B.D.

#11993

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3 MAR '21 PM 2:

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

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: 19334213
2929
STREET ADDRESS: 2929 Plenty Wood Dr
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: LOT SIZE (in ac):
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: 2000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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: 3 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? ☐ UNKNOWN
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☐ N/A

12. PROPERTY OWNER:
NAME: Van Lian
ADDRESS: 2929 plenty Wood Dr
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE: 240 446 5982
MOBILE PHONE: 240 418 0105
FAX:
E-MAIL: svthau3@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Van Lian
ADDRESS: 2929 plenty wood Dr
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL: svthau3@gmail.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 staking 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. dtownsfield (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 staking 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.

_____ 3/3/2021

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: _____

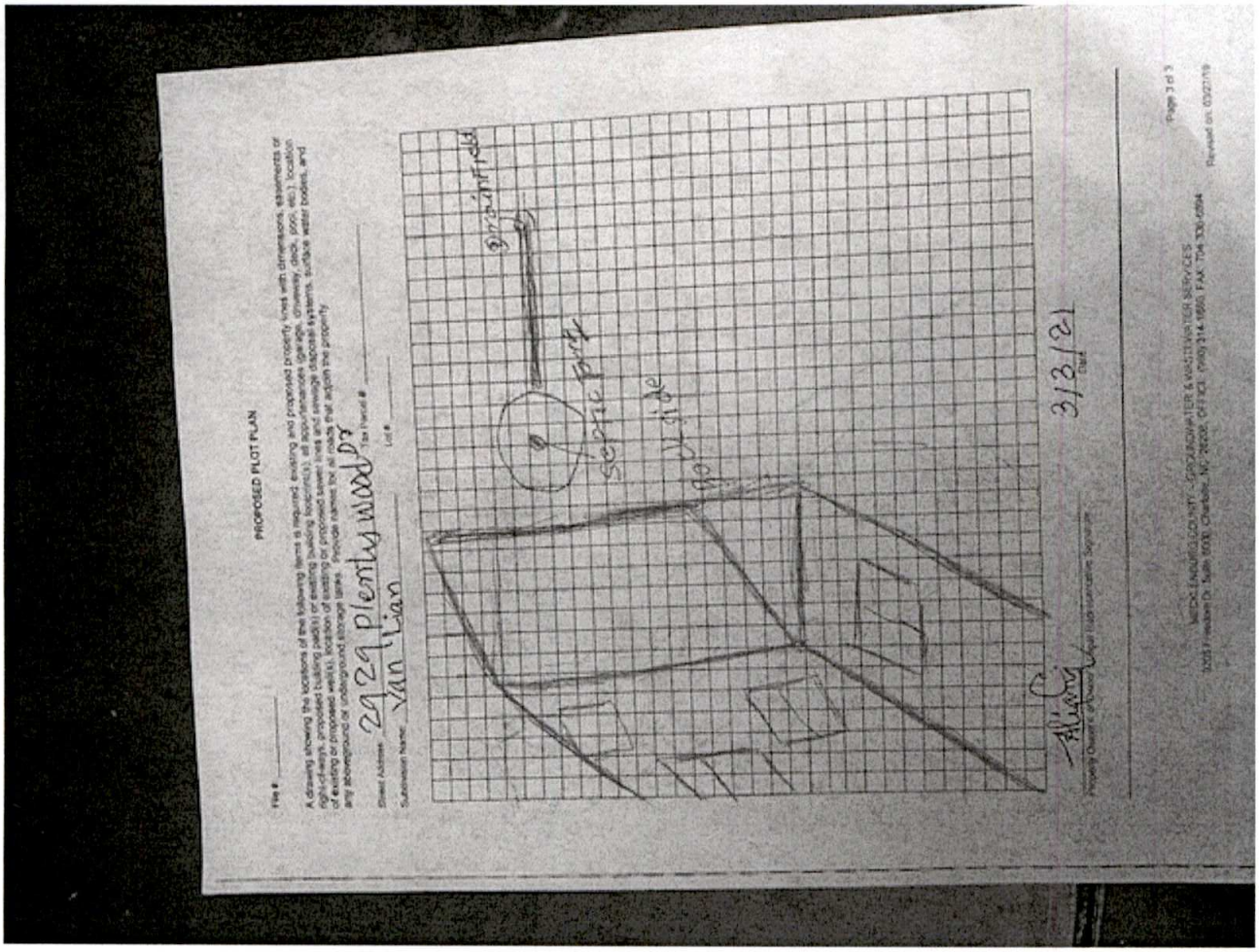
WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:


PROPOSED PLOT PLAN
File # _____
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or
rights-of-ways, proposed building location(s) on property, existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location
of existing or proposed buildings on adjacent lots, and existing or proposed sewage disposal systems, surface water bodies, and
any development or underground storage tanks. Provide names for all roads that adjoin the property
Street Address: 2929 Plentywood Dr
Subdivision Name: Van Lian
Tax Parcel # _____
Lot # _____
driveway
septic part
wide
100'
3/8/21
Date
Page 3 of 3
Revised on: 03/27/19

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Van Lian

Mailing Address: 2929 Plentywood Dr
Matthews, NC 28105

Occupant:

Location:

, NC

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On March 10, 2021 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **April 15, 2021** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Bryan Davenport at 704-574-5006.

Notice Issued: 3/10/21 (Date) — Bryan Davenport — DENR/DEH Authorized Agent

Compliance: 4/15/21 (Date) — Bryan Davenport — DENR/DEH Authorized Agent

Mecklenburg County – Groundwater & Wastewater Services
3205 Freedom Drive, Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894