9632B #8635 6 DEC '16 PM 4:46

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

PERSON FILING APPLICATION:
NAME: Bob McConnell
ADDRESS: 8702 Lochinvar Dr
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-361-1873
ALTERNATE PHONE:
E-MAIL: BMcConnell24@yahoo.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 139 27 174
STREET ADDRESS: 8702 Lochinvar Dr
CITY: Charlotte
STATE: NC ZIP: 28227

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: 1

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.

Bob McConnell — Owner's/Agent's Signature
12-6-16 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

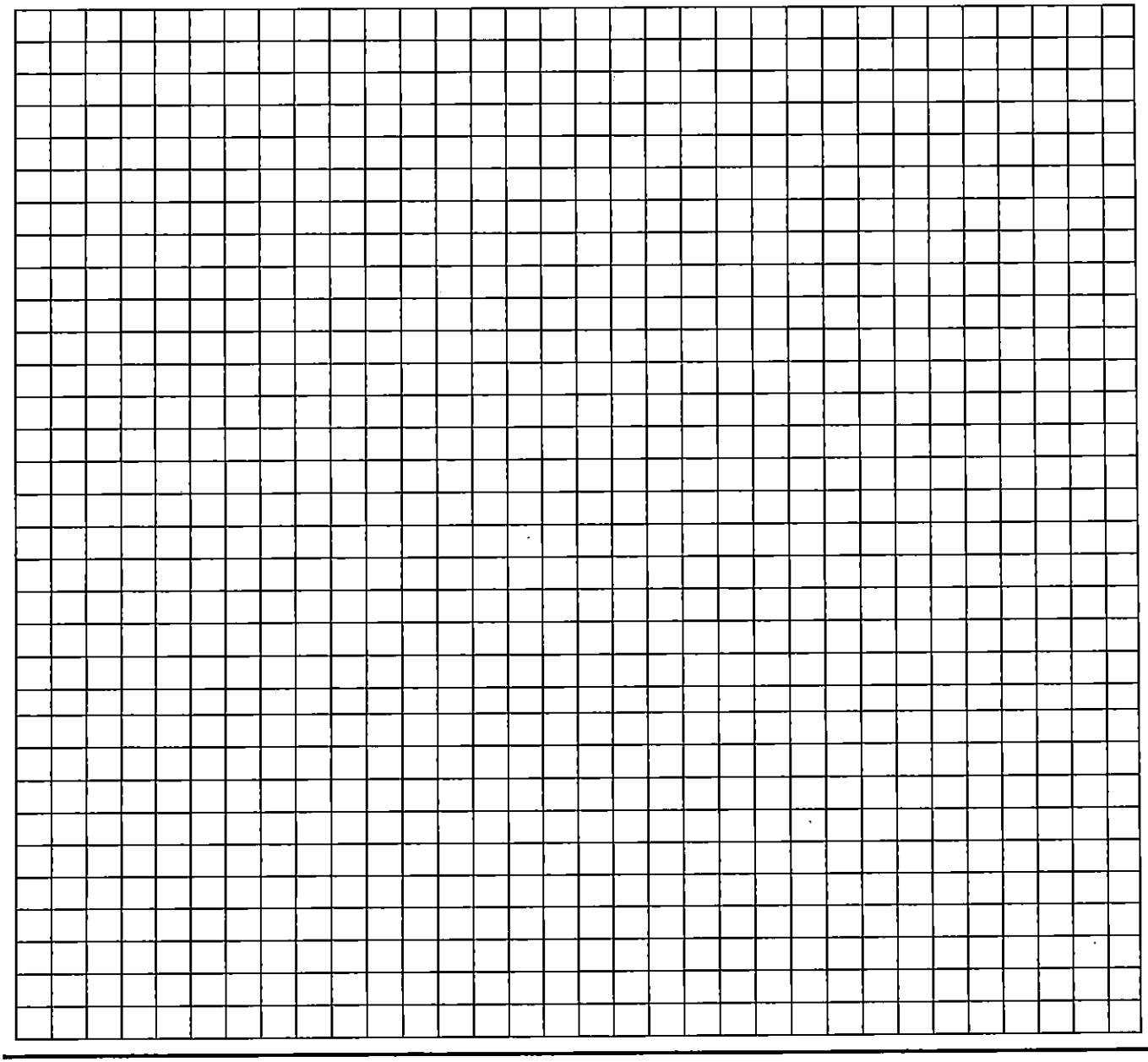
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

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: 8702 Lochinvar Dr. Tax Parcel #: 13927174



*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

Meets required setbacks.

April Burngarner 12-19-16
REHS 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

VICINITY MAP

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description in Book 17850, page 480 or other reference source _____); that the boundaries not surveyed are indicated as drawn from information in Book _____, page _____ or other reference source _____; that the ratio of precision or positional accuracy is 1:20000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600).

This 31 day of OCTOBER, 2016

SIGNED _____

STEPHEN B. MULLINS PLS
N.C.P.L.S. L-3059 S.C.R.L.S 10780
C-0640

NORTH CAROLINA PROFESSIONAL SEAL L-3059 LAND SURVEYOR STEPHEN B. MULLINS

SURVEY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, UTILITIES, COVENANTS OR RESTRICTIONS, THAT MAY BE OF RECORD.

REV 10-31-16

PLAT

LOT 65
MB 14-497

LOT 72
MB 14-499

LOT 73
MB 14-49

LOT 24

LOT 26

1.006 ACRES

ERB

EIP

S42° 20' 25"E
126.66'

N58° 58' 51"E
340.54'

N58° 58' 51"E
365.33'

S31° 09' 59"E
225.59'

N31° 02' 10"W
140.00'

FENCE POST ENCROACHING
1.2

54.5

S31° 03' 05"E
124.19'

58.6

52.6

30.6

well

GRAVEL DRIVE

LOCHINVAR DRIVE
60' PUBLIC R/W

garage
10' off Rear
House
8' off line

30 Feet wide
25 Feet Deep

LEGEND

P.U.E.	PUBLIC DRAINAGE EASEMENT	• NRB	NEW REBAR
• EIP	EXISTING IRON PIPE	• ERB	EXISTING REBAR
OHPL	OVERHEAD POWER LINE	• END-EC	END AT EC
• CM	CONCRETE MONUMENT		FENCE LINE
PPOLE	POWER POLE	LPOLE	LIGHT POLE
□ TR	TRANSFORMER	● MH	MANHOLE
• PHONE	TELEPHONE BOX	• CATV	CABLE TV BOX

PROPERTY LINE NOT SURVEYED

DRAWN BY: SM
AREA COMPUTED BY COORDINATE METHOD

0 60'

SCALE 1"= 60'

PHYSICAL SURVEY
LOT 25
BUTTERFIELD PARK
MECKLENBURG CO., NORTH CAROLINA
STREET ADDRESS: 8702 LOCHINVAR DRIVE
TAX PIN: 13927174
OWNED BY: JOSEPH BRIAN HOUGH
CONVEYED TO: ROBERT MCCONNELL, JR.
RECORDED IN MAP BOOK 12 PAGE 541
DEED BOOK 17850 PAGE 480

16071

PREPARED BY:
STEPHEN B. MULLINS AND ASSOCIATES, P.A.
REGISTERED LAND SURVEYORS

228 WESTINGHOUSE BLVD. SUITE 302
CHARLOTTE, N.C. 28273-8248

(704)583-1800
FAX (704)583-4118

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/06/16	**Amount:**	100.00
Receipt #:	102791	**Tendered:**	100.00
Check / Auth #:	MC 048088	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MCCONNELL,ROBERT
Attn:
Address: 2350 WEST CREEK LANE
Address:
City/State/Zip: HOUSTON, TX 77027

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 8702 LOCHINVAR DR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
ROBERT MCCONNELL

Bill To:

ROBERT MCCONNELL
2350 WEST CREEK LANE

Houston, TX 77027

Single Payment

Transaction Date: 12/06/2016 1:38 PM Pacific Time
Pay Method: **********2253
Approval #: 04808B
Trace Number: 11773a6f-77bc-4cce-9687-d02b195d0ea0
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

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 12/9/16 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. ☐ _____