11448B/13267

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

8 JUL '22 PM12:49

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: 217-222-39
STREET ADDRESS: 15435 Northern Lights Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: NA
LOT #: 35728-407 LOT SIZE (acres): 0.91

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: 3500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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?** 6/16/2022 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 6/16/2022 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Edwin E Chesson / Rhonda B Chesson
ADDRESS: 14121 Singing Creek Lane
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE:
MOBILE PHONE: 919-608-1331
FAX:
E-MAIL: edchesson@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

BBC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION: N/A

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.

B. Chesser — 7/7/2022

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:

File #: _____

PROPOSED PLOT PLAN

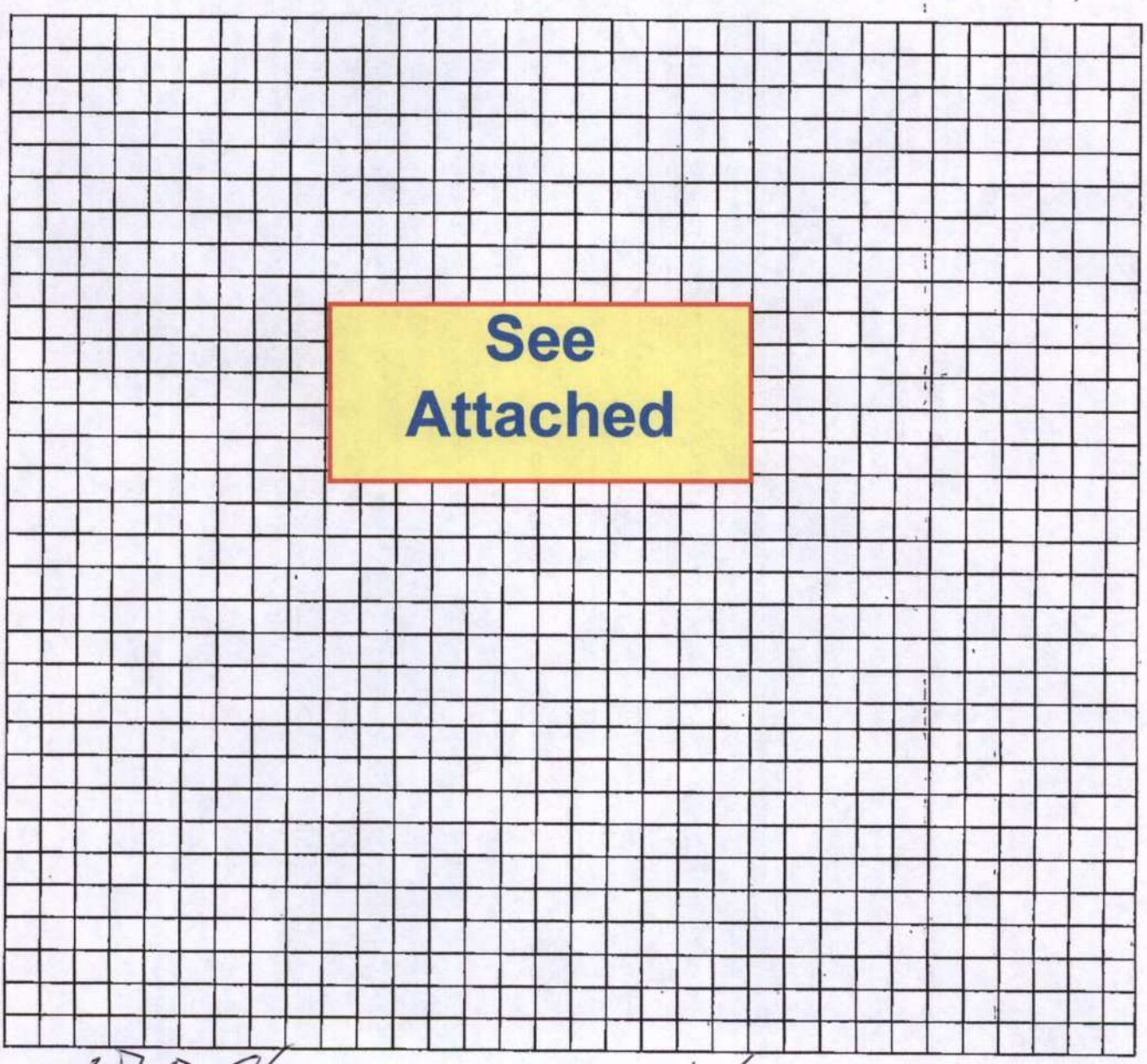
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 15435 Northern Lights Rd, Charlotte 28278

Tax Parcel #: 217-222-39

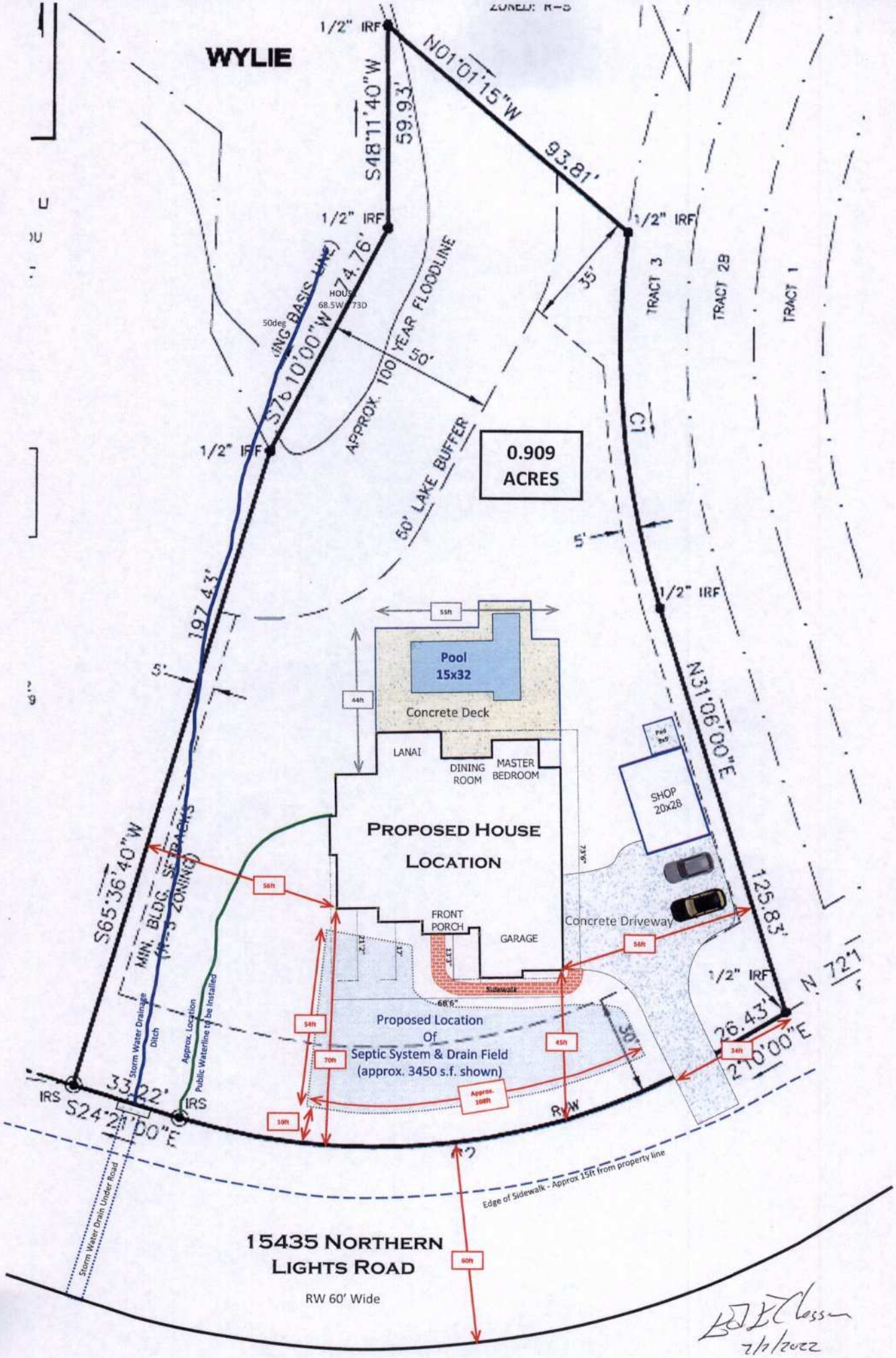
Subdivision Name: Adjacent to "North Reach" in Palisades

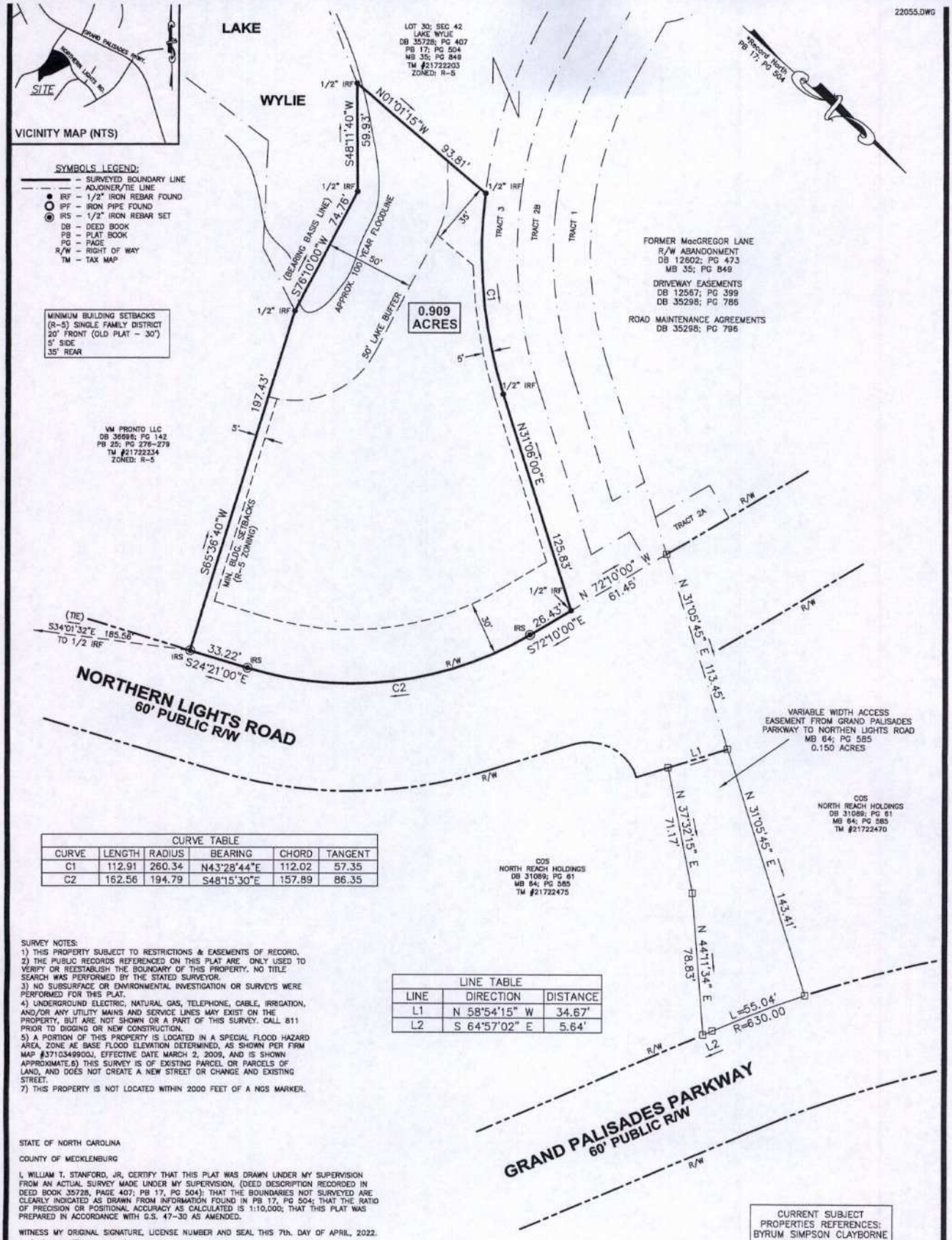
Lot #: 35728-407



Property Owner's or Owner's Legal Representative Signature

7/7/2022
Date


WYLIE
1/2" IRF
N01°01'15"W
93.81'
S48°11'40"W
59.93'
1/2" IRF
1/2" IRF
S76°10'00"W
74.76'
50deg
50'
100 YEAR FLOODLINE
APPROX.
60' LAKE BUFFER
0.909 ACRES
TRACT 3
TRACT 2B
TRACT 1
35'
5'
1/2" IRF
N31°06'00"E
197.43'
5'
55ft
Pool 15x32
44ft
Concrete Deck
LANAI
DINING ROOM
MASTER BEDROOM
Pad 9x9
SHOP 20x28
PROPOSED HOUSE LOCATION
S65°36'40"W
MIN. BLDG. SETBACKS (R-3 ZONING)
56ft
FRONT PORCH
GARAGE
Concrete Driveway
125.83'
56ft
1/2" IRF
N 72°1
26.43'
N 2°10'00"E
Sidewalk
68'6"
54ft
70ft
Proposed Location Of Septic System & Drain Field (approx. 3450 s.f. shown)
45ft
34ft
Approx. 100ft
10ft
RW
IRS
33.22'
IRS
S24°21'00"E
Storm Water Drainage Ditch
Approx. Location Public Waterline to be Installed
Storm Water Drain Under Road
Edge of Sidewalk - Approx 15ft from property line
15435 NORTHERN LIGHTS ROAD
RW 60' Wide
60ft
7/1/2022



CURVE TABLE					
CURVE	LENGTH	RADIUS	BEARING	CHORD	TANGENT
C1	112.91	260.34	N43°28'44"E	112.02	57.35
C2	162.56	194.79	S48°15'30"E	157.89	86.35

LINE TABLE		
LINE	DIRECTION	DISTANCE
L1	N 58°54'15" W	34.67'
L2	S 64°57'02" E	5.64'

SURVEY NOTES:
1) THIS PROPERTY SUBJECT TO RESTRICTIONS & EASEMENTS OF RECORD.
2) THE PUBLIC RECORDS REFERENCED ON THIS PLAT ARE ONLY USED TO VERIFY OR REESTABLISH THE BOUNDARY OF THIS PROPERTY. NO TITLE SEARCH WAS PERFORMED BY THE STATED SURVEYOR.
3) NO SUBSURFACE OR ENVIRONMENTAL INVESTIGATION OR SURVEYS WERE PERFORMED FOR THIS PLAT.
4) UNDERGROUND ELECTRIC, NATURAL GAS, TELEPHONE, CABLE, IRRIGATION, AND/OR ANY UTILITY MAINS AND SERVICE LINES MAY EXIST ON THE PROPERTY, BUT ARE NOT SHOWN OR A PART OF THIS SURVEY. CALL 811 PRIOR TO DIGGING OR NEW CONSTRUCTION.
5) A PORTION OF THIS PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA, ZONE AE BASE FLOOD ELEVATION DETERMINED, AS SHOWN PER FIRM MAP #3710349900J, EFFECTIVE DATE MARCH 2, 2009, AND IS SHOWN APPROXIMATE.6) THIS SURVEY IS OF EXISTING PARCEL OR PARCELS OF LAND, AND DOES NOT CREATE A NEW STREET OR CHANGE AND EXISTING STREET.
7) THIS PROPERTY IS NOT LOCATED WITHIN 2000 FEET OF A NGS MARKER.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, WILLIAM T. STANFORD, JR, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, (DEED DESCRIPTION RECORDED IN DEED BOOK 35728, PAGE 407; PB 17, PG 504): THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN PB 17, PG 504; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.

WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 7th. DAY OF APRIL, 2022.

William T. Stanford, Jr.

WILLIAM T. STANFORD, JR. PROFESSIONAL LAND SURVEYOR
LICENSE NUMBER - L-4378
FIRM NUMBER - P-1799

CURRENT SUBJECT PROPERTIES REFERENCES:
BYRUM SIMPSON CLAYBORNE
DB 35728; PG 407
PB 17; PG 504
TM #21722239
ZONED: R-5

SURVEY PREPARED FOR

EDWIN E. CHESSON & RHONDA B. CHESSON

LOCATED AT 15435 NORTHERN LIGHTS ROAD
IN THE STEELE CREEK TOWNSHIP; 28278
MECKLENBURG COUNTY, NORTH CAROLINA
MARCH 30, 2022; REVISED APRIL 7, 2022
EXISTING TAX PARCEL #21722239
ZONED: R-5

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4378 WILLIAM T. STANFORD, JR.

SOUTH CAROLINA PROFESSIONAL LAND SURVEYOR No. 17932 WILLIAM T. STANFORD, JR.

GRAPHIC SCALE 1" = 50'
50' 0' 25' 50'

STANFORD SURVEYING SERVICES, LLC
PROFESSIONAL LAND SURVEYING
103 Schoolside Drive; Suite 125
Rock Hill, S.C. 29730
803.324.0235(o); 803.487.1024(m)
stanfordsurveying.net

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/08/22
Receipt #: 136735
Check / Auth #: CHECK 6150
Received By: RAMSEMA

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CHESSON EDWIN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15435 NORTHERN LIGHTS RD		1	250.00	250.00

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

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

13267

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) MR/7-8-2032 Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____