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11276 #8298

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: C. Derek Abare
ADDRESS: 1201 H Technology DR.
CITY: Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-821-3269
ALTERNATE PHONE: 704-201-5582
E-MAIL: beamoffice@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Mike Gardner
ADDRESS: 2304 Williams Road
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 828-493-5632
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 19353109
STREET ADDRESS: 2304 Williams Road
CITY: Matthews
STATE: NC ZIP: 28105

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: 3
NUMBER OF OCCUPANTS: 1

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

6-15-2016
Date

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

Residential Plot Plan
For Internet Permit Application

For Department Use
Permit #

Master Plan #

E-Plan #

ENTER SUBMITTAL NUMBER HERE: 101495996

LOCATION/SITE DATA

2304 (Street #) WILLIAMS (Street Name) RD (Av,Rd,St) Unit:

Project / Subdivision Name: Phase Section

Lot # Block # Land Area (sq. ft.)

OWNER INFORMATION Address: 2304 Williams Road

Owner: Mike Gardner

City: Matthews State: NC Zip: 28105 Phone # (828)493-5632

FOR DEPARTMENT USE Tax Parcel # 19353109 Tax Jurisdiction: MATTHEWS MATT

Zoning: Juris MATT Map # R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front Left Side Right Side Rear

Remarks:

PROJECT DATA

Type Work:

__New __Addition __Accessory

Project Description:

Gardner

Area (sq.ft.):

Heated Unheated 185

Deck(s)

Utilities: New X Existing

Public:

1-Indiv Meter/Conn. X Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

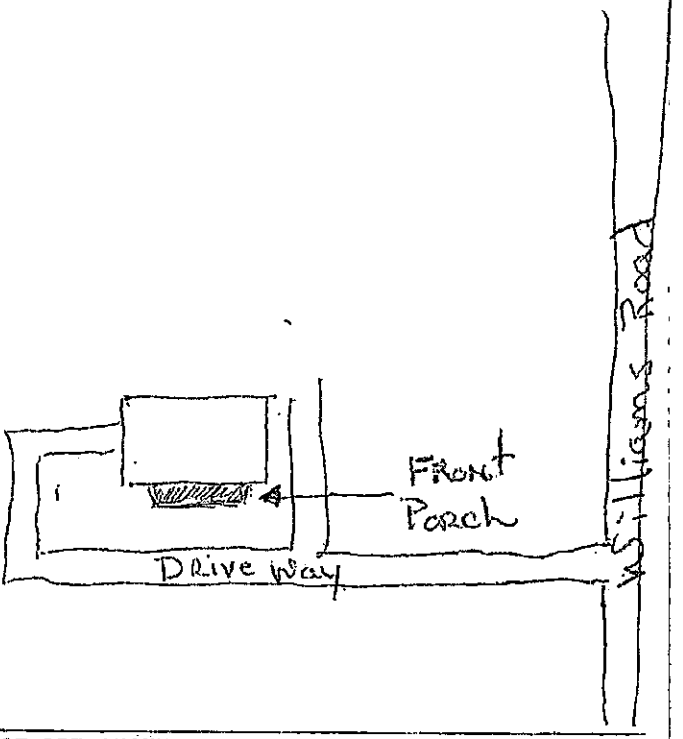
3-Individual Well X Septic

4-Community Well Septic

Note: This plot plan must be faxed before your Internet permit will be processed.

Central office: 704-336-3823

DRAW PLOT PLAN- Show what the permit is requesting.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature 6/10/2016 Date A Deck Above Print Applicant's Name Contact # (704)821-3269 ext:

Contractor Name: A DECK ABOVE INC Contractor Acct #: X30960

Email: Bsmoffice@AOL.com

For Department Use: Zoning Approved by: Initial Date:

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(704) 336-3003, fax (704) 336-3823

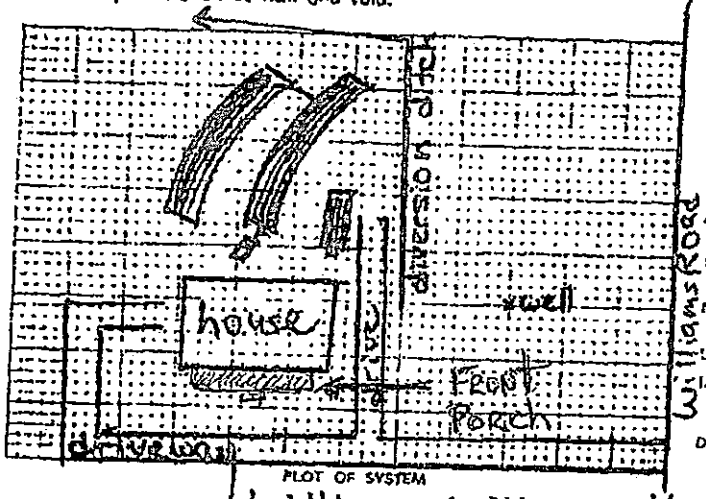
Date Issued 7-16-82 Serial No. 5612 ICAR(S) Permit No. 11276

T. C. No. 193-181-41

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 11276 dated 7-2-82, and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 8-16-82, after which date this permit shall be null and void.



Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Material of Construction p/c concrete

Absorption Area or Ramification Lines:

Total Line Length 495' + 125'

Number of Lines 5+5 = 4

Distance from House >15'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Little, William Hall

LOCATION OF PROPERTY 2304 Williams Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: two beds 15' wide x 17" of stone totaling 99' long
12' wide x 32' long x 17" of stone
diversion ditch required

Division or Section Head _____ Environmentalist* Mike Sexton

* 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.

EHD-5-74

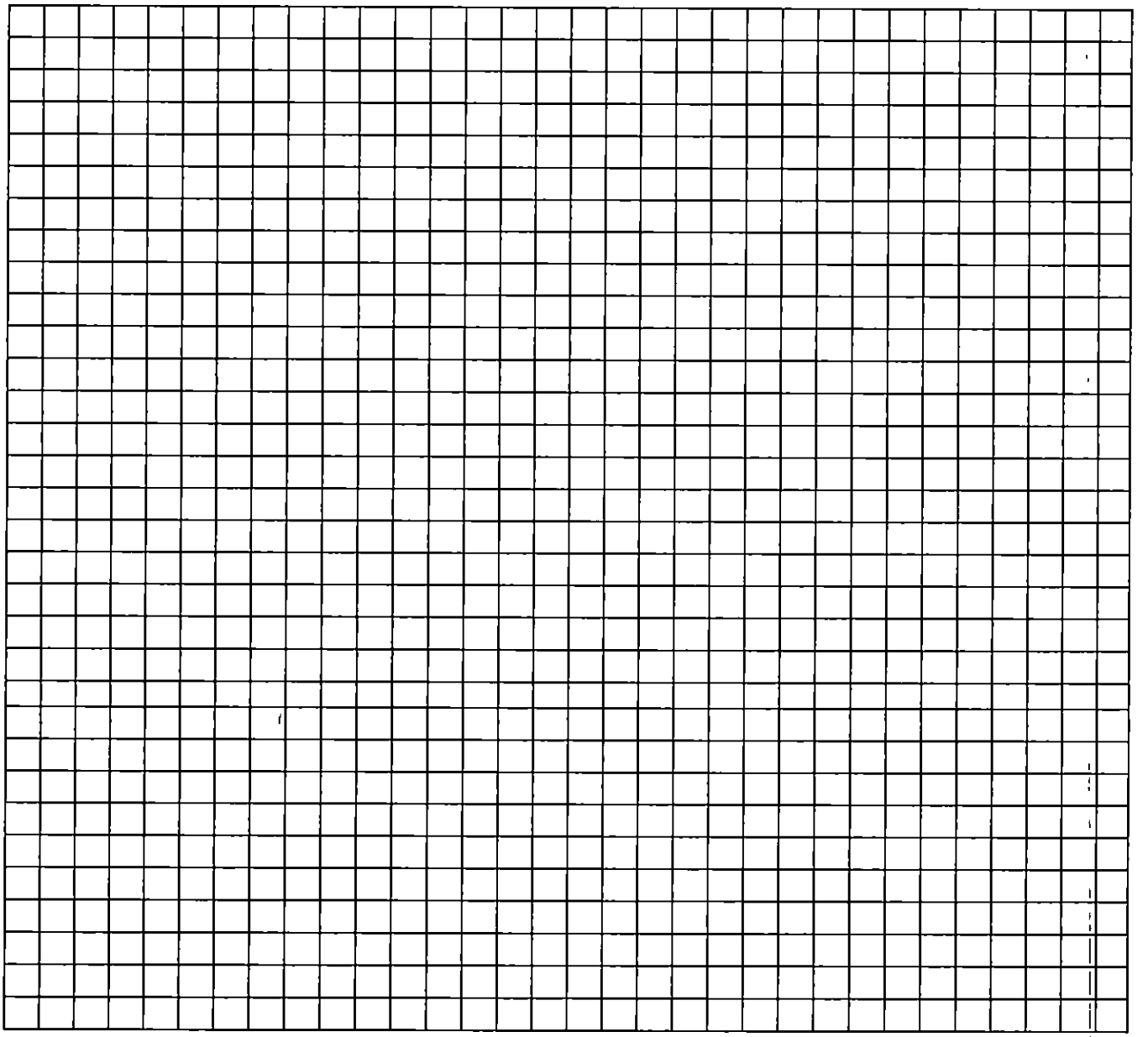
ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: _____ Tax Parcel #: _____



*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

Customer meets required set backs for porch

Byron Dunpark 6/21/16

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

File #: _____

PROPOSED PLOT PLAN

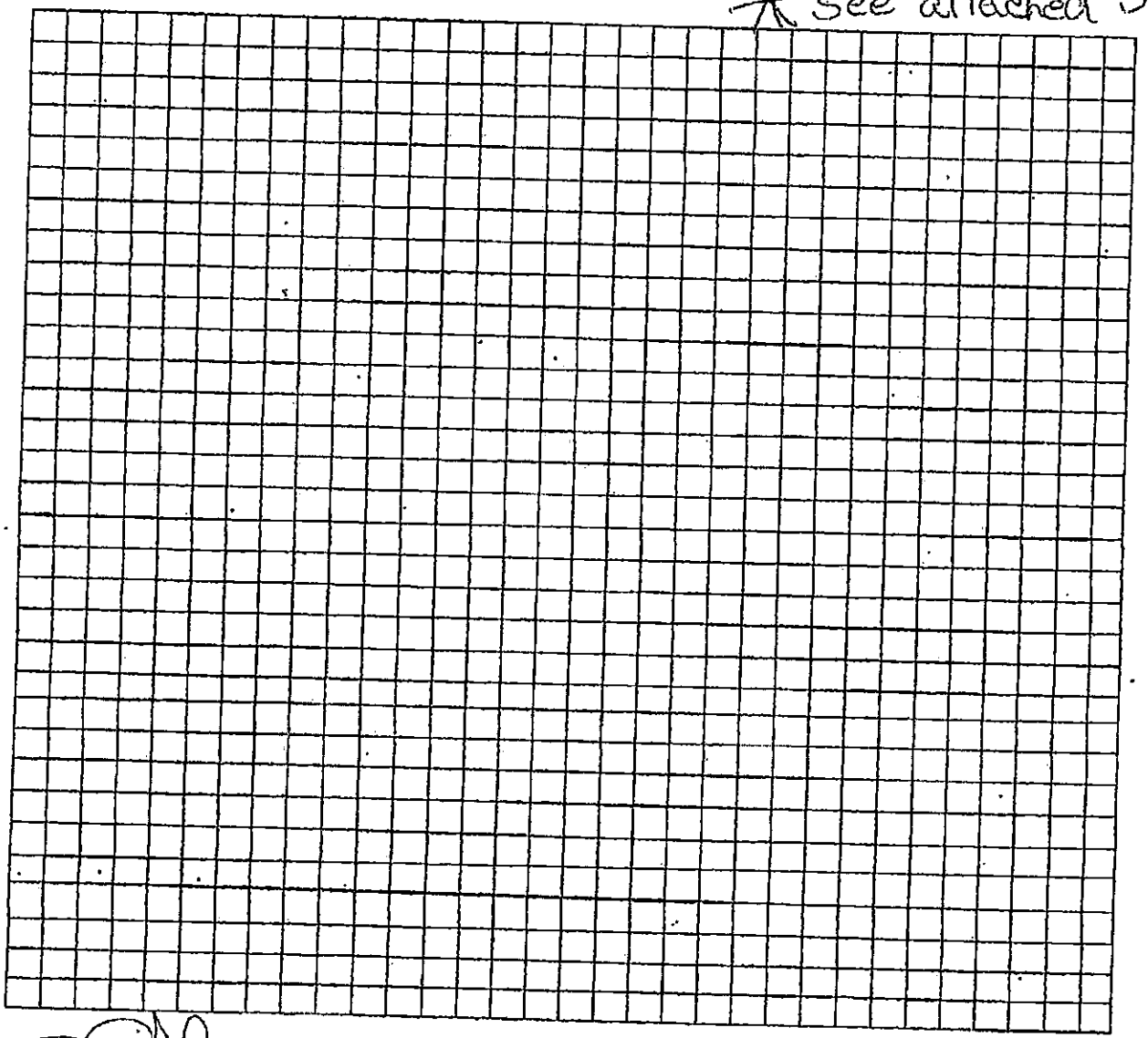
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenance's (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 2304 Williams Road

Tax Parcel #: 19353109

Subdivision Name: _____

Lot #: _____ * see attached Sheet



Property Owner's or Owner's Legal Representative Signature

6-15-2016
Date

SEE INSTRUCTIONS ON BACK

Date Received 7-2-82

ICAR (S) Application No. 11276

T. C. No. 193-131-41

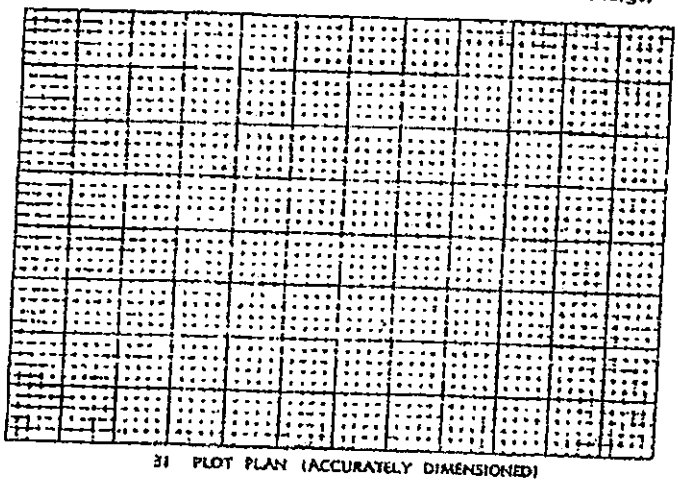
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

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 Little (LAST) William (FIRST) Hall (MIDDLE)

14) ADDRESS OF OWNER 1809 Birchcrest Dr

15) PHONE NO. Home 537-2869 Office 392-9313

16) LOCATION OF SYSTEM 2304 Williams Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 5/26/82

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.

7/2/82
DATE OF APPLICATION

William H. Little
OWNER

EHD-5.75

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8-2-82 Serial 5282

C of A Isl No. 11276 AT 8-9-82 ✓

T. C. No 173-181-41

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

[illegible] PERMIT

CERTIFICATE OF APPROVAL

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

Name of Owner Little (LAST) William (FIRST) [illegible] (MIDDLE)

Location of Property 7204 Williams Road

Application Number 11276 Permit Number 11276

Inspection Dates:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 475' + 175' Number of Lines 5-5-J

Depth of Filter Material 17' Cover Depth 15" +

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 7-30-82 (DATE)

Nitrification Field Inspected 7-30-82 (DATE)

Washing Machine Line Inspected, If Applicable 7-30-82 (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: Checked by Bob Wilson.

Mike Sexton
Environmentalist

ENO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

E. Winters Mabry, MD
Director

MECKLENBURG COUNTY
Health Department

(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 John Thevaos is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

2304 Williams Road Matthews
Number Street Town
(Or Parcel Number)

Michael Gardner
Property Owner (print name)
Kimberly Gardner

6-15-16
Date
6/15/16

Property Owner (signature)
Kimberly J Gardner

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/20/16
Receipt #: 100831
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X30960
Contractor: A DECK ABOVE INC
Attn:
Address: 1201-H TECHNOLOGY DRIVE
Address:
City/State/Zip: INDIAN TRAIL, NC 28079

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2304 WILLIAMS RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
712.03	794.98	236.15			

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 LE 6/20/14 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. ☐ _____

11276

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 lwo 12/1/14 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. ☐ _____

11276

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 7190

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~~ HOUSE (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Carolina Builder Services
ADDRESS: 2541 Bryson City Road
CITY: Franklin
STATE: NC ZIP: 28734
PHONE: 828-369-5575
ALTERNATE PHONE: 828-593-9102 CHRIS JONES
E-MAIL: jones243.cj@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: William H. Little (Deceased) Barbara Jane Hall Executor Estate
ADDRESS: 275 Blauvelt Ave.
CITY: Ho-Ho-Kus, NJ 07423
STATE: NJ ZIP: 07425
PHONE: (704) 770-6442
ALTERNATE PHONE: 401-323-0276
E-MAIL: Kjvelez@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 193-531-09
STREET ADDRESS: 2304 Williams Rd
CITY: Mathews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: N/A

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: 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.

Barbara Jane Hall as Executor for the Estate of W. H. Little, Sr. — 11/24/14
Owner's/Agent's Signature — 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: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

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

PERSON FILING APPLICATION:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

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

JOB LOCATION INFORMATION
TAX PARCEL #: _____
STREET ADDRESS: _____
CITY: _____
STATE: NC **ZIP:** _____

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: _____
NUMBER OF OCCUPANTS: _____

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 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: 704-336-5103, FAX: 704-336-6894

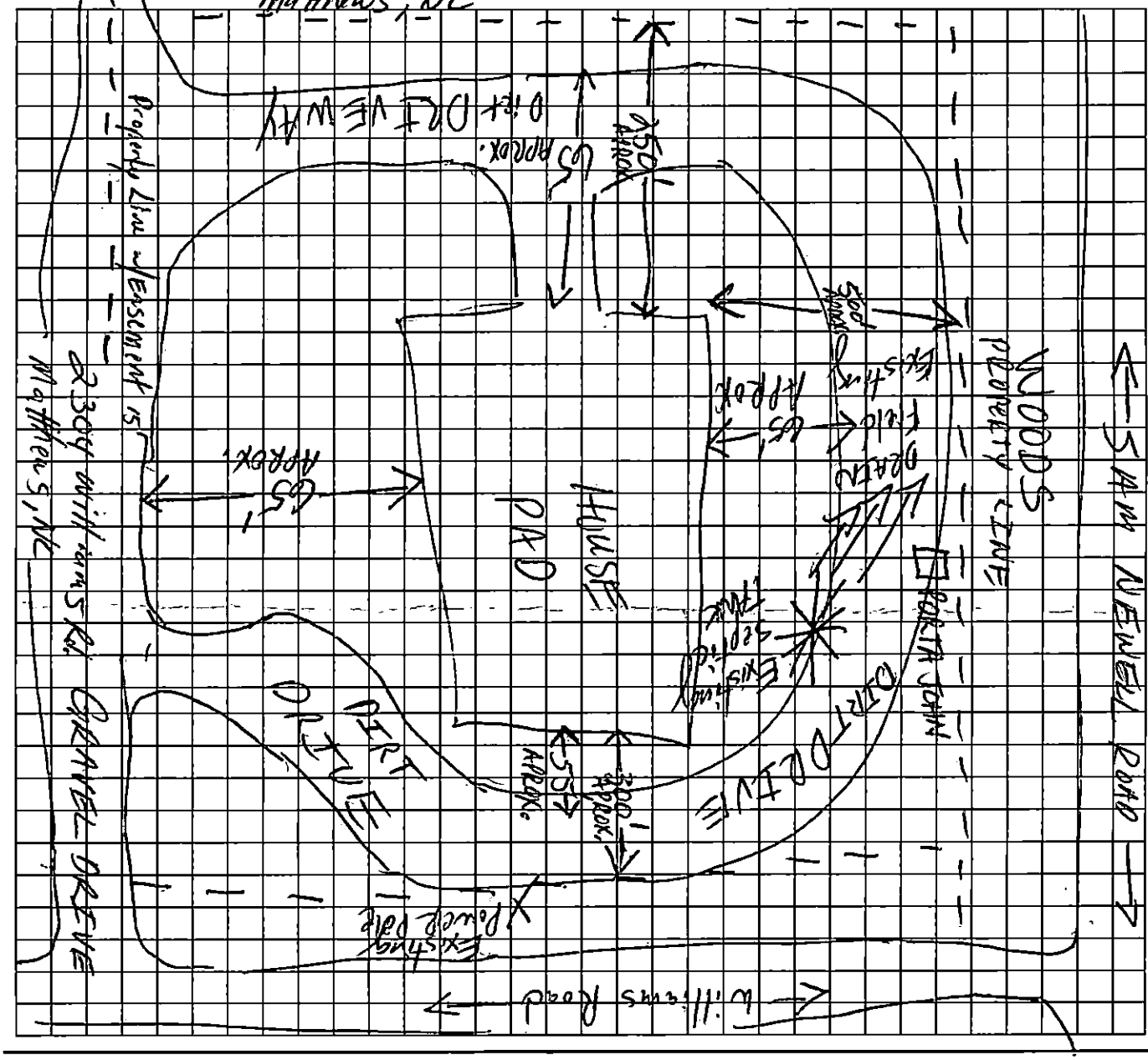
Revised on: 01/03/11

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: 2304 Williams Road Matthews, NC Tax Parcel #: _____



*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

System approved for 3BDR

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/01/14
Receipt #: 91799
Check / Auth #: CHARGE
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X49226
Contractor: CAROLINA BUILDER SERVICE
Attn:
Address: 2541 BRYSON CITY RD
Address:
City/State/Zip: FRANKLIN, NC 28734

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2304 WILLIAMS RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	4.63	463.00			

BT. 8-9-82 ✓

C of A (s) No. 11276

Date Issued 8-3-82 **Serial** 5282 T. C. No 173-181-41

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

[illegible] PERMIT

CERTIFICATE OF APPROVAL

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

Name of Owner Little, William H. (LAST, FIRST, MIDDLE)

Location of Property 7204 [illegible] Road

Application Number 11276 Permit Number 11276

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material precast concrete

Total Length of Drain Tile 475'-125' Number of Lines 5-5-4

Depth of Filter Material 17' Cover Depth 15" +

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 7-30-82 (DATE)

Nitrification Field Inspected 7-30-82 (DATE)

Washing Machine Line Inspected, If Applicable 7-30-82 (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: Checked by Bob Wilson.

Mike Sexton
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 7-2-82 (CAR (S) Application No. 11276

T. C. No. 193-131-41

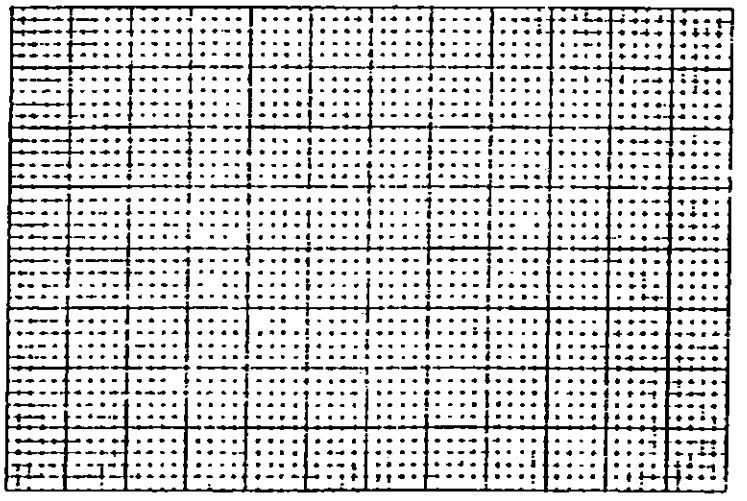
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

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 Little (LAST) William (FIRST) Hall (MIDDLE)

14) ADDRESS OF OWNER 1809 Birchcrest Dr

15) PHONE NO. Home 537-2869 Office 392-9313

16) LOCATION OF SYSTEM 2304 Williams Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 5/26 PS

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.

7/2/82
DATE OF APPLICATION

William H. Little
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

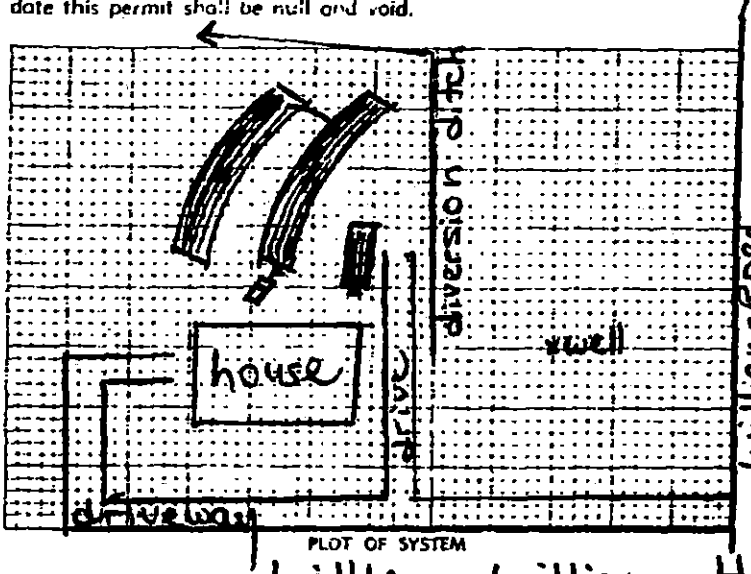
Date Issued 7-16-82 **Serial No.** 5612 ICAR(S) Permit No. 11276

T C. No. 193-181-41

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 11276, dated 7-2-82, and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 8-16-82, after which date this permit shall be null and void.



Permeability Rate P.S.

Liquid Capacity of Tank 1500 gallons

Tank Construction p/c concrete

Absorption and or Nitrification Lines

Total Line Length 495' + 125'

Number of Lines 5+5 + 4

Distance from House >15'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Little, William Hall

LOCATION OF PROPERTY 2304 Williams Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: two beds 15' wide x 17" of stone totaling 99' long
12' wide x 32' long x 17" of stone
diversion ditch required

Division or Section Head

Mike Sexton
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.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY