Property owner backed out of sale arrangement, various pits needed cleaned
& rock, not possible to complete INV. #427 new Inv
dw/out Rite - Transfer to Installation 5-19-06

GWS – RES. APP 07/05

SEPTIC FEE: $200.00
DATE: 2/27/06
CRT [CU#1397 V.N.

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6367B.

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 11330211
STREET ADDRESS: 7201 Buckland Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2,500.
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☒ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO		WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO		DESIGNATED WETLANDS	☐ YES ☐ NO	
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO		GRADING/SOIL REMOVAL PERFORMED	☒ YES ☐ NO	

PROPERTY OWNER:

NAME: Ted + Patty Lewis
ADDRESS: 4101 Randolph Rd.
CITY: Charlotte
STATE: N.C. ZIP: 28211
HOME PHONE: 704-336-5102 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Patrick McNulty
ADDRESS: 7101 Buckland Rd.
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: 704 588 7282 WORK PHONE:
MOBILE PHONE: 704 400-1008 FAX: 704 588 7282

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Crescent Resources - around 1956.
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Not set yet.

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Feb. 27. 06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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

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

PROPOSED PLOT PLAN

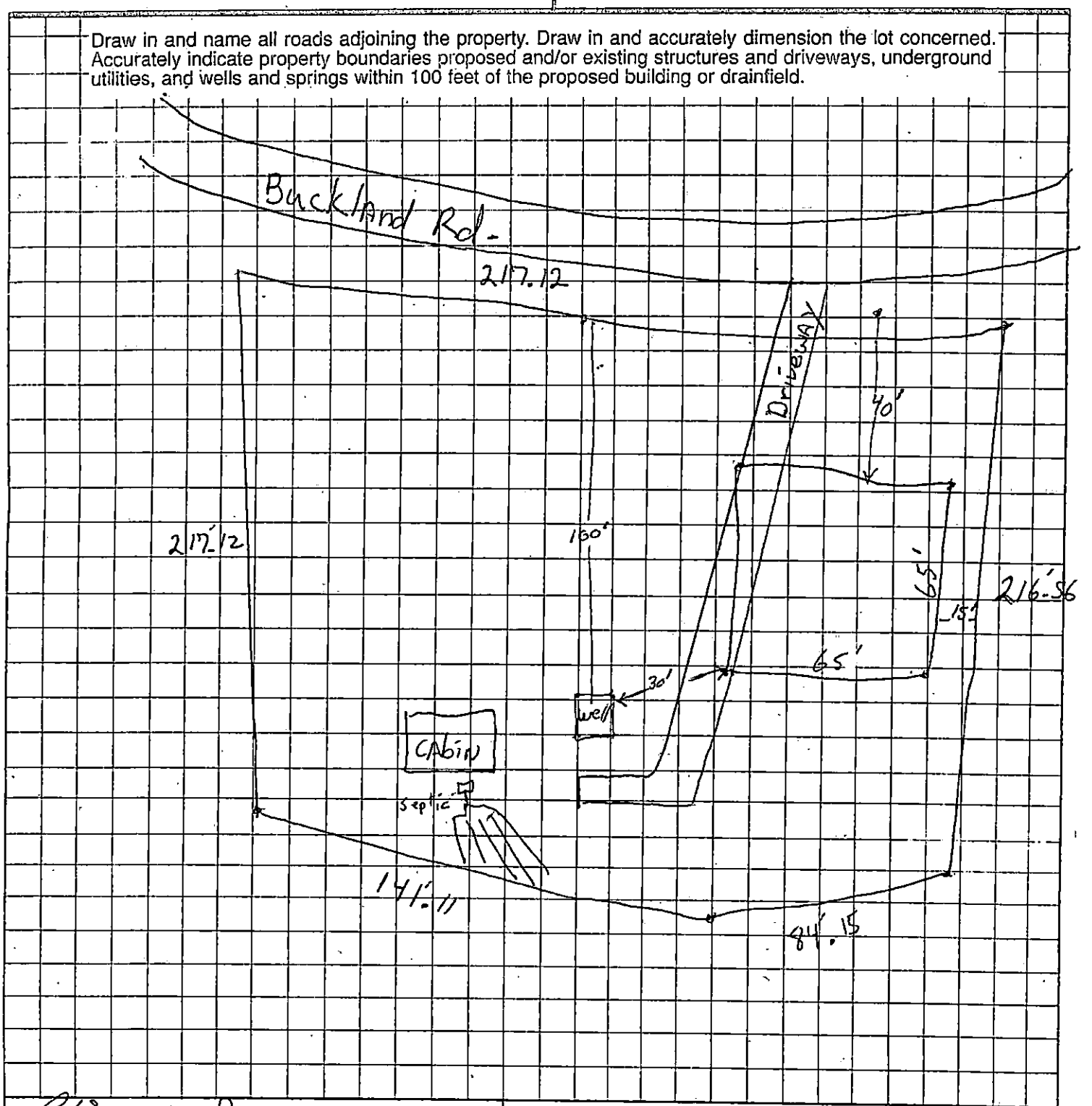
~~29~~ Zach

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6367-B

TC: 113-

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.



Robert J. McNutt

OWNER/AGENT SIGNATURE

DATE 2-28-06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

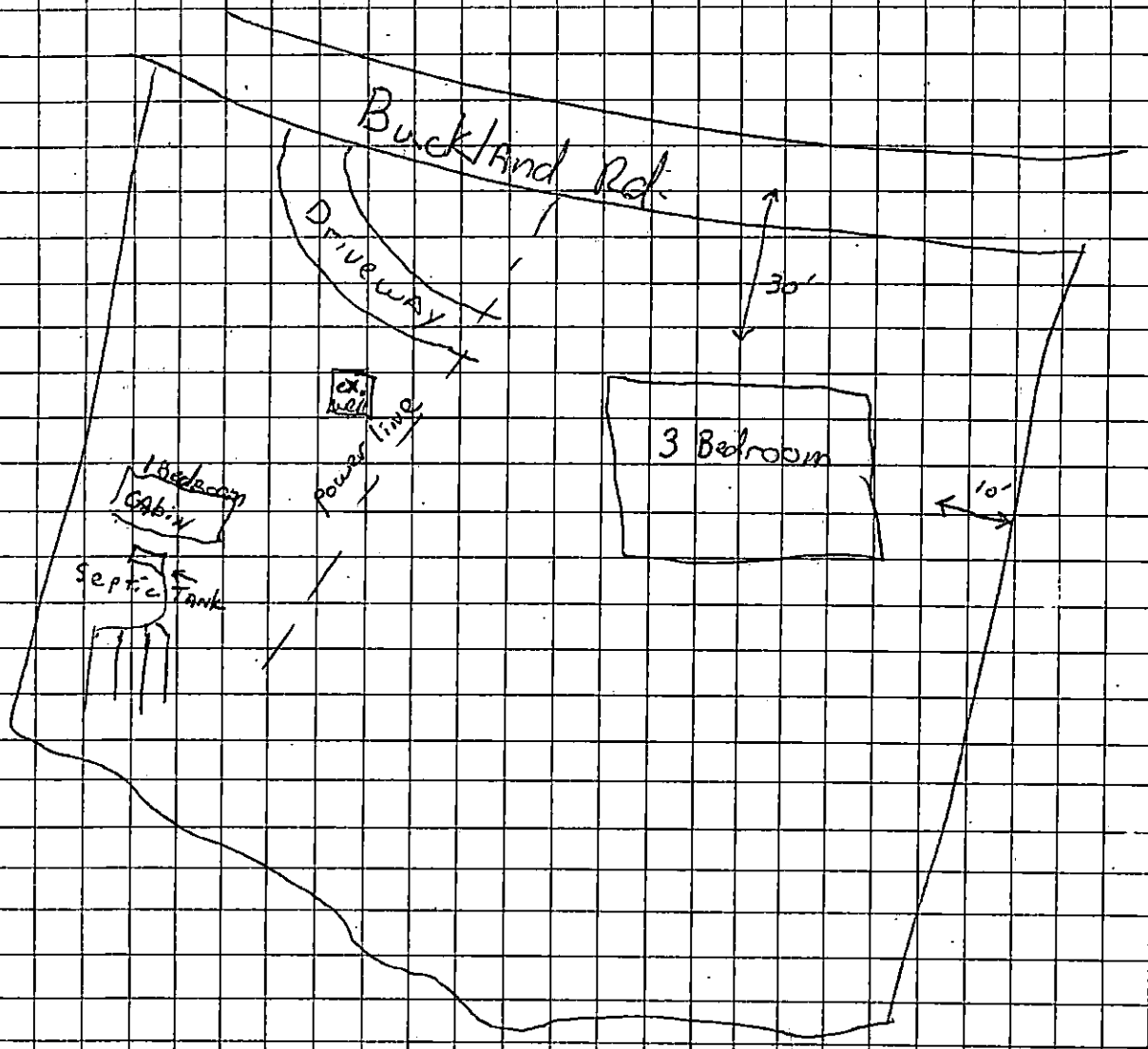
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

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.



OWNER/AGENT SIGNATURE

DATE 2-27-06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

To Environmental Health divison.

This day being Feb. 27th 2006, I would like to give my neighbor Patrick McNulty the authorization to apply for A soil test and septic tank system permit. The test to be performed on my property at 7201 Buckland Rd. Charlotte NC.

Sincerely

Patti S. Dennis

File #: _____

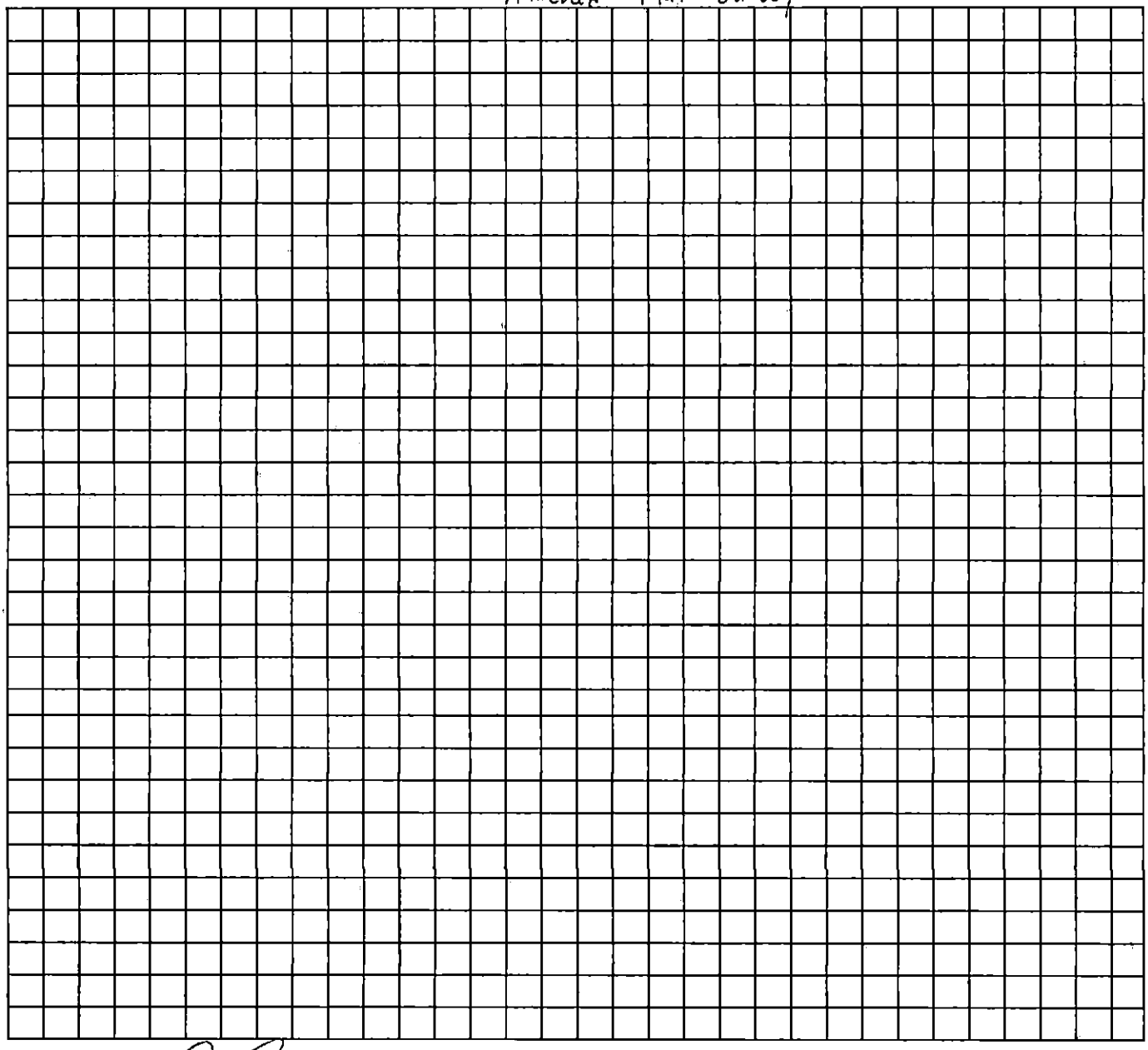
PROPOSED PLOT PLAN

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: 7201 Buckland Rd Tax Parcel #: 11330211

Subdivision Name: N/A Lot #: 7

See Attached Plat Survey

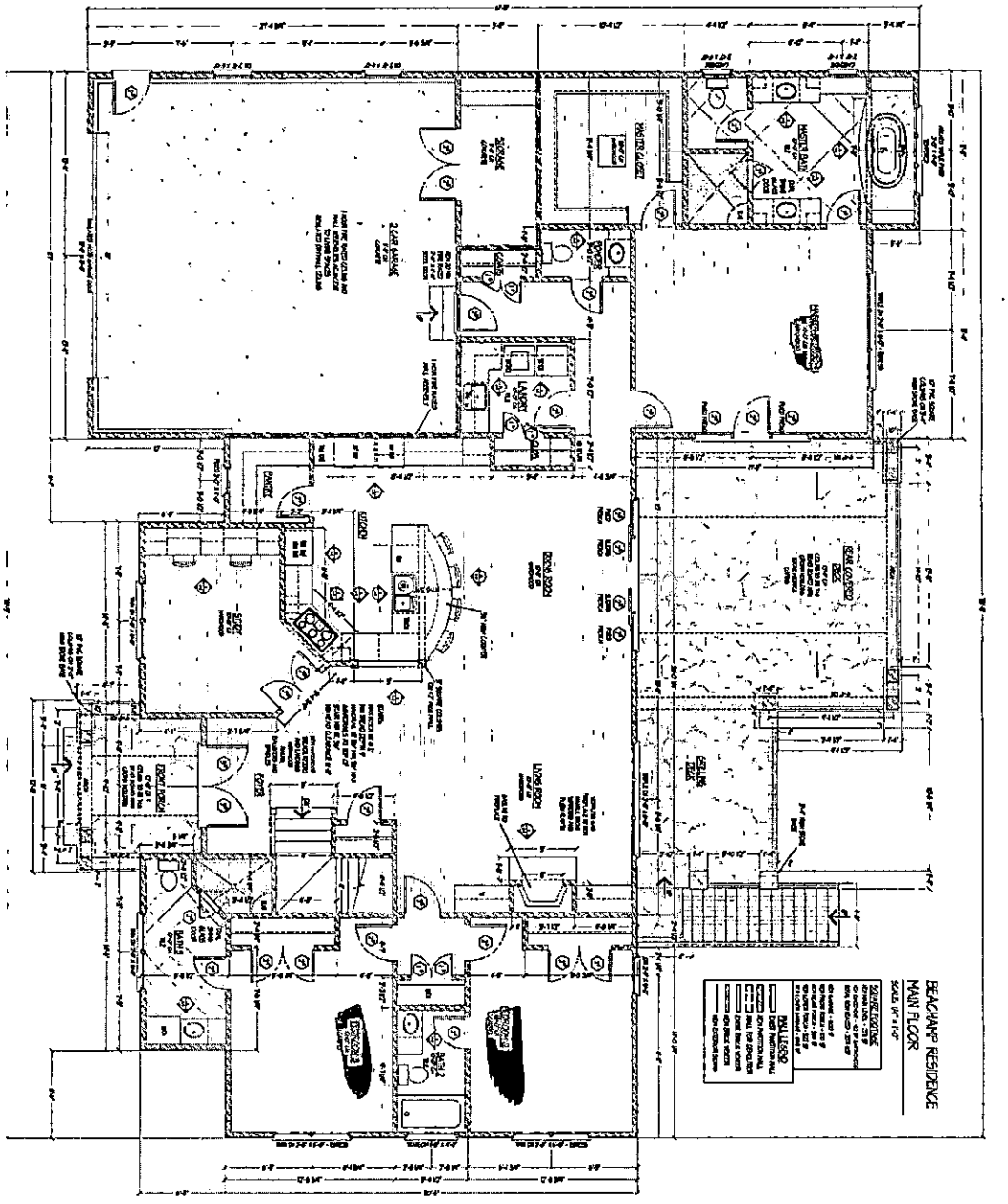


Property Owner's or Owner's Legal Representative Signature

1-22-13
Date

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

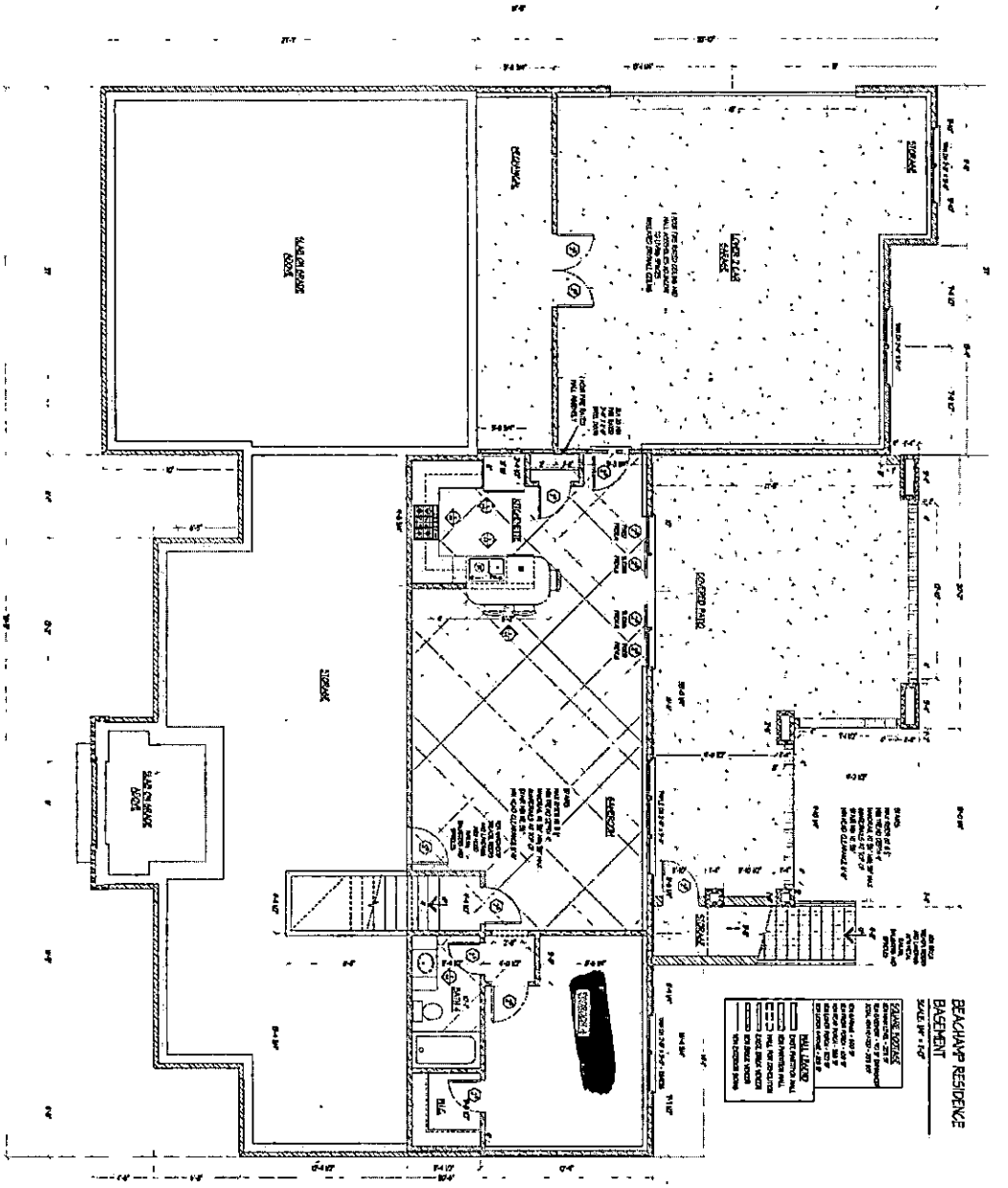
Revised on: 12/15/10



SHEET OF PROJECT 253	A-2	MAIN FLOOR	REVISION
All dimensions to be verified by general contractor and sub-contractors prior to construction, fabrication and installation		DRAWN BY: KLH	DATE: 7-11-2013
		SCALE: 1/4" = 1'-0"	

CHARLOTTE IN-VIRONMENTS INC.
4730-D PARK ROAD
CHARLOTTE, NC 28209
(704)527-7700
JEANINE DeVANEY
& ASSOC.

BEAUCHAMP RESIDENCE
7201 BUCKLAND ROAD
CHARLOTTE, NC 28278



SHEET OF PROJECT 253	A-1	BASEMENT	All dimensions to be verified by general contractor and sub-contractors prior to construction, fabrication and installation

REVISION	DRAWN BY	DATE	SCALE
	MJH	7-11-2013	1/4" = 1'-0"

CHARLOTTE IN-VIRONMENTS INC.
4730-D PARK ROAD
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MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☒

1. Property Owner's Name: Ted + Patti Lewis 2. Permit Number: File #63678

3. Address: 4101 Randolph Rd 4. Date Issued: _____

5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate
☐ Not Doing Work
☒ Other (Specify) request changed from I.P. to Consultation

6. Account Name: _____ Account # _____

7. If Refund, Check payable to: Patrick McNulty (Please Print) 8. Phone _____

9. Address: 7101 Buckland Road (Street) Charlotte (City) NC (State) 28278 (Zip)

10. Signature: Request by Phone 11. Printed Name _____ 12. Date: 5/19/06

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	50 %	$100	$100	$100.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials JJC Date 5/22/06

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #