*Please call owner before going out to property

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 SP 11/13/20 Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

13 NOV '20 AM 9:49

2627
#11746

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: ALONSO CASTILLO
ADDRESS: 3717 DANDRIDGE CIRCLE
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 7049759765
ALTERNATE PHONE: 7049626660
E-MAIL: facingeternity@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 135-331-66
STREET ADDRESS: 3717 DANDRIDGE CIRCLE
CITY: MATTHEWS
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:
LAKE HEAVEN
LOT #: 17

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: 5

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

Nov/11/2020
Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

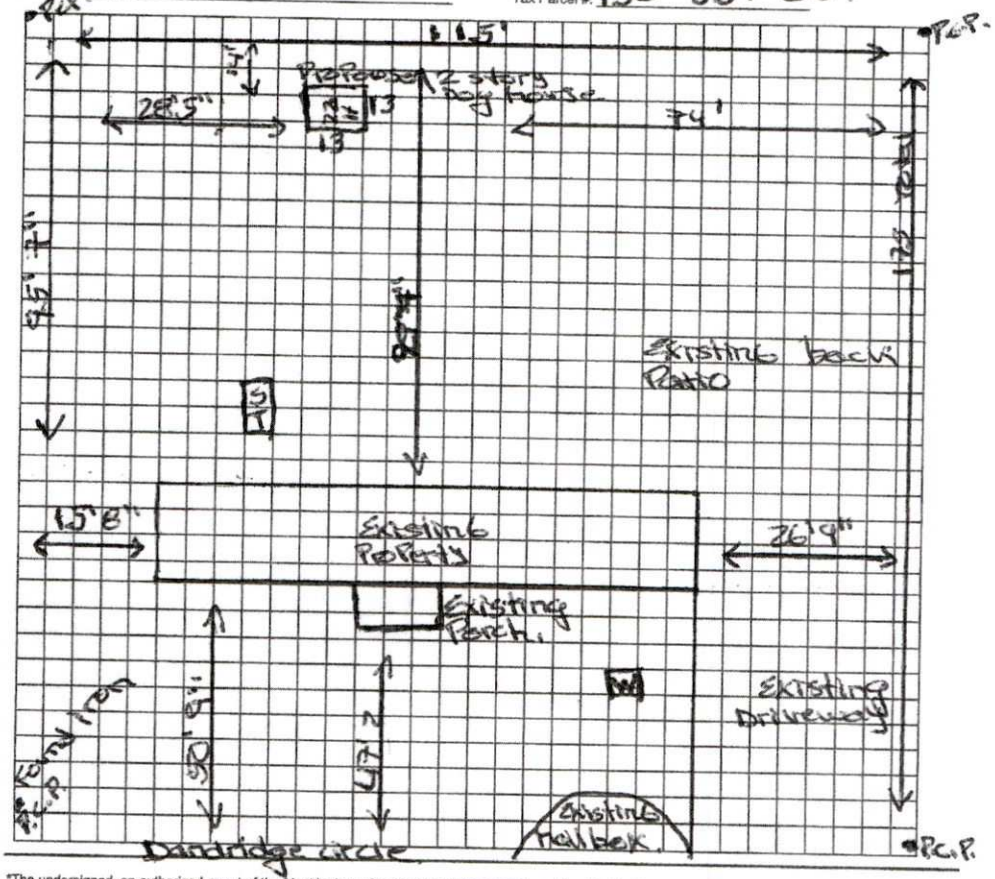
PERMIT # B3547932.

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: 3717 DANDRIDGE CIRCLE MATTHEWS Tax Parcel #: 136-331-66.



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

approved for only 3 bedroom House

REHS Signature Date 11/16/20

House renovation

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/13/20	**Amount:**	100.00
Receipt #:	124666	**Tendered:**	100.00
Check / Auth #:	VISA 03163D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: ALONSO CASTILLO
Attn:
Address: 3717 DANDRIDGE CIRCLE
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 3717 DANDRIDGE CR		1	100.00	100.00

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
11/13/20 10:13

Sale

Merchant ID: 153629
Sequence #: 001
Card Type : VISA
Auth. Code: 03163D
Acct. No: **********2724

Amount : 100.00

APPROVED

Phone Payment
Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

Merchant Copy

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

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

Date Received 10-27-71

APT No. 2627

T. C. No. 135-34717

Map Date 9-29-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Price (LAST) Robert (FIRST) Lawson (MIDDLE)

2) ADDRESS OF OWNER Rt #11 Box 240, Charlotte ZIP 28213

3) PHONE NO Home 596-6585 Office

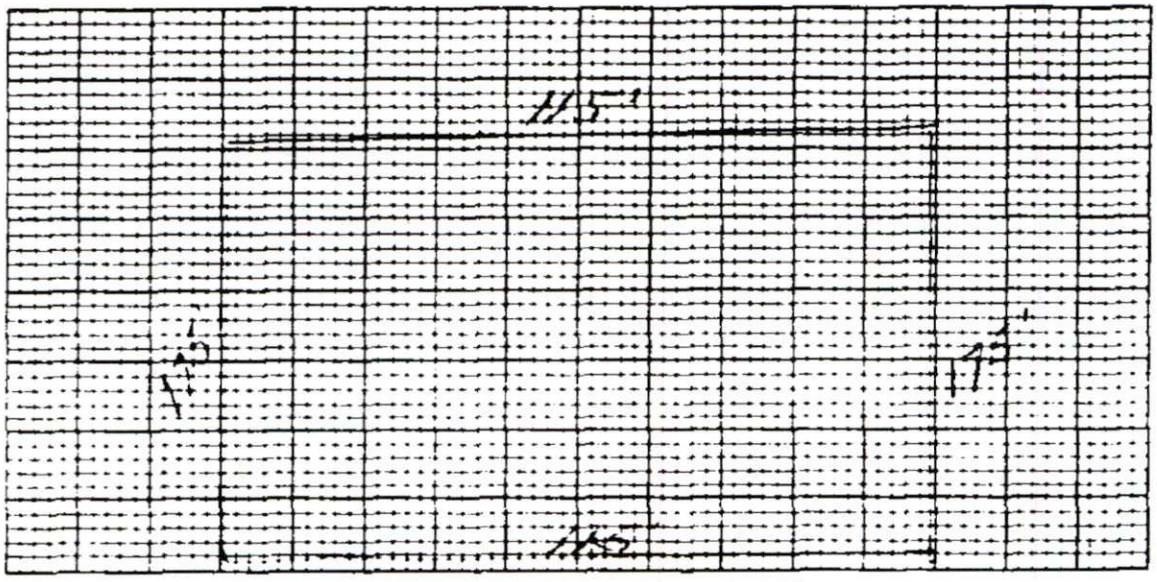
4) LOCATION OF PROPERTY Dandridge Circle (STREET OR COUNTY ROAD)

5) SUBDIVISION Lake Haven LOT NO. 17 BLOCK NO.

MAP BOOK NO. 8 PAGE NO. 331

6) DEED REFERENCE DEED BOOK 2071 PAGE NO. 4

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Dandridge cir

Mrs Robert Lawson Price
OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 1141

PTR No. 2627

Date Issued November 12, 1971

T. C. No. 135-343-17

Map Date 9/29/71

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

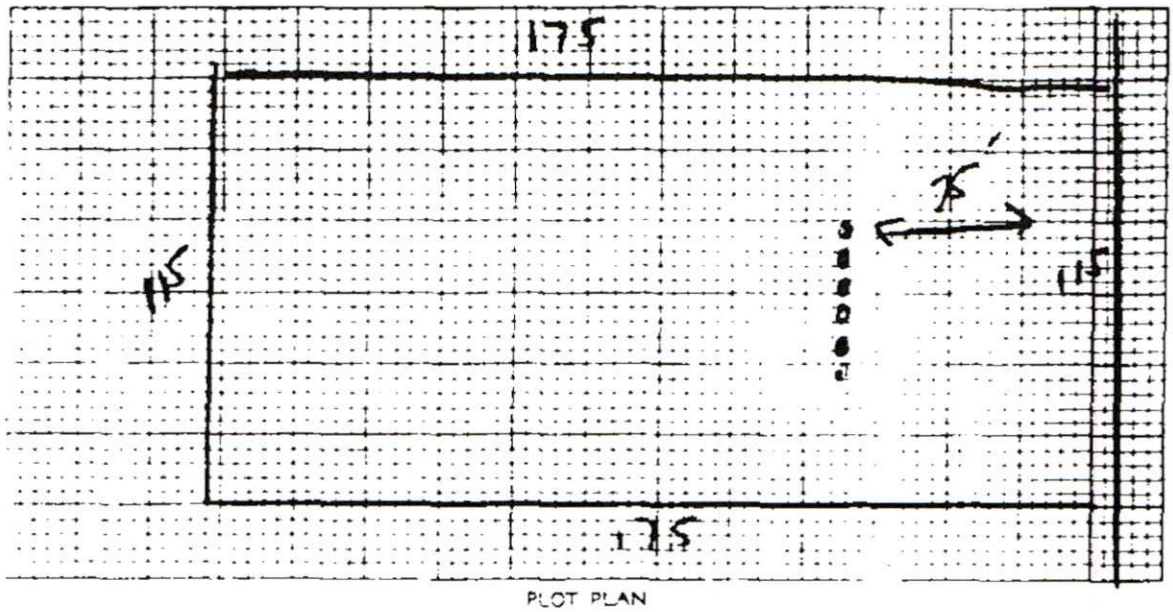
PERCOLATION TEST REPORT

NAME OF OWNER Scruggs (LAST) Jack (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 1712 Kenilworth Ave., Apt. 10 ZIP _____

LOCATION OF PROPERTY Dandridge Circle (STREET OR COUNTY ROAD)

SUBDIVISION Lake Haven LOT NO 17 BLOCK NO _____



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 48. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the construction, alteration or repair of the specific system has been obtained from the Mecklenburg County Health Department prior to the occupancy of any portion of buildings to be served by the system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed is determined by the Health Department prior to issuance of a permit based on the percolation rate obtained and the number of bedrooms and type of building constructed thereon.
3. The approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. The approval is void if any grading, filling or construction, including the placement of any permanent structure on the lot which, in the opinion of the Health Department, renders the area shown on the plot plan unsuitable for the installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 11-12-71

ICAR(S) Application No. 2627

T. C. No. 135-343-17

Map Date 9 29 71

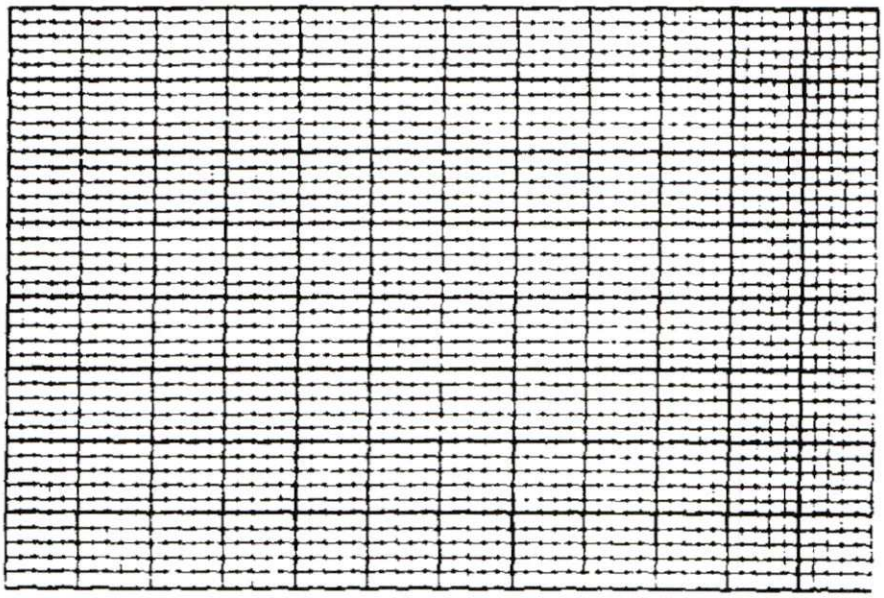
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes ✓ No

8) Dishwasher ✓ Yes _____ No

9) Water Supply:
   A) Individual Well ✓
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer _____ Yes ✓ No
   House located within 200 feet of community sewer _____ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Sellers (LAST) Jack (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office _____

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 11 Block No. _____

Map Book No [illegible] Page No 1

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN 11-11

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

_____ Jack L Sellers
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY

Date Received 1-26-72

ICAR(S) Application No. 2627

T. C. No. 135-343-17

Map Date 4-24-71

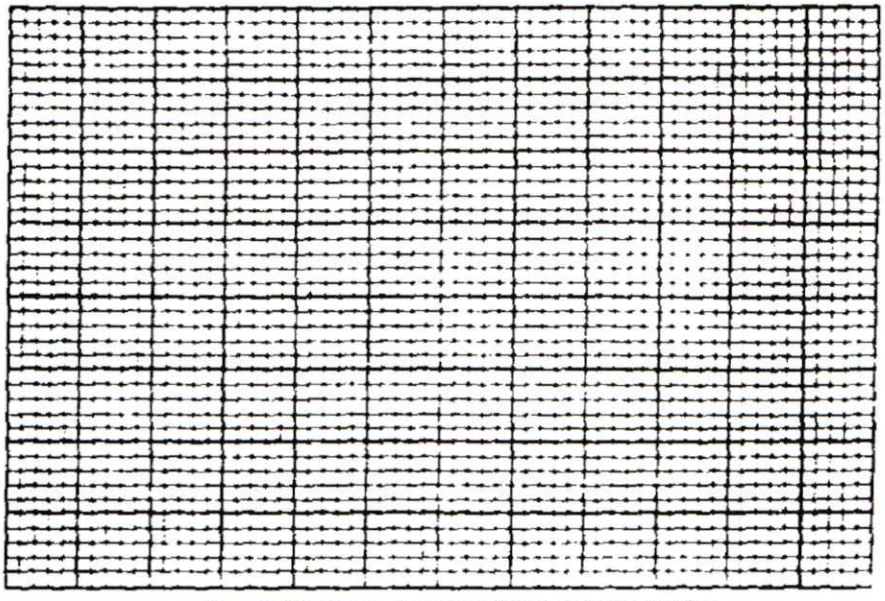
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply:
   A) Individual Well Yes
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. N/A

12) VA Case No _____

13) NAME OF OWNER Scruggs (LAST) Jack (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 1712 Kenilworth Ave Apt #10 Charlotte, N C

15) PHONE NO Home 332-5737 Office —

16) LOCATION OF SYSTEM Lot #17 Dandridge Cir. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lake Haven Lot No. 17 Block No —

Map Book No 5 Page No. 231

18) DEED REFERENCE — DEED BOOK 3-71 AT PAGE 4

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 11-5-71

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

OWNER Jack L. Scruggs

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

HEALTH DEPARTMENT'S COPY

Date Issued November 12, 1971 Serial No. 1157

LA No. 2627

T C. No. 135-343-17

Map Date 9/29/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Scruggs (LAST) Jack (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 1712 Kenilworth Ave., Apt. 10 ZIP

LOCATION OF LOT Dandridge Circle (STREET OR COUNTY ROAD)

SUBDIVISION Lake Haven LOT NO 17 BLOCK NO

MAP BOOK NO. 8 PAGE NO 331

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 48, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 2627. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered and or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permits which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation Construction Alteration and or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed constructed altered and/or repaired in accordance with a valid Installation Construction Alteration, and/or Repair Permit.

Thomas R. Ward
Environmentalist

M. B. Wasson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued Jan. 15, 1972 Serial No. 1740

ICAR(S) Permit No. 2627

T C No 135-313-17

Map Date 9-26-71

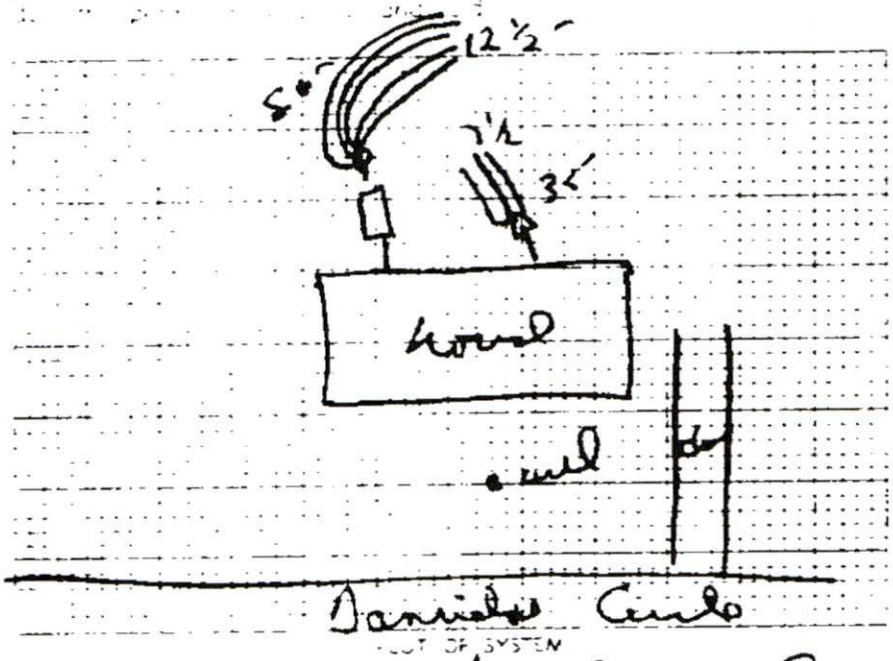
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 application 2627, dated 11-12-71. This permit shall be void and of no effect if the information provided in the application is in error. All work shall be completed on or before 2-15-72 after which date this permit shall be void and of no effect.



FRONT OF SYSTEM

Permit Fee Rate $60

Liquid Capacity of Tank 1000 gal.

Tank Construction precast

Absorption Trench or Irrigation Lines

Total Line Length 400'

Number of Lines 5

Distance from House 10'

Distance from Property Lines 10'

Distance from Well 50'

NAME OF OWNER Jack Leroy Scruggs

LOCATION OF PROPERTY Lot 17 Danridge Circle

This permit is issued in accordance with the requirements as set forth in the Regulations of the Mecklenburg [illegible] Department. Upon satisfactory completion of the work authorized by this permit and the granting of the Certificate of Approval for the Disposal Facility on which this system can be operated, a Certificate will be rendered upon request.

Remarks: 2½' x 80' / Washer in 7½' x 33' with gravel and (This permit issued on revised application indicating no dishwasher.

R. L. McMillan, Jr.
Designated Sanitarian

Thomas R. Ward
Environmentalist

This permit for the installation or construction of a new system must be signed by the division or a 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.S.A. 1-71

HEALTH DEPARTMENT'S COPY

Serial No. 1496

C of A (s) No. 2627

Date Issued 2-1-72

T. C. No. 135-93-17

Map Date 4-24-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Scruggs, Jack Leroy (LAST, FIRST, MIDDLE)

Location of Property Lt. 17, Dennis Circle

Application Number 2627 Permit Number 2627

Inspection Data:

Liquid Capacity of Tank 1000 gal. Tank Material one coat con

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 17" Cover Depth 30"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 2-1-72 (DATE) Tank Inspected 2-1-72 (DATE)

Nitrification Field Inspected 2-1-72 (DATE)

Washing Machine Line Inspected, If Applicable 2-1-72 (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 Installed by Tom Melton

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

File

County
7/15/69

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Valley Rd
Subdivision
Lot No. & Block No.
FHA Case No.

Owner Patty Steele
Builder
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate	36	Min./In. Date	7-25-69
2nd. Perc. Rate	54	Min./In. Date	7-25-69
3rd. Perc. Rate		Min./In. Date	
4th. Perc. Rate		Min./In. Date	

Lowest Rate Above = Average Perc. Rate 54

No. bedrooms 3 Baths 2
Washing Machine ✓ (Yes / No) Disposal ✓ (Yes / No)

Separate ✓ (Yes / No) Separate (Yes / No)

Tank Capacity 1000 Gallons
Nitrification Line Stone Lin. Ft. 750 Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Sanitarian - Engineer

EH-983
9/1968