

6215 ELMWOOD CR

05921207

5/20/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

$ - fee not collected per instructions from ACS

Bobby Cobb 9/7/00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
~~APPLICATION FOR SERVICES~~

[X] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

1728

PERSON FILING APPLICATION:
NAME: MORGAN, JR. ZEBULON B (last) (first) (mi)
ADDRESS: 6215 ELMWOOD CIR. PHONE: (704) 399-9922
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 7/23/00

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 059-212-07
STREET ADDRESS: 6215 Elmwood Circle
ZONING:

PROPERTY OWNER:
NAME: MORGAN, JR. ZEBULON B (last) (first) (mi)
ADDRESS: 6215 ELMWOOD CIR PHONE: (704) 399-9922
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: TOWNE PARK

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[X] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 14 LOT SIZE (in acres): 2 1/2 ±

TYPE APPLICATION (check one):
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property ~~for the purpose of processing this request.~~

Signed: [signature] Date: 9/23/00

NOTICE:

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 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.

... Use existing system for detached garden shed

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] Environmentalist 9/18/00 Date

WATER : 122791

THE PLOT PLAN IS ALREADY IN YOUR POSSESSION.
I SENT IT AS AN ATTACHMENT TO MY LETTER OF 7/13/00

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 6215 | STREET NAME: ELMWOOD | (AV,RD,ST, etc.): CIR

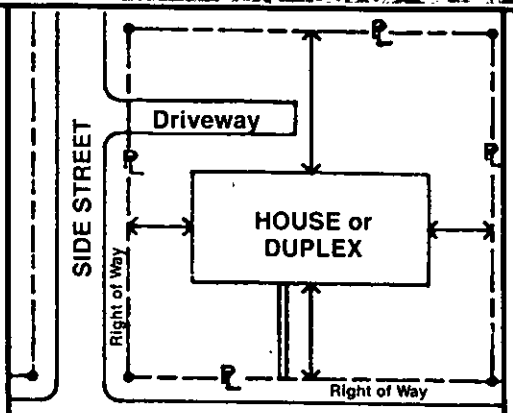
SUITE/UNIT(S):

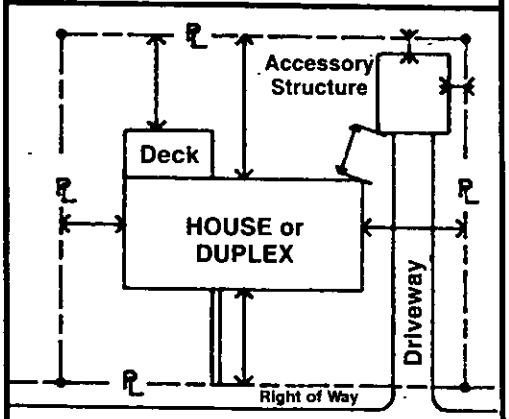
PERMIT # 7093649

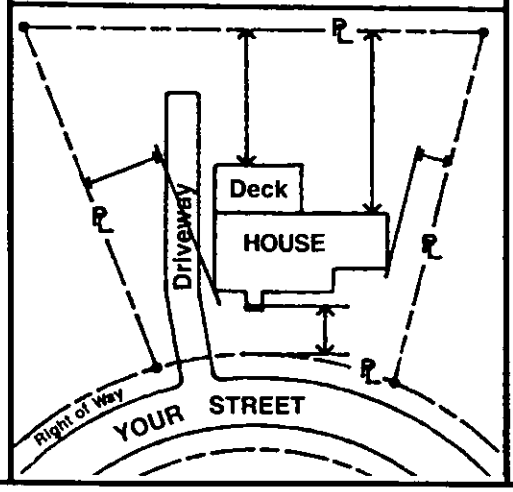
TAX JURISDICTION: *(Check One)*
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # 059-212-07 | JOB #

EXAMPLES/PLOT PLAN





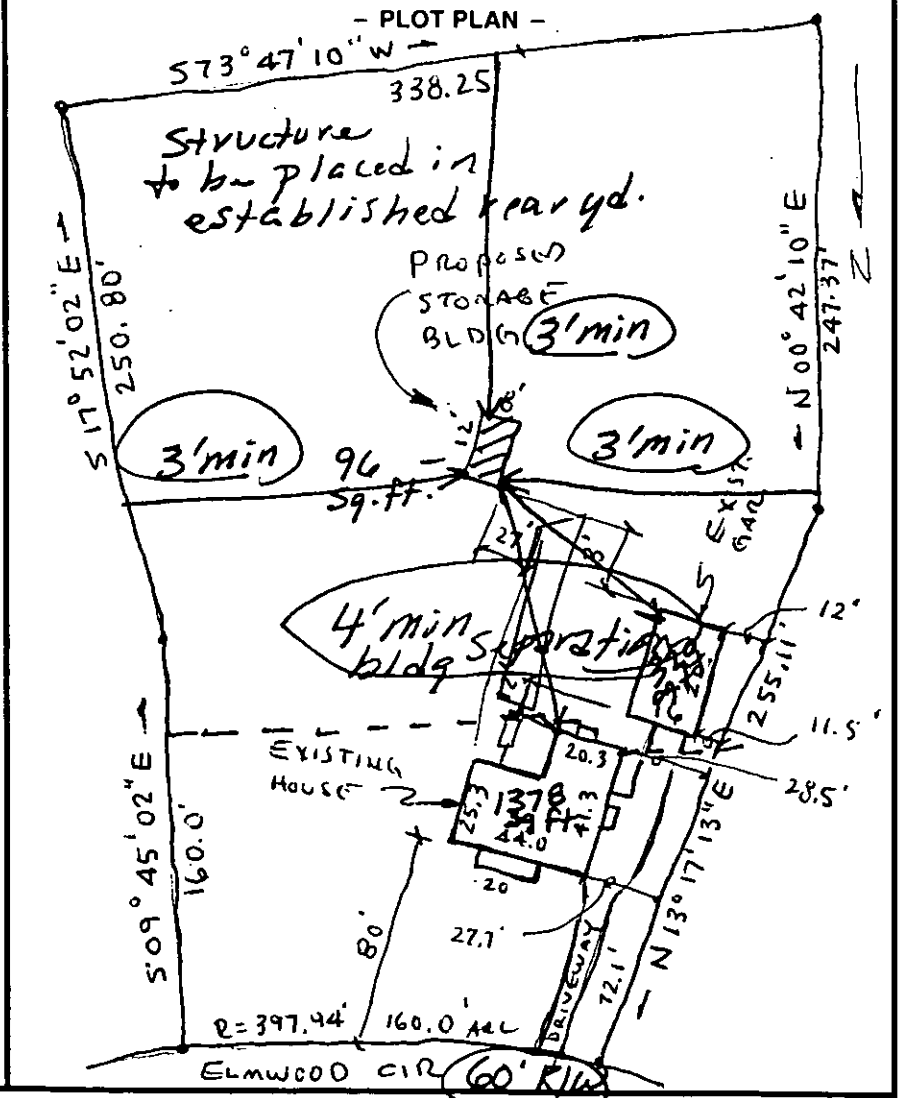


– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

– PLOT PLAN –



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

Z. B. Morgan — 6/2/00 — Z. B. MORGAN

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY:

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

Communications cloudy re:
release -
No fees paid -
Inspection ordered by Cobb
+ delivery of permit.
Release processed 9/12
+ Morgan came to secure permit.

Owners will not be home. Accessory Bldg. will be worked (outside fence area) - OK to enter property per Ms. Morgan. Leave permit in side storm door.

6215 Elmwood
file # 1728

(1) Application stays in our file -

(2) Typed info delivered to permit to residence

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- SHADED AREAS FOR DEPARTMENT USE ONLY.

DATA FORMS OF CHARLOTTE, INC.

Adrea

Mr. Morgan (H) 399-9922

APPLICATION FOR ZONING USE PERMIT

PERMIT # 7093649

LOCATION/OWNER

STREET # 6215 (N,S,E,W) ___ STREET NAME ELMWOOD (AV,RD,ST, etc) CIR

SUITE/UNIT(S): ___

TAX JURISDICTION: (Check One) ☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

PROJECT/SUBDIVISION NAME ___ PHASE ___ SECTION ___ PROJECT #

OWNER Z. B. MORGAN ADDRESS 6215 ELMWOOD CIR

CITY CHARLOTTE STATE NC ZIP 28214 PHONE # 704/399-9922(H) 704/393-0089 x.270(W)

TAX PARCEL # 059-212-07 CENSUS LOT # ___ BLOCK # ___ LAND AREA (sq. ft.) ___

ZONING: R-3 JURIS 1 MAP # 81 R/W 60'

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐Yes FLOOD ELEV ___ FIRE DIST. ☐Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (if different) ___

MINIMUM SETBACKS: FRONT N/A LEFT SIDE 3' RIGHT SIDE 3' REAR 3' REQ. PARK'G ___

REMARKS

PURPOSE

JOB # A001

USDC # 329

OCC. TYPE S

PROPERTY USE

CM	☐	Cemetery	OA	☐	Outdoor Amusement
CU	☐	Change of Use	OC	☐	Overnight Camping Tr. Pk.
CF	☐	Comm. Farm Use	PK	☐	Parking
OR	☐	Comm. Outdoor Rec. Use	QR	☐	Quarry
CH	☐	Customary Home Occupation	RT	☐	Racetrack
FE	☐	Farm-Type Enterprise	RH	☐	Rural Home Occupation
FF	☐	Floodway Fill	SL	☐	Sanitary Landfill
MP	☐	Mobile Home Park	SD	☐	Satellite Dish
OF	☐	Off-Site Demolition Landfill	TS	☐	Turkey Shoot
ON	☐	On-Site Demolition Landfill	OT	☑	Other Accessory Bldg
OL	☐	Open Land Use	OT	☐	Other ___

8 X 10

DESCRIPTION OF USE

MOBILE HOME PARK ONLY ☐ ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)

PARK NAME ___ # SPACES ___ SITE PLAN ON FILE ☐ Yes ☐ No

UTILITIES:

Public	1-Individual Meter/Connection	☐ Water	☐ Sewer
	2-Master Meter/Connection	☐ Water	☐ Sewer
Private	3-Individual	☑ Well	☑ Septic
	4-Community	☐ Well	☐ Septic

MANAGER'S NAME ___ ADDRESS ___

CITY ___ STATE ___ ZIP ___ PHONE # ___

SPECIAL CONDITIONS: ___

OTHER USES

PARK'G. REQ. # ___

SCREENING ☐ Y ☐ N

REFER TO:
- ☐ Building
- ☐ Electrical
- ☐ Mechanical
- ☐ Plumbing
- ☑ Zoning

OCCUPANT Z. B. MORGAN PHONE # 704/399-9922 (H) 704/393-0089 x.270 (W)

INTENDED USE Accessory Bld PREVIOUS USE SF Residence

BUSINESS NAME PRIVATE RESIDENCE

PARKING SPACES PROVIDED ___ # OF EMPLOYEES ___

% OF FLOOR USED FOR HOME OCCUPATION ___

OTHER CONSTRUCTION WORK (requires separate permits)

Building ☐ Y ☐ N Electrical ☐ Y ☐ N Mechanical ☐ Y ☐ N Plumbing ☐ Y ☐ N Sign(s) ☐ Y ☐ N

REMARKS: ___

OTHER

APPLICANT'S NAME (if other than owner): ___ ADDRESS: ___

CITY ___ STATE ___ ZIP ___ PHONE # ___

BONDED WITH BUILDING STANDARDS DEPARTMENT: ☐ YES ☐ NO

ACCOUNT # ___

TOTAL FEE $ 30.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

[signature] 6/2/00 Z. B. MORGAN

METHOD OF PAYMENT 6/2/00

6215 Elmwood Circle
Charlotte, N.C. 28214
August 9, 2000

Sylvia Daniel
Environmental Health Division
700 N. Tryon
Suite 211
Charlotte, N.C. 28202-2236

Dear Ms Daniel:

I am in receipt of your letter of July 28, 2000. Thank you for your reply. However, I am unable to agree with your findings.

Rule .1945 paragraph c.1 states installations prior to 1983 are exempted.

Rule .1961 paragraph c, regarding the issuance of permits applies to type IV, V or VI systems, none of which apply to my system.

Over and above all of these requirements, rule. 1962 on applicability reads "the provisions of this section shall not apply.....prior to July 1, 1977. As I stated in my letter of July 13, 2000, my private residence was built and occupied by me in 1970. I do not read anything in rule. 1962 that states does not apply except.

Again, if you are unable to agree that rule.1962 exempts my situation, please pass me on to your supervisor or provide me with additional documentation that supercedes rule. 1962.

Regards,

Zeb Morgan

July 28, 2000

Zeb Morgan
6215 Elmwood Circle
Charlotte, North Carolina 28214

Re: Request to "Notify the zoning department that no permit is required" for 6215 Elmwood Circle to allow the construction of a storage shed

Dear Mr. Morgan:

Receipt of your letter dated July 13, 2000 is hereby acknowledged. A review of your request and the associated record is complete. I appreciate your argument based on your review of the North Carolina Administrative Code (NCAC). However, the success of our program depends on many factors and consideration of multiple rules in the administrative code for construction activities. For example, Rule .1945 requires ample repair area in the event of a system malfunction. A field evaluation is performed to ensure available space is adequate. Rule .1950 addresses location of systems pertaining to horizontal setbacks to building foundations. This rule is intended to preserve both the system and building integrity. The Health Department is responsible for ensuring the safety and health of the community. Any system is subject to inspection by the Health Department to determine compliance with Rule .1961.

I understand your concern about fee payment, however the activities mentioned above in rules .1945 and .1950 are specifically covered under a fee schedule adopted by the Board of County Commissioners. User fees are required to offset county dollars for program operation. This is not a matter that I have the authority to change.

I hope this information is helpful in addressing your concerns about our service provision. Should you have further questions my direct telephone number is 336-5565.

Sincerely,

Sylvia D. Daniel, R.S., MPA
Program Manager
Individual Water and Wastewater Systems Program

6215 Elmwood Circle
Charlotte, N.C. 28214
August 9, 2000

Sylvia Daniel
Environmental Health Division
700 N. Tryon
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Regards,

Zeb Morgan

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
ZONING USE PERMIT

MASTER PERMIT: Z0934649
ADDR: 6215 ELMWOOD CR **CHAR JOB:** A001 **PERMIT:** Z0934649
PARCEL: 05921207 **DATE:** 06/07/00 **JOB DESC:** RES STORAGE BLDG

PROJECT: **PHASE:** **SEC:** **PROJECT#:**
OWNER: MARGAN, ZEBULON
ADDR: 6215 ELMWOOD CR
CITY/ST: CHARLOTTE NC 28214 **PHONE#:** 704-399-9922

LOT/BLK: **ZONING:** R3 **JURIS:** CHAR **MAP#:** 81
ST R/W: 60 **PUBLIC:** NO **CENSUS:** 4301 **O&D ZONE:** 190 **FIRE DIST:** NO
SPECIAL: **FLD PLN:** NO **FLD ELEV:**
#UNITS: 1 **WATER:** INDIVIDUAL **SEWER:** INDIVIDUAL

LAND AREA: **LOT:** **FRONT ST:**
MIN SETBACKS: **FRONT:** **LEFT:** 3 **RIGHT:** 3 **REAR:** 3
USDC: 329 **OCC TYPE:** S **PROPERTY USE:** OTHER

OCCUPANT: MORGAN Z.B **PHONE#:** 704-399-9922
INTENDED USE: STORAGE BLDG **PREV USE:**

BUS NAME: **#PARKING SPACES:**
#EMPLOYEES: **PARKING SPACES REQUIRED:**

% FLOOR USED FOR HM OCC: **AREA:** **SCREENING REQUIRED:** NO

APPLICANT: MORGAN Z. B
ADDR: 6215 ELMWOOD CR
CITY/ST: CHARLOTTE NC 28214
PHONE#: 704-399-9922

CONTR NAME: OWNER **LIC#:** B 0000000000 1
ADDR: SEE ABOVE
CITY/ST: SEE ABO NC 99999
PHONE#: 999-999-9999

REFERRED TO: ZONING **READY FOR INSP:** NO

REMARKS: 8*12

PERMIT MAILED: NO **CHECK#:** 0002215
VALIDATION DATE: 09/15/00 **BY:** RM **CASH RECEIPT#:** 0000000

DOUBLE FEE: NO **ADJUSTMENT:** **TOTAL FEE:** 30.00

APPLICATION FOR ZONING USE PERMIT

PERMIT # 1716491

LOCATION/OWNER

STREET # (N,S,E,W) 6215 | STREET NAME ELMWOOD | (AV,RD,ST, etc) CIR

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

PROJECT/SUBDIVISION NAME | PHASE | SECTION | PROJECT #

OWNER Z. B. MORGAN | ADDRESS 6215 ELMWOOD CIR

CITY CHARLOTTE | STATE NC | ZIP 28214 | PHONE # 704/399-9922(H) 704/393-0089 X.270(W)

TAX PARCEL # 059-212-07 | CENSUS | LOT # | BLOCK # | LAND AREA (sq. ft.)

ZONING: R-3 | JURIS 1 | MAP # 81 | R/W 60'

SPECIAL (Circle) C D N P S | FLOOD PLAIN ☐Yes | FLOOD ELEV | FIRE DIST. ☐Yes

LOT: ☐ CORNER ☑ THROUGH | FRONT STREET (if different)

MINIMUM SETBACKS: FRONT N/A | LEFT SIDE 3' | RIGHT SIDE 3' | REAR 3' | REQ. PARK'G

REMARKS

PURPOSE

JOB # 1.01

USDC # 1

OCC. TYPE

PROPERTY USE

CM	☐	Cemetery	OA	☐	Outdoor Amusement
CU	☐	Change of Use	OC	☐	Overnight Camping Tr. Pk.
CF	☐	Comm. Farm Use	PK	☐	Parking
OR	☐	Comm. Outdoor Rec. Use	QR	☐	Quarry
CH	☐	Customary Home Occupation	RT	☐	Racetrack
FE	☐	Farm-Type Enterprise	RH	☐	Rural Home Occupation
FF	☐	Floodway Fill	SL	☐	Sanitary Landfill
MP	☐	Mobile Home Park	SD	☐	Satellite Dish
OF	☐	Off-Site Demolition Landfill	TS	☐	Turkey Shoot
ON	☐	On-Site Demolition Landfill	OT	☑	Other Accessory Bldg
OL	☐	Open Land Use	OT	☐	Other

DESCRIPTION OF USE

MOBILE HOME PARK ONLY ☐ ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)

PARK NAME | # SPACES | SITE PLAN ON FILE ☐ Yes ☐ No

UTILITIES:

Public	1-Individual Meter/Connection	☐ Water		☐ Sewer
	2-Master Meter/Connection	☐ Water		☐ Sewer
Private	3-Individual	☑ Well		☑ Septic
	4-Community	☐ Well		☐ Septic

MANAGER'S NAME | ADDRESS

CITY | STATE | ZIP | PHONE #

SPECIAL CONDITIONS:

OTHER USES

PARK'G. REQ. #

SCREENING ☐ Y ☐ N

REFER TO:
☐ Building
☐ Electrical
☐ Mechanical
☐ Plumbing
☐ Zoning

OCCUPANT Z. B. MORGAN | PHONE # 704/399-9922 (H) 704/393-0089 X.270 (W)

INTENDED USE Accessory Bld | PREVIOUS USE SF Residence

BUSINESS NAME PRIVATE RESIDENCE

PARKING SPACES PROVIDED | # OF EMPLOYEES

% OF FLOOR USED FOR HOME OCCUPATION

OTHER CONSTRUCTION WORK (requires separate permits)
Building ☐ Y ☐ N | Electrical ☐ Y ☐ N | Mechanical ☐ Y ☐ N | Plumbing ☐ Y ☐ N | Sign(s) ☐ Y ☐ N

REMARKS:

OTHER

APPLICANT'S NAME (if other than owner): | ADDRESS:

CITY | STATE | ZIP | PHONE #

BONDED WITH BUILDING STANDARDS DEPARTMENT: ☐ YES ☐ NO

ACCOUNT #

TOTAL FEE $ 60.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE | 6/2/00 DATE | Z. B. MORGAN PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT 6/7/00

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-89

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
FYI	IC	DH	YM

APPLICANT

SPECIAL NOTES

Other Approvals Required

- Approval may be required from other agencies or towns prior to issuing a permit.

Payments and Charges

- Bonded accounts are required to cover fees and damage to public property.
- Inspections disapproved may result in extra inspection charges.

Expiration of Permits

- This Permit will expire:
    - if work has not started and been inspected within 6 months, or
    - if work has been discontinued for a period of 12 months.
- No refunds will be given after expiration.

Inspections

- The contractor or individual responsible for the work must call for inspection(s) at proper stages of completion.
- Work is subject to removal at contractor's expense:
    - if done prior to obtaining a required permit, or
    - if concealed prior to inspection.

Questions, Change of Contractor(s), or Change(s) in Work Permitted

- Please call the Department for information (336-2831).

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S.E,W) 6215 | STREET NAME ELMWOOD | (AV,RD,ST, etc.) CIR

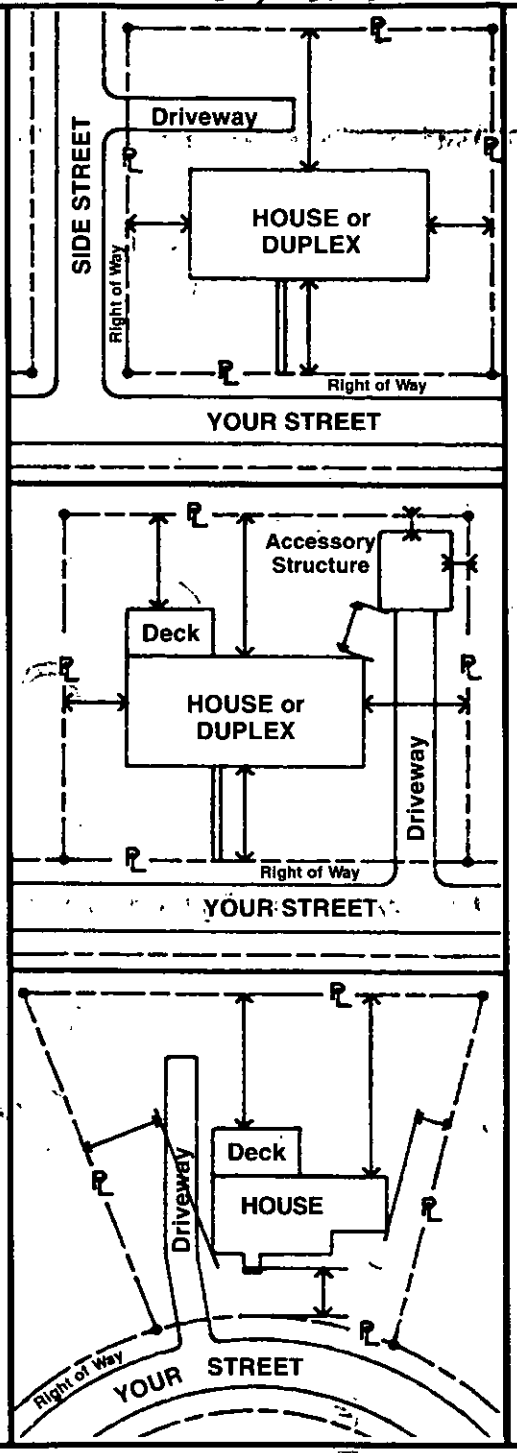
SUITE/UNIT(S):

PERMIT # 2000116499

TAX JURISDICTION: *(Check One)*
☐ 0 - Mecklenburg ☑ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # 059 212 07 | **JOB #**

EXAMPLES/PLOT PLAN

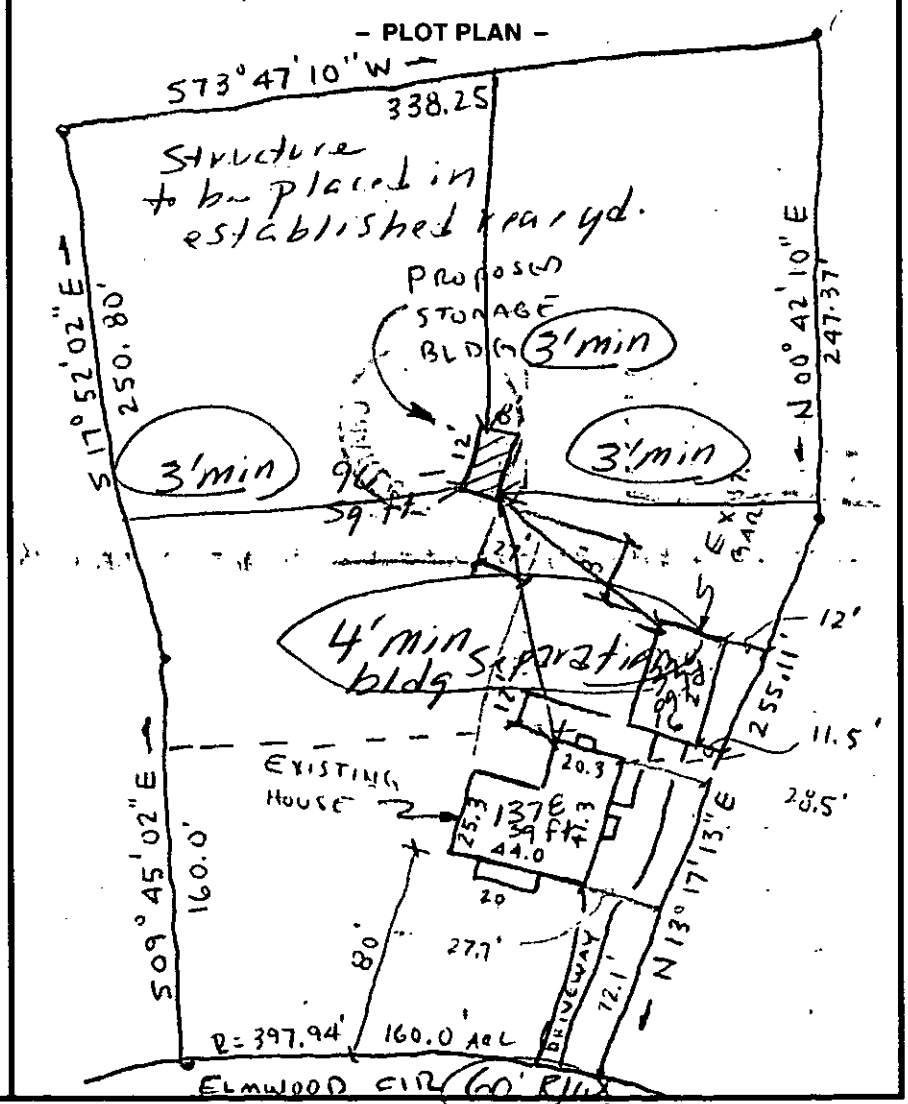


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– PLOT PLAN –



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

Z. B. Morgan — 6/2/00 — Z. B. MORGAN

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY: [redacted]

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

PERMIT

Mecklenburg County
Health Department

Please prepare envelope + copy letter for file — Keep copy & file + file, I guess. SO

July 28, 2000

Zeb Morgan
6215 Elmwood Circle
Charlotte, North Carolina 28214

Re: Request to "Notify the zoning department that no permit is required" for 6215 Elmwood Circle to allow the construction of a storage shed

Dear Mr. Morgan:

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Sincerely,

Sylvia D. Daniel, R.S., MPA
Program Manager
Individual Water and Wastewater Systems Program

6215 Elmwood Circle
Charlotte, N.C. 28214
July 13, 2000

Sylvia Daniel
Mecklenburg County Health Department
Environmental Health Division
c/o Hal Marshall Center, Suite 211
700 N. Tryon St.
Charlotte, N.C. 28202

Update
Please
SW

Dear Ms. Daniel

Several weeks ago I inquired of the Charlotte-Mecklenburg Building Standards Department about permit requirements for a proposed 8' x 12' storage shed at my private residence. I was informed that no building permit was required due to the small size of the shed, however a zoning permit was required.

After discussions with a Mr. Gary Huss, a zoning coordinator with Mecklenburg County Government, I received, completed and returned the zoning permit application. A few days later I was contacted by another individual in the zoning department and asked if I was on the city sewer system or a private septic system. After replying that I was on a private septic system, I was informed that I would need some type of environmental permit before they could approve the zoning permit.

After discussions with, I believe, Judy Kiser of your department I received an application for services, individual water and wastewater systems program. After reviewing the form and finding no mention of storage shed anywhere on the form, I again contacted your department and requested from Kelly Randall a copy of the applicable laws and rules for sewage treatment and disposal systems which he promptly mailed to me.

After reviewing those laws and rules and again finding no mention of storage sheds but finding rule 1962 on applicability I again contacted Kelly Randall and explained that since my house was built prior to 1970 and nothing has changed to date or would be in the future by the addition of a storage shed with respect to sewage flow and sewage characteristics no "environmental permit" would appear to be required. Mr. Randall explained that it was not within his authority to rule on the matter and that I should contact you.

I am hereby requesting that you or someone in your department notify the zoning department that no permit will be required.

Thank you for your attention to this matter.

Regards,
Zeb Morgan

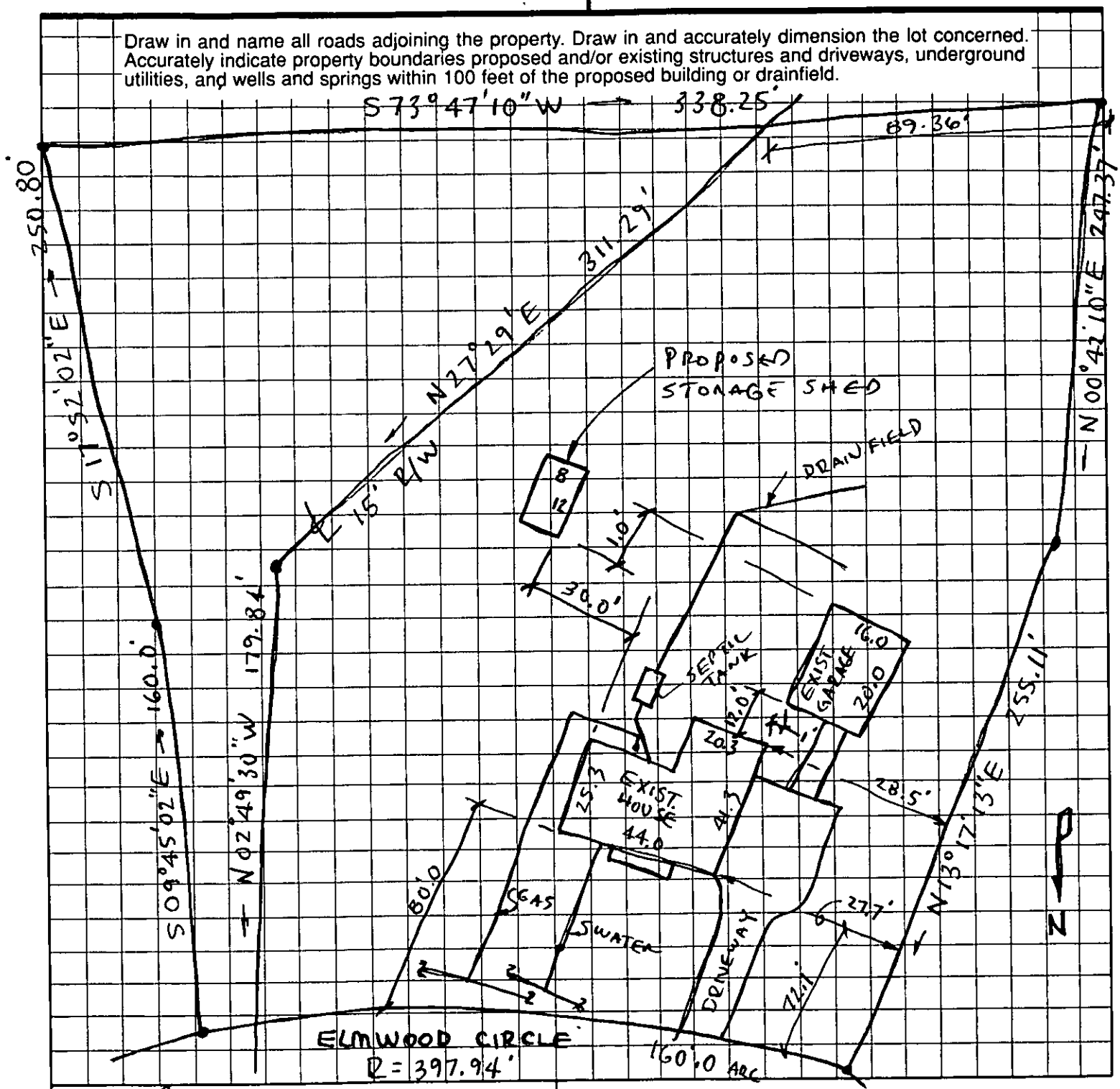
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 6/30/06

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

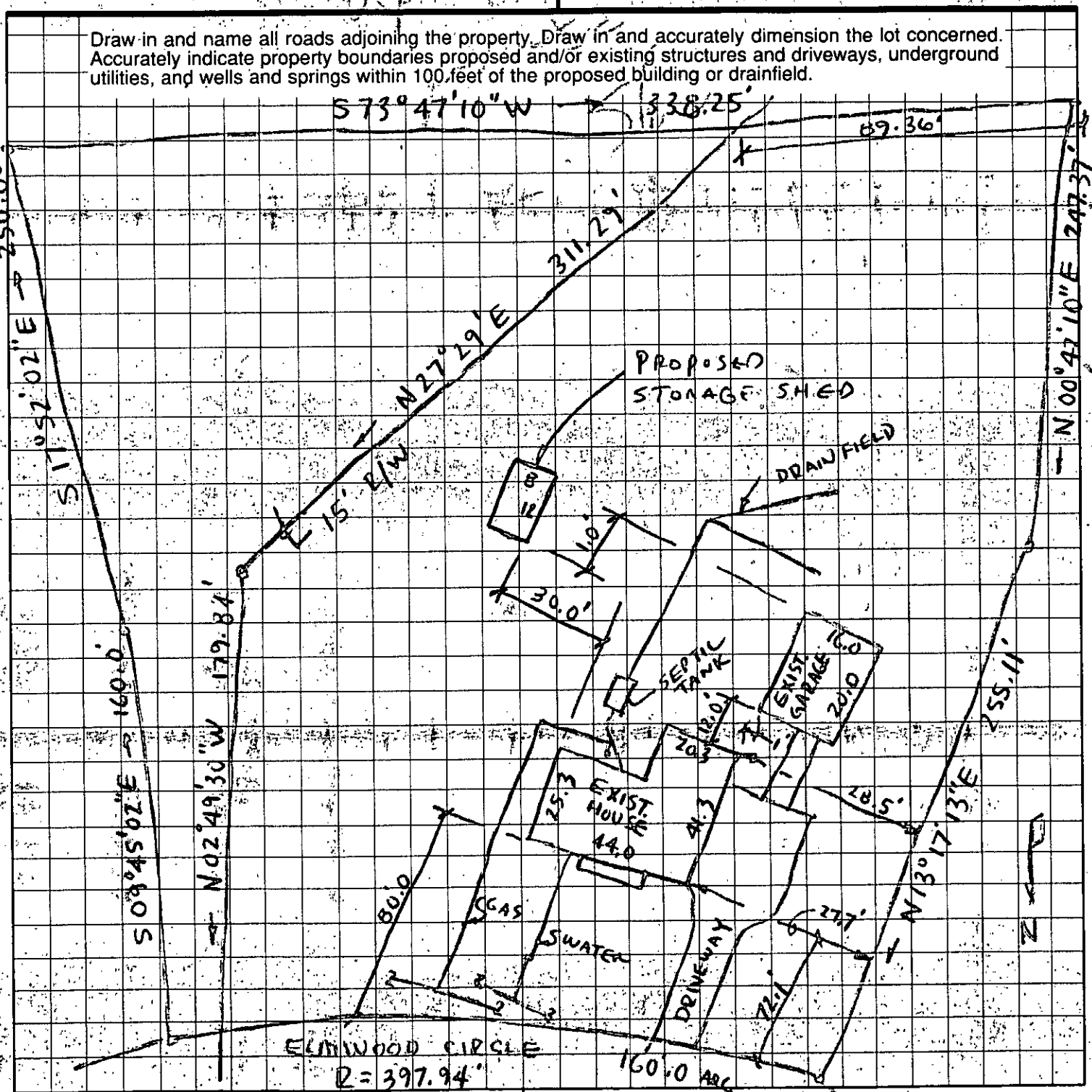
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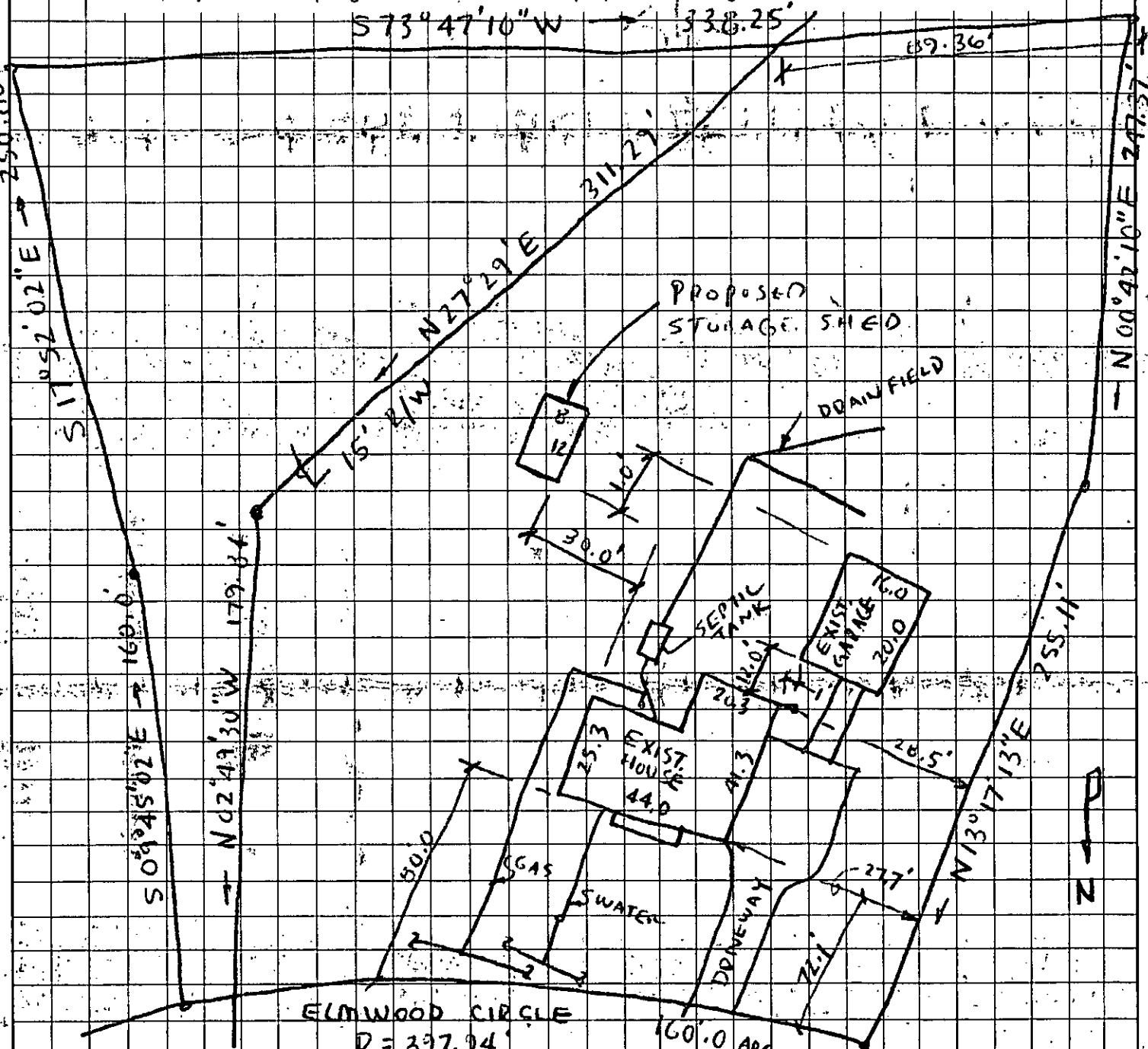
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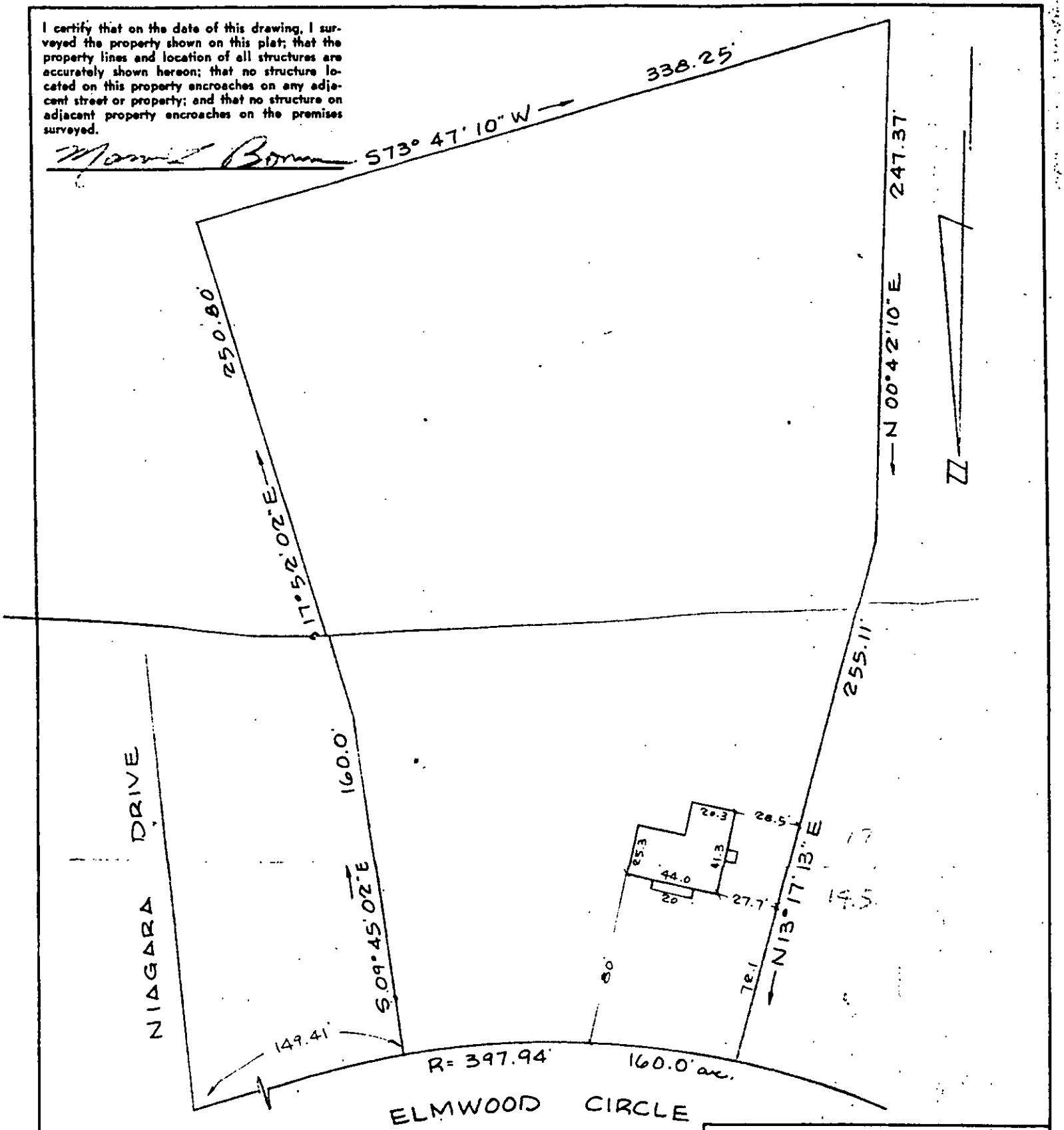
DATE 6/30/06

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

I certify that on the date of this drawing, I surveyed the property shown on this plat; that the property lines and location of all structures are accurately shown hereon; that no structure located on this property encroaches on any adjacent street or property; and that no structure on adjacent property encroaches on the premises surveyed.

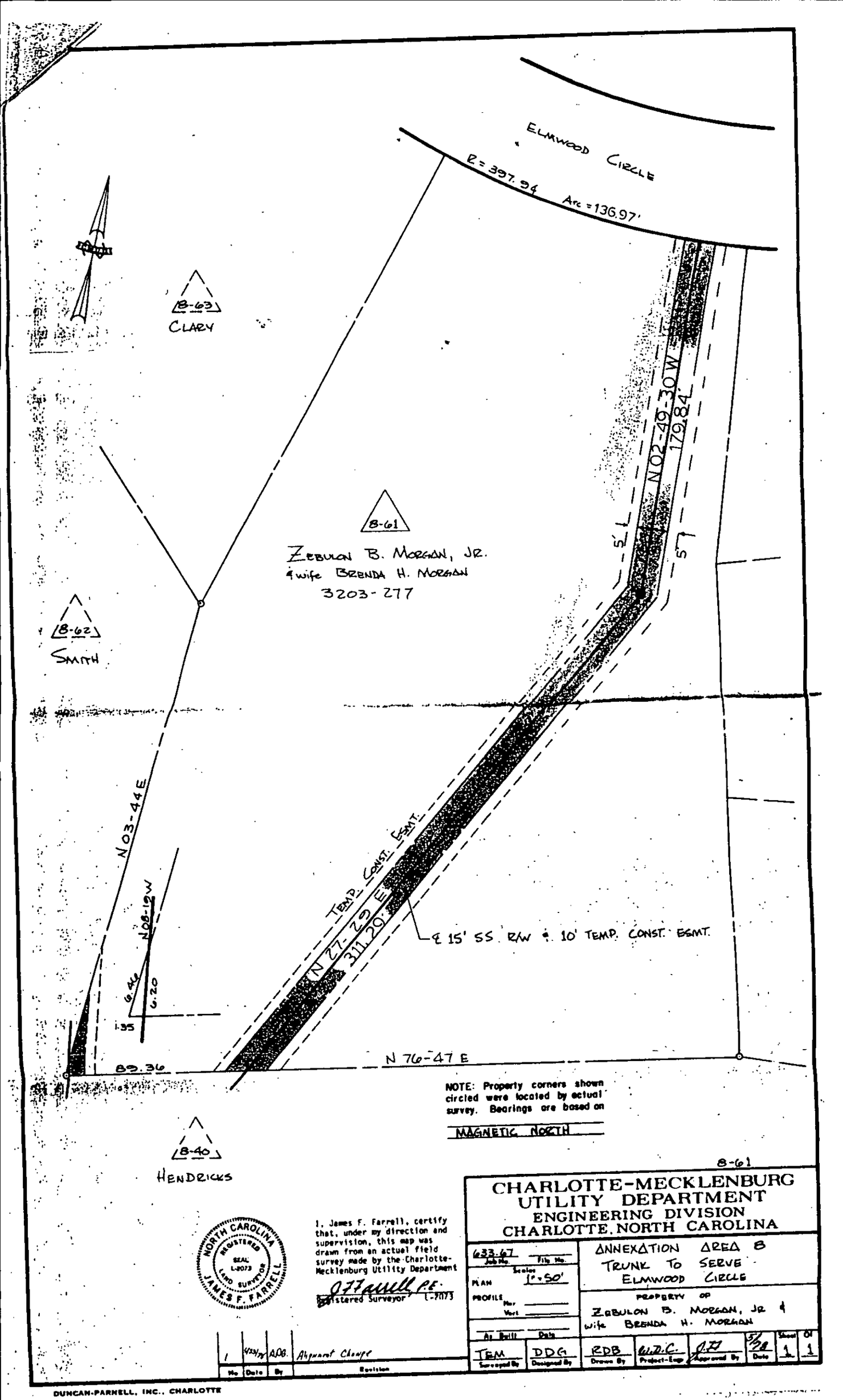
Marvin L. Borum



Property of
Zenith Construction Company
Charlotte, North Carolina

MARVIN L. BORUM AND ASSOCIATES
ENGINEERS - PLANNERS - SURVEYORS
1031 HOMELAND AVENUE GREENSBORO, N. C.
PHONE 275-0472

Scale 1" = 60' Date 6-10-69 7-31-70
Lot No. 14 Block E
Of Towne Park Sec.
Plat Book 7 Page 679



NORTH CAROLINA REGISTERED SEAL L-2073 LAND SURVEYOR JAMES F. FARRELL

I, James F. Farrell, certify that, under my direction and supervision, this map was drawn from an actual field survey made by the Charlotte-Mecklenburg Utility Department

JFFarrell P.E.
Registered Surveyor L-2073

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT
ENGINEERING DIVISION
CHARLOTTE, NORTH CAROLINA

633-67 Job No. — File No.

Scales: PLAN 1"=50' PROFILE Hor. — Vert. —

As Built Data

TEM Surveyed By | DDG Designed By | RDB Drawn By | W.D.C. Project Engr. | J.F. Approved By | 5/78 Date

ANNEXATION AREA B
TRUNK TO SERVE
ELMWOOD CIRCLE

PROPERTY OF
ZEBULON B. MORGAN, JR & wife BRENDA H. MORGAN

Sheet 1 of 1

No.	Date	By	Revision
1	4/28/78	ADB	Alignment Change

DUNCAN-PARNELL, INC., CHARLOTTE



Imaging Solutions and Services, Inc.

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Date Issued 6 22 11

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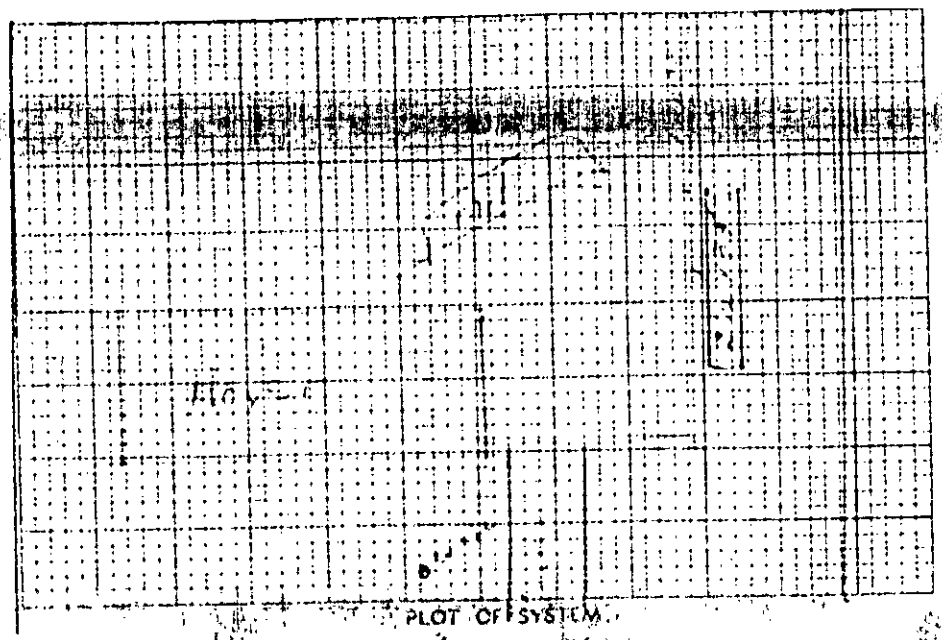
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 ___ dated ___ 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

Comments

Environmentalist

Environmental Section Head

* 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 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 H.D. 1-5 7 1 70

HEALTH DEPARTMENT'S COPY

Serial No. 564

Date Issued 6-21-11

Cert. of No.

T. C. No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number 1738 Permit Number _____

Inspection Data:

Liquid Capacity of Tank — Tank Material _____

Total Length of Drain Tile 200 Number of Lines _____

Depth of Filter Material 4' Cover Depth _____

Water Supply Source Well Distance from Water Source _____

Excavation Inspected 6-21-11 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 6-21-11 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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(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 _____

_____

_____

_____

_____

_____

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY