Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	21414
Department	Groundwater Services
Description	Residential Pool Approval for PHPM
Status	In Progress
Incident Address	970 BEN BLACK RD
Incident Location	970 BEN BLACK RD MIDLAND, NC 28107
Incident City	MIDLAND
Incident Zip	28107
Jurisdiction	COUNTY
Submitted To	Ray, Heather
Date Initiated	3/3/2020 3:41:32 PM
Initiated By	Gould, Odile
Date Dispatched	3/3/2020 3:41:32 PM
Dispatched To	Ray, Heather
Date Investigation Completed	
Closed By	
Problem Details	REQUESTING RES. POOL REVIEW 970 BEN BLACK RD MIDLAND, NC 28107 CHRIS VAUGHN 704-773-3256
Comments	By Gould, Odile: 3/3/2020 3:41:32 PM REQUESTING RES. POOL REVIEW 970 BEN BLACK RD MIDLAND, NC 28107 CHRIS VAUGHN 704-773-3256
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 970 Ben Black Rd

Subdivision Name: _____ City: Midland Zip Code: 28107

Owner: Chris Vaughn Home Phone: 704-773-3256

Mailing Address: 970 Ben Black Rd Work Phone: _____

City: Midland State: NC Zip Code: 28107

Contractor: Blue Waters Construction Phone: 704-905-9483

Contractor Charge Account: X50878

Mailing Address: 9628 Industrial Dr. City: Pineville State/Zip: NC 28134

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Chris Vaughn, owner of the property, agree to the following requirements: (*initials are required beside each item listed.*)

- I certify that the application and site drawing being submitted are accurate and complete. Chris Vaughn (Mar 2, 2020)
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed.
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and completed once the pool is capable of holding water

Signed: Chris Vaughn (Mar 2, 2020) Mar 2, 2020

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Kevin Campbell Kevin Campbell (Mar 3, 2020) Mar 3, 2020

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 95 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 3/3/20 By: DP

Request #: _____ Parcel ID#: 13143114 EHS: _____

Approved By: Heather Berg Date: 3-3-20 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Septic is in Cabarrus County see attached file

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water. Revised Feb 2011

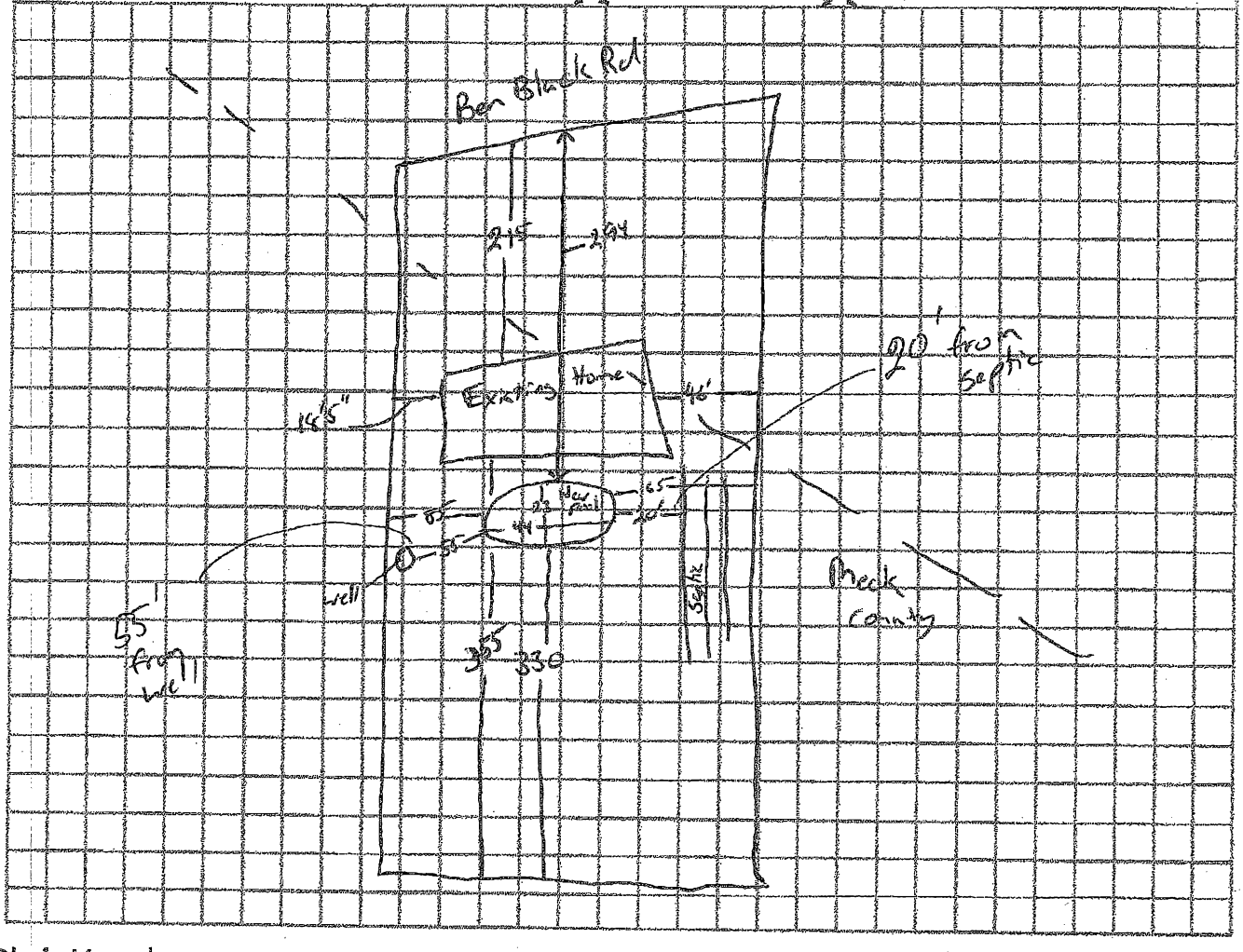
Mecklenburg County Health Department
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
PHONE (704) 314-1620 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 970 Ben Black Rd. Midland, NC 28107

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet) , and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: ☒ SEPTIC SYSTEM ☒ WELL



I, Chris Vaughn (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

Chris Vaughn [Mar 2, 2020]
HOMEOWNER SIGNATURE

Mar 2, 2020
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/03/20	**Amount:**	75.00
Receipt #:	121641	**Tendered:**	75.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GOULDOE		

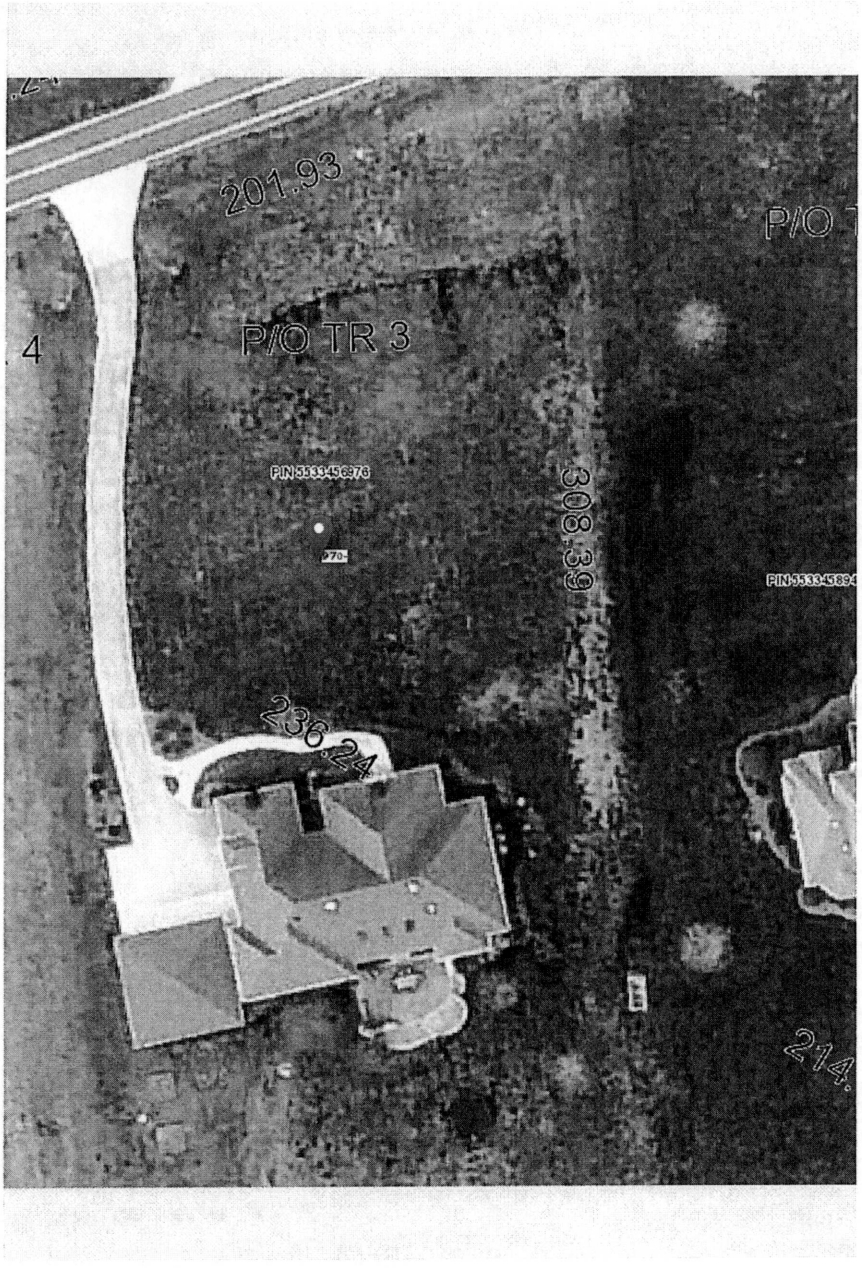
Account Information

Account #: X50878
Contractor: BLUE WATERS CONSTR INC
Attn:
Address: 9628 INDUSTIAL DRIVE
Address:
City/State/Zip: PINEVILLE, NC 28134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 970 BEN BLACK RD		1	75.00	75.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00	87.42	12.30	829.51		



Physical Address:	970 BEN BLACK RD MIDLAND NC 28107	PIN14:	55334569760000
Account Name 1:	VAUGHN CHRISTOPHER RYAN	Account Name 2:	VAUGHN RACHELE NICOLE
Mailing Address:	970 BEN BLACK RD	Mailing City:	MIDLAND
Mailing State:	NC	Mailing Zip Code:	28107
Property Real ID:	10-025 -0027.15	Plat Book:	00046
Plat Page:	00092	Land Units:	1.08
Units Type:	AC	Land Value:	AC
Building Value:	507780	OBXF Value:	6050
Assessed Value:	539750	Market Value:	539750
Sale Year:	2017	Sale Month:	7
Sale Price:	577000	Deed Book:	12593
Deed Page:	0330	Fire District:	Midland
Zoning:	CR	Elementary School:	Bethel ES
Middle School:	C C Griffin MS	High School:	Central Cabarrus HS
Precinct Name:	10-00	Legal Description:	P/O TRACT 3 COY L MCMANUS
Floodway:	No	100 Yr Flood:	No

500 Yr Flood:	No	Watershed	undefined
FIRM Panel Number	5533		

Cabarrus County shall not be held liable for any errors in the data represented on this record. This includes errors of omission, commission, concerning the content of the data, and relative positional accuracy of the data. The data cannot be construed to be a legal document. Primary sources from which this data was compiled must be consulted forverification of information represented on this map document.



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Plat Page:	00092	Land Units:	1.08
Units Type:	AC	Land Value:	AC
Building Value:	507780	OBXF Value:	6050
Assessed Value:	539750	Market Value:	539750
Sale Year:	2017	Sale Month:	7
Sale Price:	577000	Deed Book:	12593

Deed Page:	0330	Fire District:	Midland
Zoning:	CR	Elementary School:	Bethel ES
Middle School:	C C Griffin MS	High School:	Central Cabarrus HS
Precinct Name:	10-00	Legal Description:	P/O TRACT 3 COY L MCMANUS
Floodway:	No	100 Yr Flood:	No
500 Yr Flood:	No	Watershed	undefined
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represented on this map document.

Cabarrus Health Alliance Wastewater Disposal
Operations Permit

Repair

Operations Permit Number: 05-753P-R SE#: —

Subdivision: _____ Lot#: _____

Date Issued: 4/21/16 Building Permit #: _____

Owner: Scott Herder

Site Address: 970 Ben Black Road Midland NC

Directions: GO IS TR Wallace TL Bethel Ave Ext TR Ben Black @ Mecklenburg Line on LEFT

Business Type: _____ Number Employees: —

Other: _____

Number Bedrooms: 4 Number Baths: _____ Single Family: (Y) (N) Multiple Family: (Y) (N)

Basement: (Y) (N) Basement Plumbing: (Y) (N) Garbage Disposal: (Y) (N) Gallons Per Day: _____

Type of System: Conventional - Innovative Tank Size: Existing

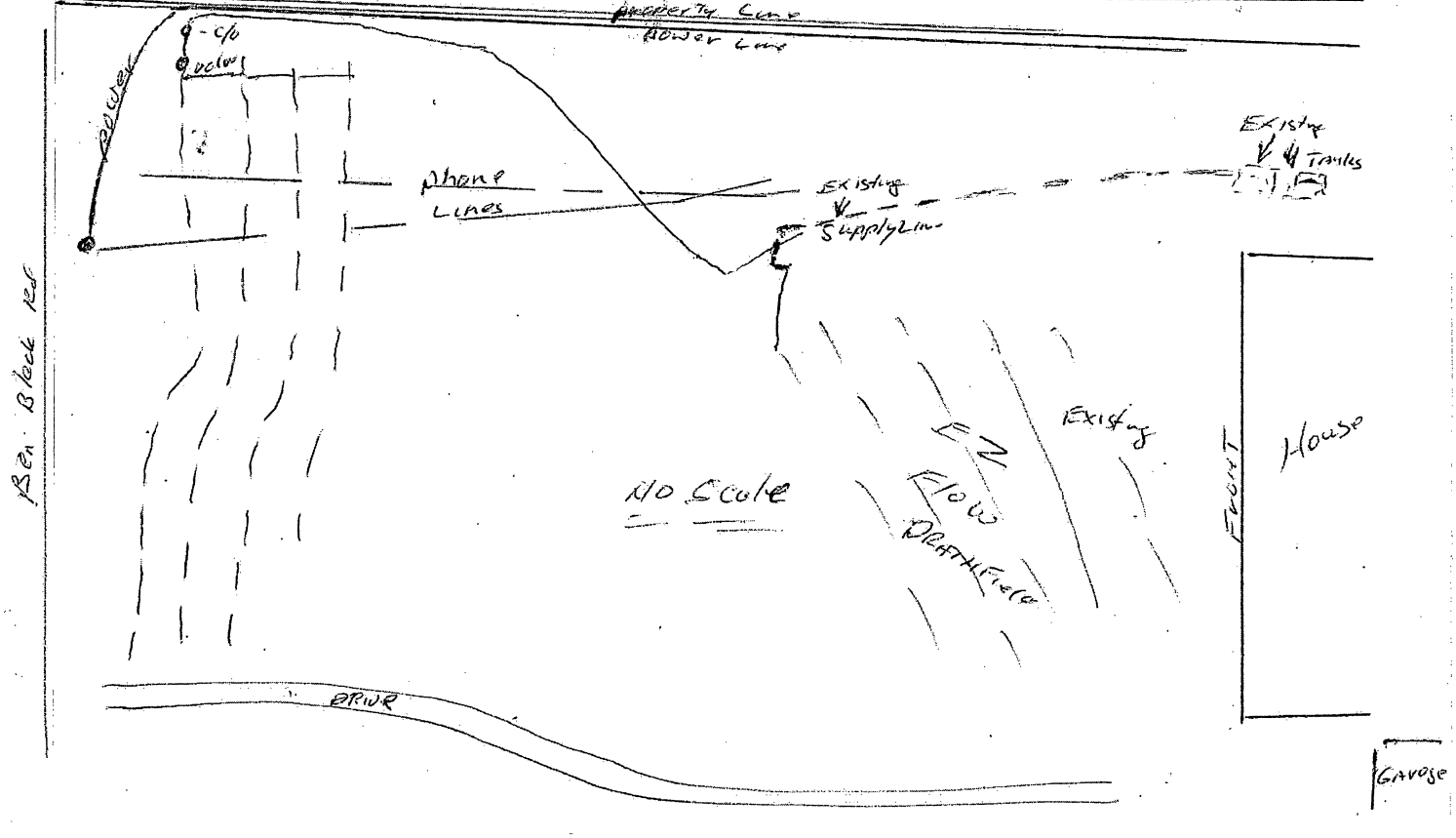
S.T. Lines: 450' INFEQ 4 chambers Stone depth: gravelless

W.M. Lines: N/A Stone depth: —

Condition of Permit: Maintain in accordance with NC Onsite Wastewater Regulations

Inspector at Installation: Rush Date of Installation: 4/21/16

Installed By: NATHAN OSBORNE



PIN _____ Permit Number 05-153P-R SE# _____ FEE -0-

Repair

CABARRUS HEALTH ALLIANCE
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Scott Harder PROPERTY LOCATION: 970 Ben Black Road Midland NC 28170

Facility Type: Residence ☐ New ☐ Expansion ☑ Repair

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System** (See note below, if applicable ☐) pump to conventional (Initial) pump to Chamber System (Repair) Wastewater Flow: 480 GPD

Maximum number of bedrooms: 4 Existing

Installation Requirements/Conditions

Septic Tank Size: _____ gallons

Pump Tank Size: _____ gallons

Pump Requirements: existing ft. TDH vs. _____ GPM

Total Trench Length: _____ feet

Trenches shall be installed on contour at a Maximum Trench Depth of: _____ inches (Trench bottoms shall be level to +/- ½" in all directions)

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches (Maximum soil cover shall not exceed 36" above the trench bottom

Pump to S.T. Lines 450' Chambers Stone depth (if applicable) N/A

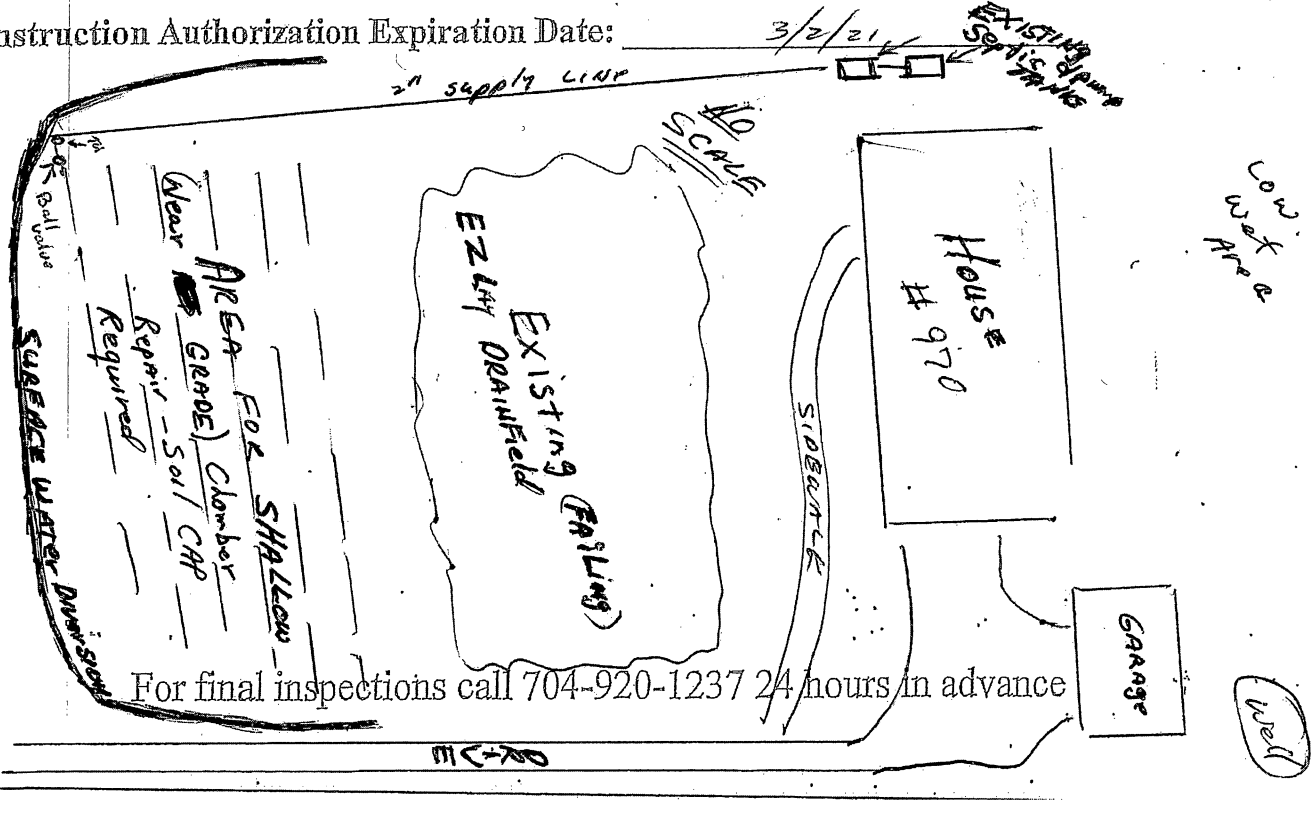
W.M. Lines _____ Stone depth (if applicable) _____

Conditions: - Pre construct meeting required - Pump to High Side of Property Near Road - Set TURNUP / Cleanout - then Ball Valve - then into Chambers - Chambers to be AT GRADE with 12" soil cap - Water Diversion Around System - Cut off Existing Malfunctioning Drainfield

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Authorized State Agent: _____ Date of Issuance: 3/2/16 See Attached site sketch

Construction Authorization Expiration Date: 3/2/21



For final inspections call 704-920-1237 24 hours in advance

Cabarrus Health Alliance Wastewater Disposal Operations Permit

Quad._____ Opp Number 05-153

Subdivision Coy McManus Lot No. 3

Date Issued 8/2/2005 Bldg. Permit No._____

Owner: McManus, Coy / Hardison, Johnathon

Address: 970 ~~1055~~ Ben Black Road Phone (w)_____ (h)_____

Directions Ben Black Road lot #3 at county line

Business Type_____ No. employees_____

Other_____

No. Bedrooms 4 No. Baths 4

Single family: (Y) (N) Multiple family: (Y) (N)

Basement: (Y) (N) Basement Plmg: (Y) (N) Garbage Disp: (Y) (N)

Type of system E Z Flow Tank size 1500 gals.

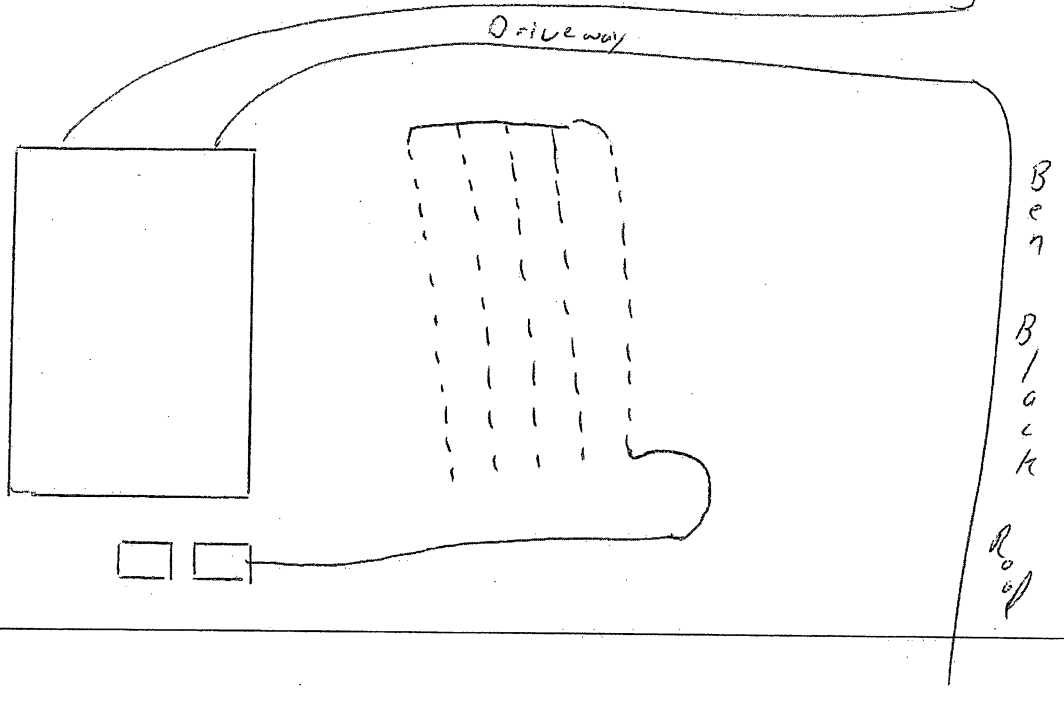
S.T. Lines 5 lines Stone depth E Z Flow

W.M. Lines_____ Stone depth_____

Condition of Permit: pumping to drain field

Inspector at installation: N. W. date of installation 7-21-06

Installed by B McCarver



File No 05-153

Cabarrus Health Alliance Authorization for Wastewater Disposal System Construction

Permit void 60 months from date of issue or if changed in any form
This permit is non-refundable
1307 S. Cannon Blvd Kannapolis NC 28083
(704) 939-1207

Quad
S/D COY MCMANUS PROPERTY
Lot 3
PinN 55334697470000

Appl. No. SE009790
Date 8/2/2005 ~~12-13-05~~
Permit Fee $240.00

Applicant # 400 Applicant Name HARDISON, JOHNATHON
Owner MCMANUS, COY
Address 1055 BEN BLACK RD. HPhone
City/State/Zip MIDLAND, NC 28107 OPhone (704) 634-8088
Directions GO BEN BLACK RD. ALMOST TO THE COUNTY LINE. PROPERTY IS ON THE RIGHT NEAR FOREST BLUFF SUB. TRACT #3 OF COY MCMANUS PROPERTY

Driveway and garage approved to go on right side of proposed house prop. line. 12-13-05 NW

Type of Facility

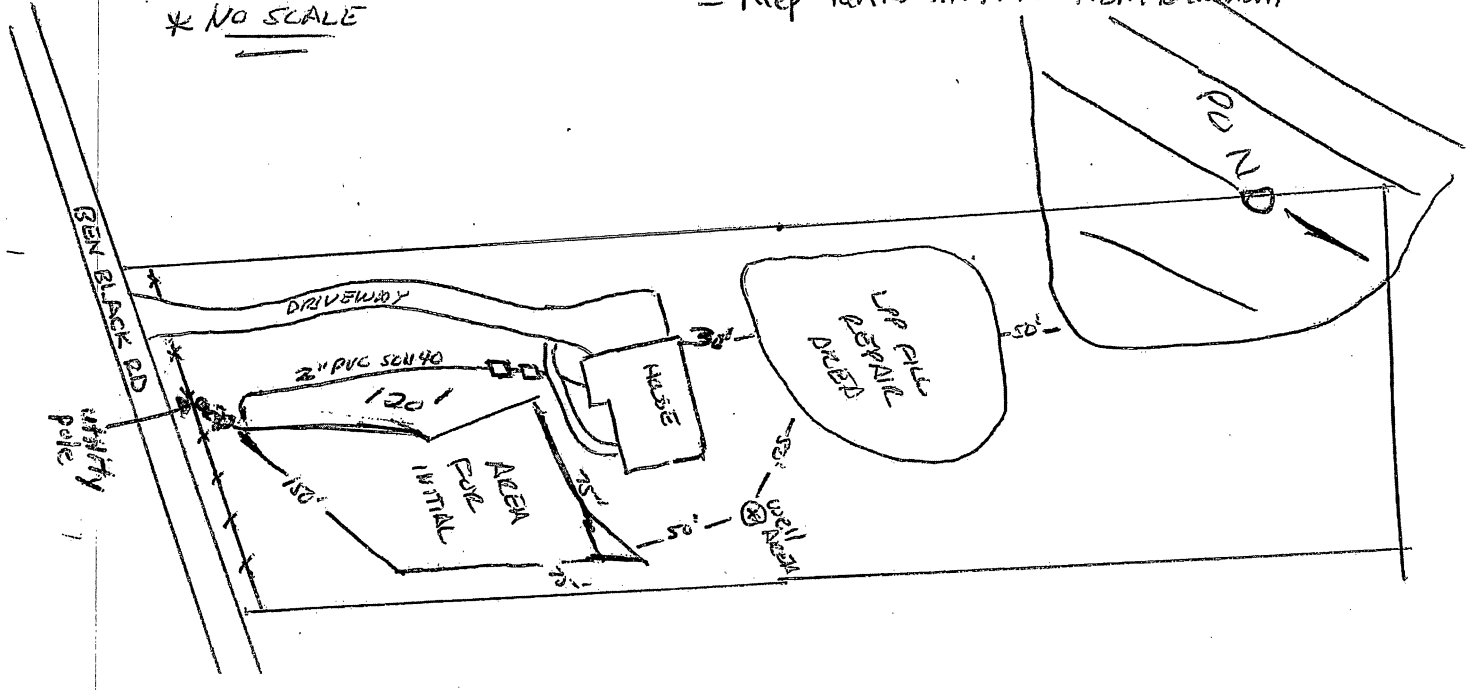
☑ SingleFamily ☐ MultipleFamily

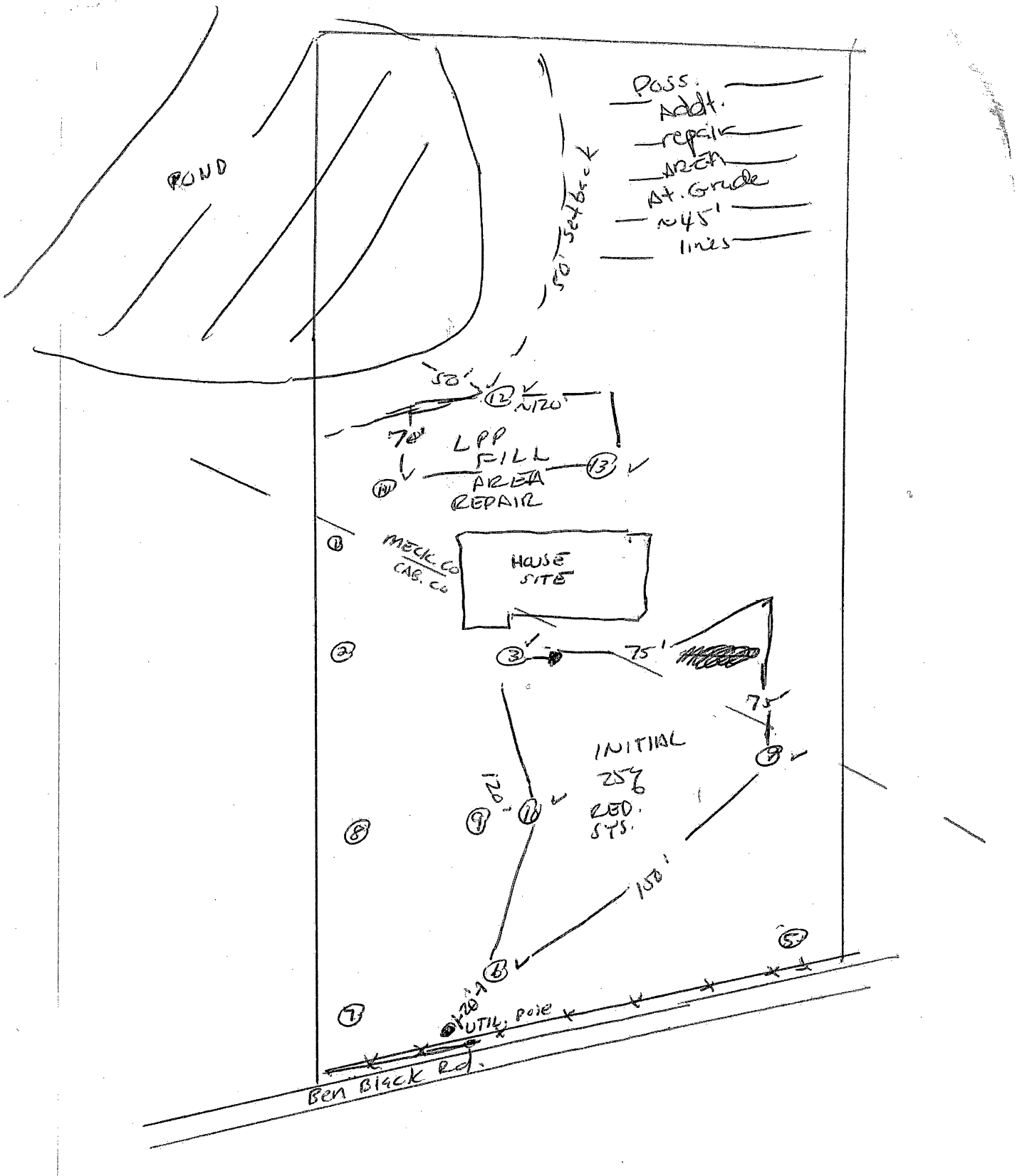
BusinessType: #Employees 1st 0 2nd 0 3rd 0
Other:
Bedrooms 4 Baths 4
☑ Basement ☑ B'T Plmb
☑ Garbage Disposal Water: WILL DRILL

*SYSTEM TO BE 25% REDUCTION SYSTEM. AT GRADE
*must meet onsite prior to installation.

Tank size	1500 GAL	☑ Pump 1000 gal	Special Conditions/Instructions
S.T. Lines	450X3=1350	Sq. Ft	- Install trenches 12-16" on contour with 12" soil cap.
Stone Depth	N/A	Inches	- Keep well min 50' from any part of system
W.M. Lines		Sq. Ft	- Initial system to 25% reduction system
Stone Depth		Inches	- Repair to be LPP FILL system
Lot Size	3 Acres		- Keep tanks min. 15' from basement
Initials	NW		

----------BOTTOM HALF RESERVED FOR SKETCH----------




POND
Poss.
Addt.
repair
Area
At Grade
~45'
lines
50' Septic
50'
12
~120'
70'
LPP
FILL
AREA
REPAIR
14
13
1
MECK. CO
CAB. CO
HOUSE
SITE
2
3
75'
75'
INITIAL
25%
RED.
SYS.
9
120'
11
8
150'
5
6
7
120'
UTIL. pole
Ben Black Rd.

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9225B Application # 7585

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: Cameron Howie / LACE Construction
ADDRESS: 10612-D Providence Rd Ste 221
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704 726 7365
ALTERNATE PHONE: _____
E-MAIL: CAm@LACEConstruction.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Scott Harmon
ADDRESS: 970 Ben Black Rd
CITY: Midland
STATE: NC ZIP: 28107
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 13943114
STREET ADDRESS: 970 Ben Black Rd
CITY: Midland
STATE: NC ZIP: 28107

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 _____ Date 6/24/15

704 953 3553

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
CAMERON HOWIE / ACE CONSTRUCTION

Bill To:

LACE CONSTRUCTION INC
JOHN C HOWIE
10612-D PROVIDENCE RD STE 221

Charlotte, NC 28277

Single Payment

Transaction Date: 06/24/2015 7:53 AM Pacific Time
Pay Method: VISA **********0976
Approval #: 388257
Trace Number: 2f259bbe-cfad-48f8-b540-e36ef611ac81
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/24/15
Receipt #: 95174
Check / Auth #: VISA 388257
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CAMERON HOWIE/LACE CONSTRUC
Attn:
Address: 10612-D PROVIDENCE RD STE 221
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 970 BEN BLACK RD		1	100.00	100.00

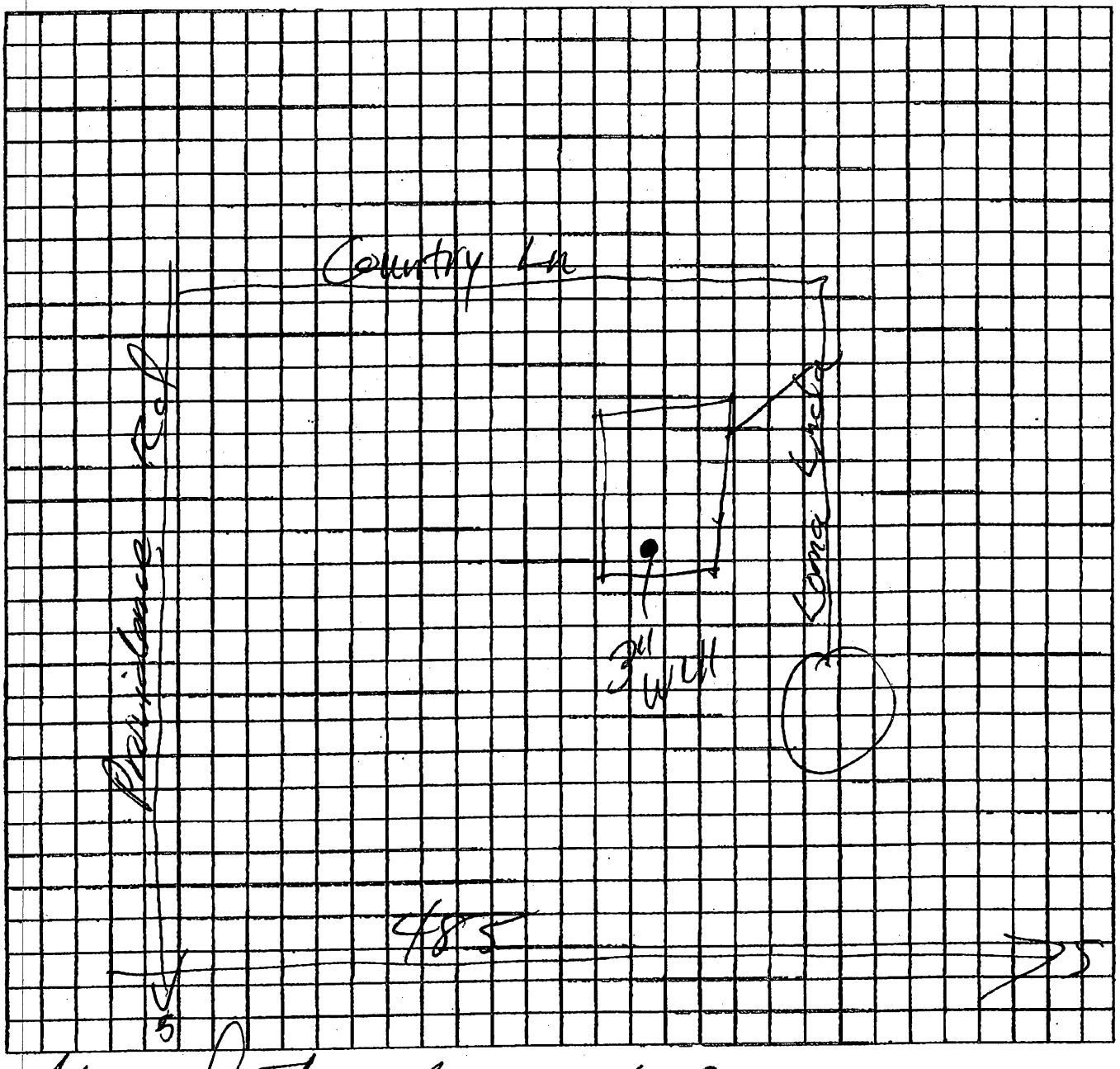
----------Outstanding Balances----------

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

A drawing showing the footprint of the following items: property lines, 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: 4506 Country Ln Tax Parcel #: 23102122

Subdivision Name: _____ Lot #: _____



Vernon Lassiter 6-23-15

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

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

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 6/24/15 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

OK to approve per Jeremy Michael - NO holds in system to release LE 6/26/15

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. ☐ _____

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

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ALTERNATE PHONE: _____
E-MAIL: CAm@LACEconstruction.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Scott Harmon
ADDRESS: 970 Ben Black Rd
CITY: Midland
STATE: NC ZIP: 28107
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: _____
STREET ADDRESS: 970 Ben Black Rd
CITY: Midland
STATE: NC **ZIP:** 28107

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 _____ Date 6/24/15

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

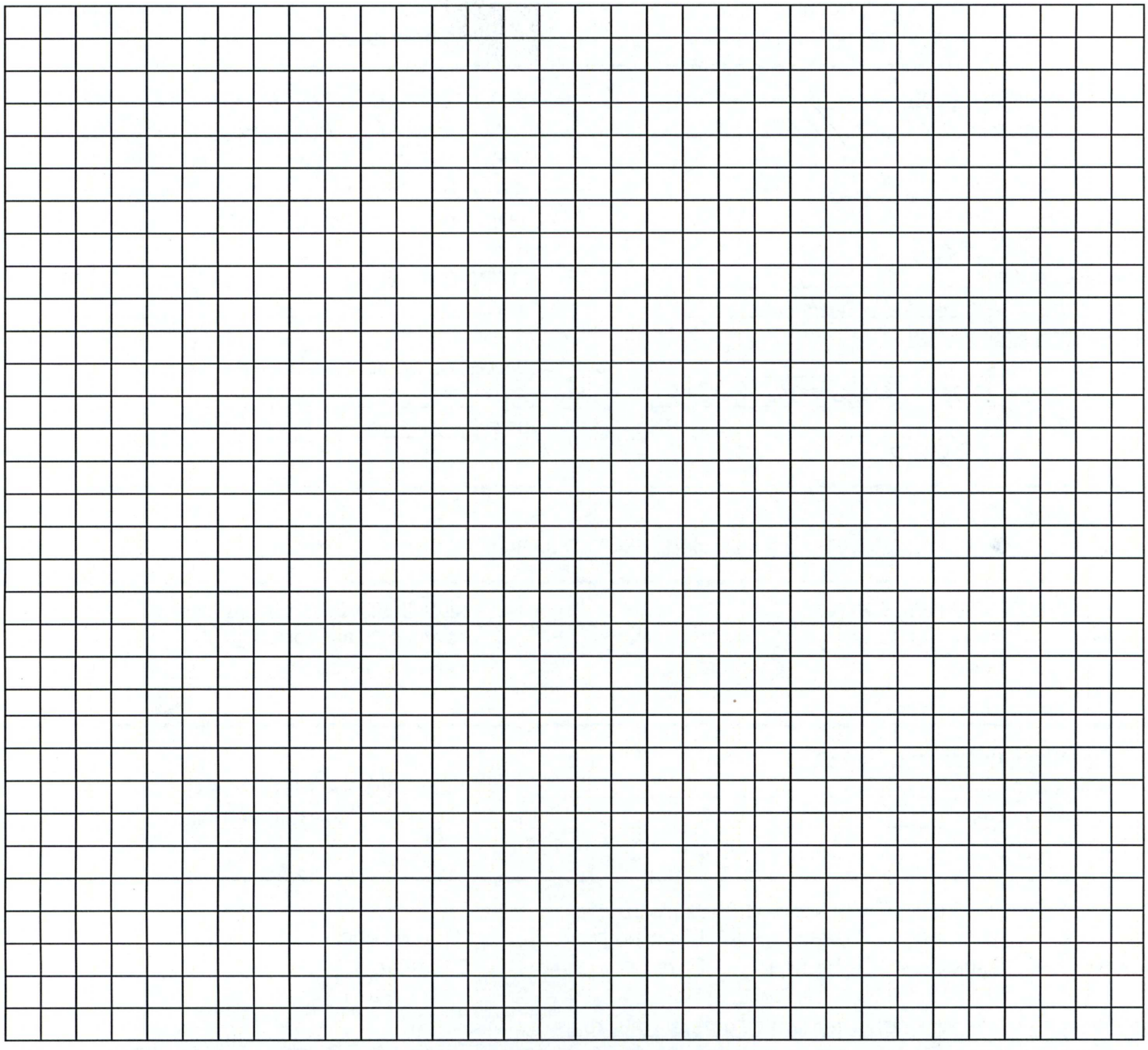
Revised on: 01/03/11

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

Permit Approved. All setbacks are met from proposed construction

REHS Signature

6/26/15
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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
CAMERON HOWIE / ACE CONSTRUCTION

Bill To:

LACE CONSTRUCTION INC
JOHN C HOWIE
10612-D PROVIDENCE RD STE 221

Charlotte, NC 28277

Single Payment

Transaction Date: 06/24/2015 7:53 AM Pacific Time
Pay Method: VISA **********0976
Approval #: 388257
Trace Number: 2f259bbe-cfad-48f8-b540-e36ef611ac81
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/24/15	**Amount:**	100.00
Receipt #:	95174	**Tendered:**	100.00
Check / Auth #:	VISA 388257	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: CAMERON HOWIE/LACE CONSTRUC
Attn:
Address: 10612-D PROVIDENCE RD STE 221
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 970 BEN BLACK RD		1	100.00	100.00

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

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