MECKLENBURG COUNTY
HEALTH DEPARTMENT

20064 #8871

12 APR '17 PM 2:24

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: Chuck Rhoten
ADDRESS: ~~2700 Hart Road~~ 306 Rhyne Oakland Rd,
CITY: Gastonia
STATE: NC ZIP: 28054
PHONE: 704-777-5747
ALTERNATE PHONE: 704-301-1422
E-MAIL: americaschoicecontractors @aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Alejandro Ramirez
ADDRESS: 2700 Hart Rd
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 7046224877
ALTERNATE PHONE: 980-939-9621
E-MAIL: alfi203@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 03119130
STREET ADDRESS: 2700 Hart Rd.
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: n/a
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: 2
NUMBER OF OCCUPANTS: 3

There will be an addition of one bedroom, 1 office and 1 bathroom.

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 office

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 _____ Date 4/12/17

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

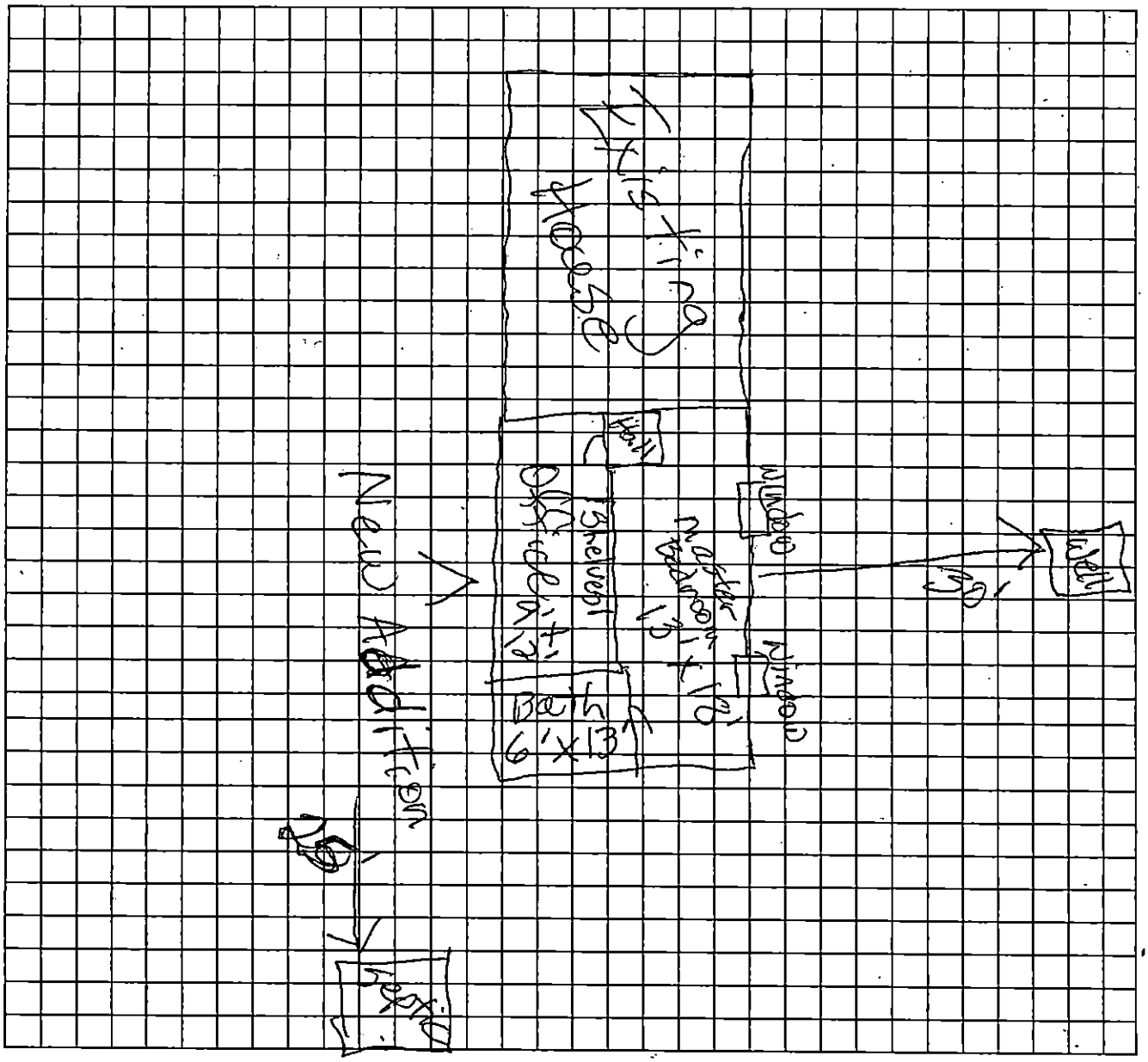
Revised on: 01/03/11

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: 2700 Hart Rd. Tax Parcel #: 03119130



*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

Approval Granted for a bedroom, bathroom + office addition (3 bedrooms total)

use existing system

Phila Walker REHS 4/18/17

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
CHARLES RHODEN

Bill To:

CHARLES RHODEN
306 RHYNE OAKLAND RD

Gastonia, NC 28054

Single Payment

Transaction Date: 04/12/2017 11:24 AM Pacific Time
Pay Method: VISA **********2542
Approval #: 028984
Trace Number: 7af15fc1-4014-4a8b-96d4-d7c82cadb103
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/12/17
Receipt #: 105283
Check / Auth #: VISA 028984
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RHODEN,CHARLES
Attn:
Address: 306 RHYNE OAKLAND RD
Address:
City/State/Zip: GASTONIA, NC 28054

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2700 HART RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		90.00			

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

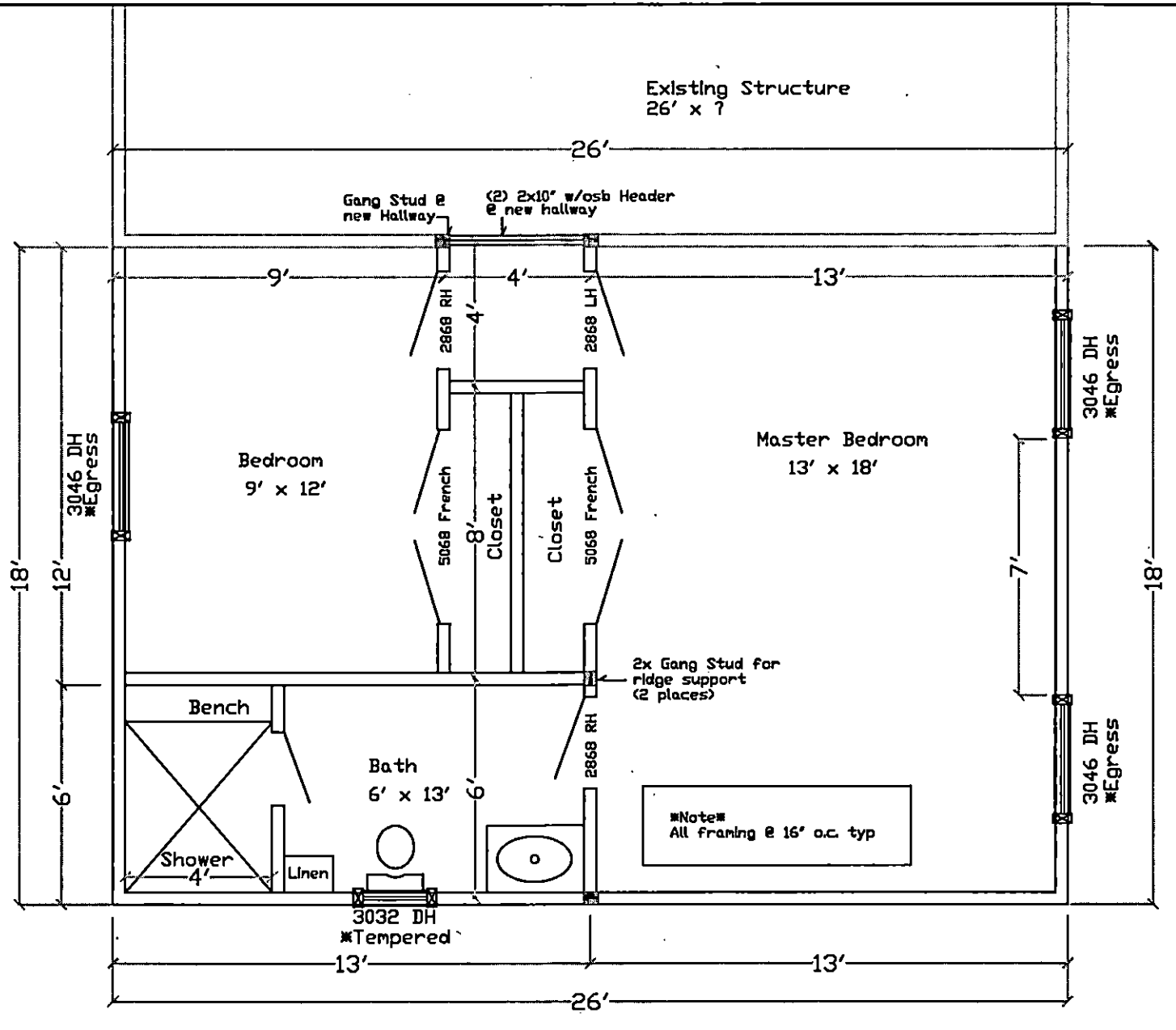
1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Charles Rhoden is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 2700 Hart Rd ; Charlotte .
   Number Street Town
   (Or Parcel Number)

Alejandro Ramirez
Property Owner (print name)

Alejandro R
Property Owner (signature)

4/17/17
Date

Proposed Addition
Floor Plan
+467 Sqft h/c



Dwg By: Lock-Tite Log Systens - S. Martin - 470 B. Leazer Road Salisbury, NC 28147 704-638-0677

WINDOW SCHEDULE *
Duke Vinyl Products Marquise Double Hung
Solar Rating 0.2, Visible Transmittance 0.42
U rating 0.29, Air Leakage 0.3

SIZE	-	Location	-	Notes
3046	Double Hung	Master Bed Wall		Egress Window
3046	Double Hung	Master Bed Wall		Egress Window
3046	Double Hung	Bedroom Wall		Egress Window
3032	Double Hung	Master Bath Wall		Tempered Glass

EXTERIOR DOOR SCHEDULE

SIZE	-	Location	-	Notes
2868		Master Bedroom		Left Hand Swing
2868		Bedroom		Right Hand Swing
5068	French	Bedroom Closet		
5068	French	Master Bed Closet		
2868		Master Bathroom		Right Hand Swing

Page 1
Date 2/20/17
Scale 3/4" = 1'
For Alejandro Ramirez
2700 Hart Road Charlotte, nc 28216
Plan# LT017002
Lock-Tite

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

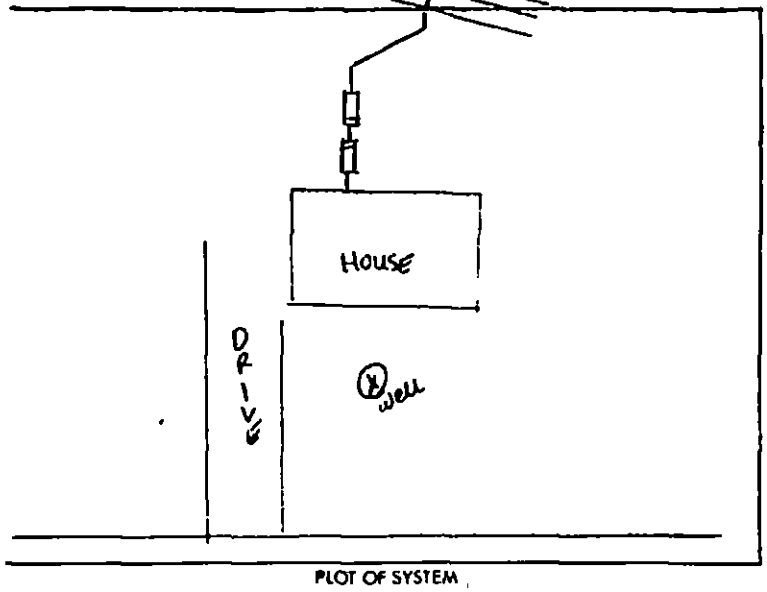
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20064 DATE: 7/7/06

TC: 031-191-30 ☐ L

SERIAL № 10154

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/17/85. All work shall be completed on or before 8/1/06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 6" fee

Total Line Length 400 fee

Number of Lines 4

Depth of Stone 11 1/4 inche

Distance from House 5 fee

Distance from Property Line 10 fee

Distance from Well >100 fee

NAME OF OWNER Brest, Kenneth Neal

LOCATION OF PROPERTY 2700 Hart Road

Comments: Install in accordance with plans on file

Division or Section Head

Cynthia G. Bass
Environmentalist

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

C of A (s) No. 20064

Date Issued 7/24/86 Serial 8735 T C No. 031-191.30 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Bost (LAST) Kenneth (FIRST) Neal (MIDDLE)

Location of Property 2700 Hart Road

Application Number 20064 Permit Number 20064

Inspection Data:

Liquid Capacity of Tank 1500 Gal + 1000 gal Tank Material PCC.

Total Length of Drain Tile 400' Low pressure Syste Number of Lines

Depth of Filter Material 8" Cover Depth 8"

Water Supply Source Well. Distance from Water Source 50'+

Excavation Inspected 7/24/86 (DATE) Tank Inspected 7/24/86 (DATE)

Nitrification Field Inspected 7/24/86 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 Health Commission 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(s) 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 1986 1500 gal + 1000 gal ST 400' fal Low pressure syste 8" stone.

Bob Wilson
Environmentalist

EHD-5-76

Environmental Health Department's Copy