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 AS. 11/29/17 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. ☐ _____

29 NOV '17 AM 8:37

Permit 2607
B 3249 758 #9318
29 NOV '17 AM 8:37

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
☑ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: David Bengtson (Contractor)
ADDRESS: 11910 Tennis Ridge Dr
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704 622-2262 (cell)
ALTERNATE PHONE:
E-MAIL: David@LighthouseNC.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Susan Doak & Larissa Neufeld
ADDRESS: 21227 Island Forest Dr
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704 622-2262
ALTERNATE PHONE:
E-MAIL: David@LighthouseNC.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00111123
STREET ADDRESS: 21227 Island Forest Dr
CITY: Cornelius
STATE: NC ZIP: 28031

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

11/28/17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

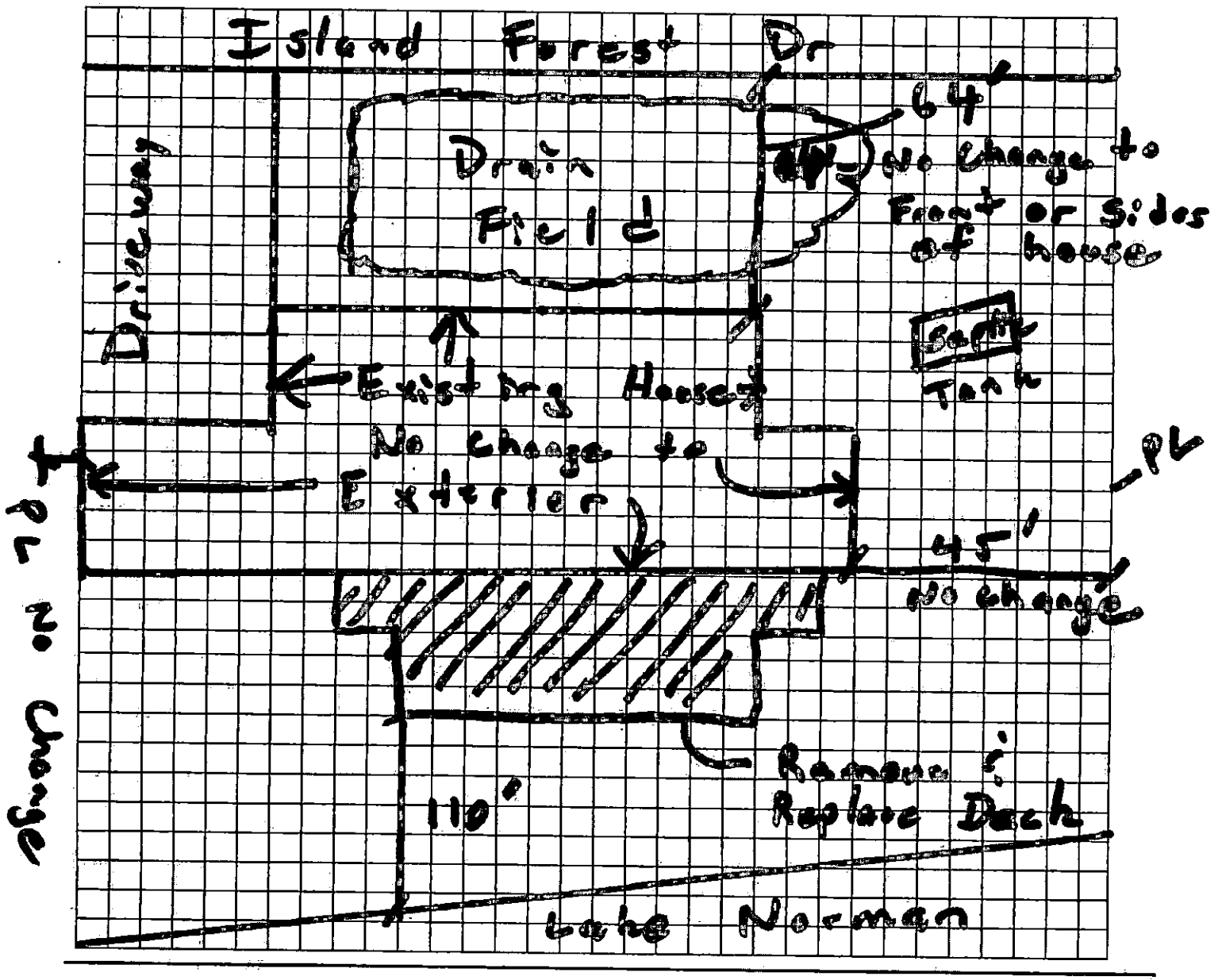
File #: _____

PROPOSED PLOT PLAN

Permit
B3249758

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: 21227 Island Forest Dr Tax Parcel #: 00111123



*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 DECK ADDITION

REHS Signature 11/30/17 Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/29/17	**Amount:**	100.00
Receipt #:	108354	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: X37217
Contractor: LIGHTHOUSE CONSTRUCTION OF N
Attn:
Address: 4100 WESTMOUNT DRIVE
Address:
City/State/Zip: GREENSBORO, NC 27410

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 21227 ISLAND FOREST DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
82.22					

Serial No. 1721

Date Issued 12/21/71

ICAR(S) Permit No. 2607

T. C No. 001-341-63+64

Map Date 9/1/70

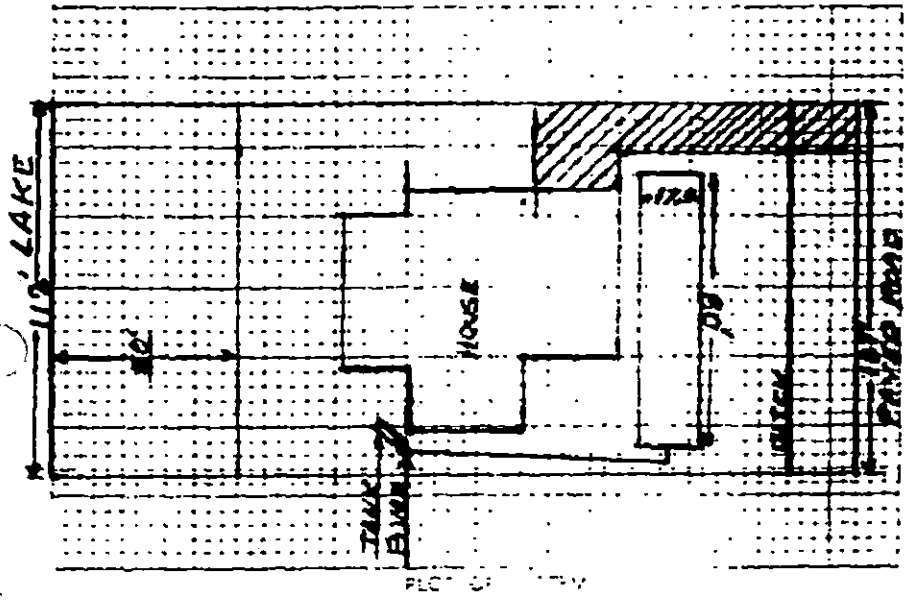
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ [illegible] Alter or Repair the individual septic tank wastewater treatment system with subsurface [illegible] effluent discharge as specified herein at the described location. This permit is granted based on the information supplied in application 2607, dated 10/28/71 and this permit shall be of no effect if the information provided in the application is not true or [illegible] completed on or before 11/15/72 after which date this permit shall be null and void.



Percolation Rate 30

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption Trench or Bed Bottom Area

Total Line Length 550'

Number of Lines 7 [17.5'x80'x1']

Distance from House 7.5'

Distance from Property Line 10'

Distance from Well NONE

NAME OF OWNER O'DONNELL COLVIN H.

LOCATION OF PROPERTY ISLAND FOREST (LAKE NORMAN)

[illegible] terms of this permit [illegible] its as set forth in the Regulations of the Mecklenburg [illegible] the granting [illegible] permit. A certificate of [illegible] system can be [illegible] or otherwise restricted [illegible]

REMARKS TANK WILL BE INSTALLED WITH A SEALANT FILLER IN ALL JOINTS - THE SEALANT SHALL BE SIKA CHEMICAL TWO COMPOUND EPOXY OR RUBBER ASPHALT AS MANUFACTURED BY W. R. GRACE ✱ THE TANK MUST BE INSPECTED & APPROVED BEFORE IT IS BACKFILLED & COVERED

S. K. McMillan
Director or Section Head

John Gibson
Environmentalist

If this permit is for the installation of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-1-71

APPLICANT'S COPY

Serial No. 2370

C of A (s) No. 2607

Date Issued 16 Aug 72

T. C. No. 001 - 341 - 63 ky

Map Date 1 Aug 70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner O'Donnell (LAST) Calvin (FIRST) H. (MIDDLE)

Location of Property Wood Forest Cir.

Application Number 2607 Permit Number 2607

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 550' Number of Lines 7 (2 R 5 C 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source 700'

Excavation Inspected 15 Jan 72 (DATE) Tank Inspected 15 Jan 72 (DATE)

Nitrification Field Inspected 15 Jan 72 (DATE)

Washing Machine Line Inspected, If Applicable 2-10 (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 Board of Health 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 as well as 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: Clifford (Contr.)

M. H. Kirby

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

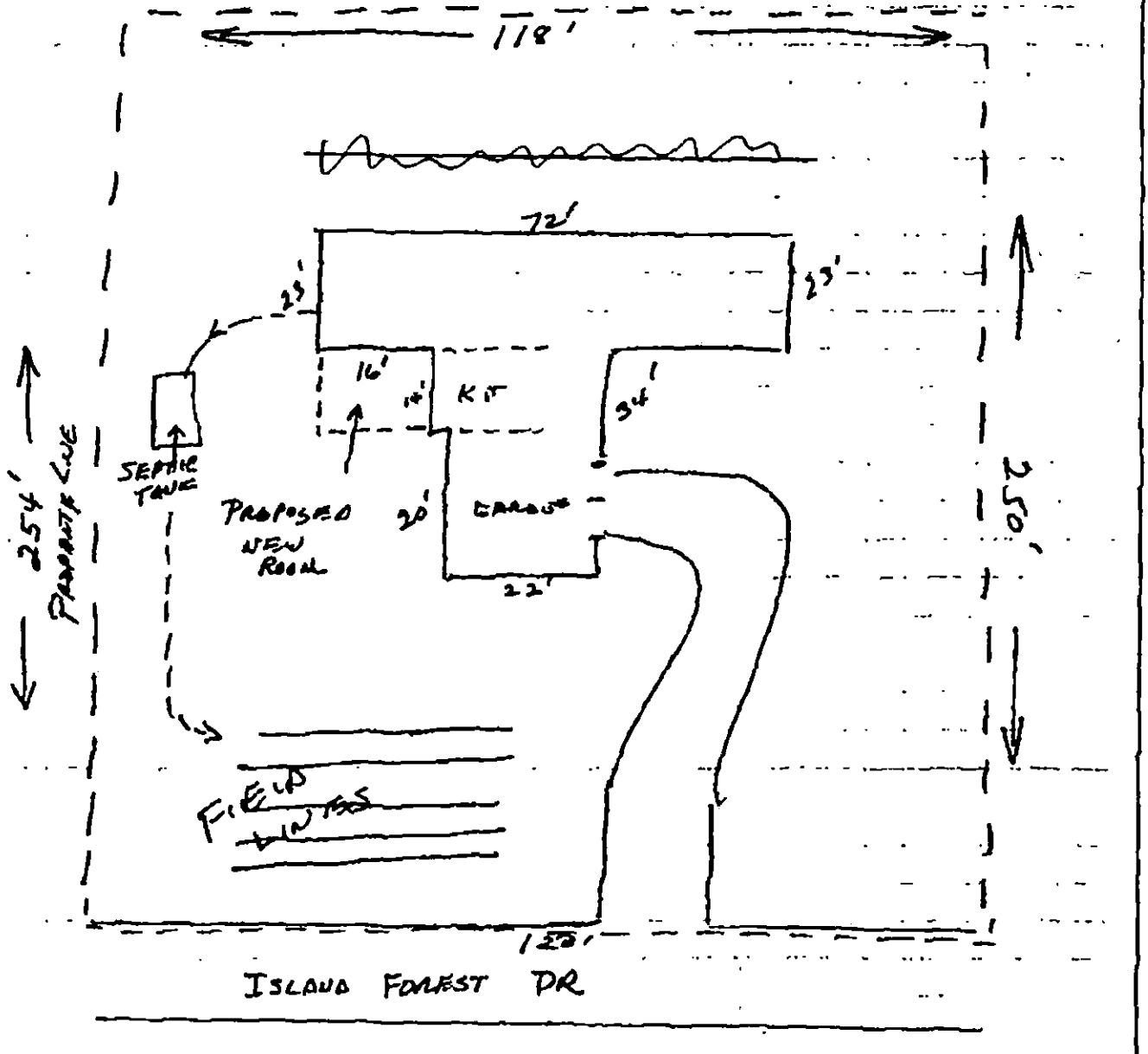
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2607

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: X Colleen A. O'Donnell

Date: 2/18/88