D
Account Type	INDIVIDUAL
Municipality	HUNTERSVILLE
Property Use	MOBILE HOME SUBDIVISION

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710454900J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
12019 KLAMATH PL HUNTERSVILLE

Ownership	
Owner Name	Mailing Address
IVETTE DELAGARZA	12415 ASBURY CHAPEL RD HUNTERSVILLE NC 28078
JAMIE ROBERTO DELAGARZA	12415 ASBURY CHAPEL RD HUNTERSVILLE NC 28078

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
30656-166	03/11/2016	$18,000.00
17996-925	11/12/2004	$18,000.00
13375-27	03/15/2002	
06263-751	05/03/1990	$15,000.00

Site Location	
ETJ Area	Huntersville
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	62.07

Post Construction District	
Jurisdiction	Huntersville
District	Huntersville

Stream Watershed Districts	
Stream Watershed Name	GAR

Regulated Drinking Watershed Districts	
Watershed Name	MTN ISLAND LAKE
Watershed Class	CA-2

Built-Upon Area Restriction	
Limit on amount of Built-Upon Area	Yes

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/21/16
Receipt #: 100061
Check / Auth #: CHECK 3003
Received By: ANDRAEO

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: J. ROBERTO DE LA GARZA
Attn: IVETTE DE LA GARZA
Address: 12415 ASBURY CHAPEL ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 12415 ASHURY RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
65.00					