SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 15597

Assigned Inspector: Braeden

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: LP 12/4/23 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

15597

MECKLENBURG COUNTY HEALTH DEPARTMENT #14274

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: ANGELA BASS
ADDRESS: 9538 Goldsmith Lane
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 615 428 1882
ALTERNATE PHONE:
E-MAIL: caffenatrix@yahoo.com

PROPERTY OWNER: [x] SAME AS PERSON FILING APPLICATION
NAME: Peter & Angela Bass
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 13717117
STREET ADDRESS: 9538 Goldsmith Lane
CITY: Mint Hill
STATE: NC ZIP: 28227

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: 4
NUMBER OF OCCUPANTS: 4

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.

Angela Bass — Owner's/Agent's Signature
11/29/23 — Date

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

Approved
Addition is off the Septic System.
Meets setbacks. Removing Bedroom from upstairs, adding Bedroom back to Addition, staying a 4 Bedroom system. See attached for house Layout.
Reh's: [illegible] 01/10/24

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

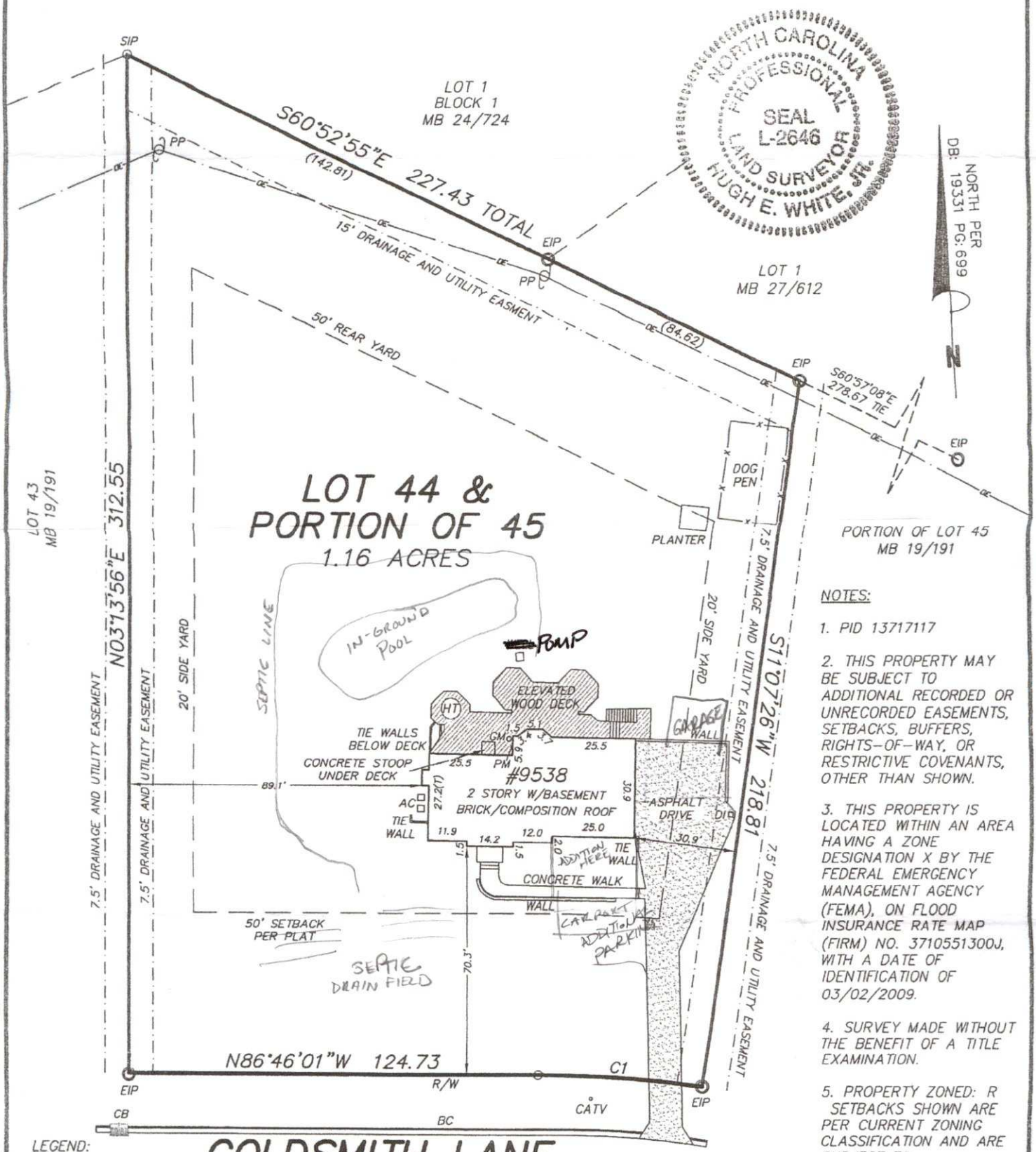
Revised on: 01/03/11

THIS IS TO CERTIFY THAT ON THE 21st DAY OF FEBRUARY, 2014, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	359.39	50.00	N82°46'53"W	49.96

SIGNED _____
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-2646 LAND SURVEYOR HUGH E. WHITE, JR.



PORTION OF LOT 45
MB 19/191

NOTES:

1. PID 13717117

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710551300J, WITH A DATE OF IDENTIFICATION OF 03/02/2009.

4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.

5. PROPERTY ZONED: R SETBACKS SHOWN ARE PER CURRENT ZONING CLASSIFICATION AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

LEGEND:

EIP = EXISTING IRON PIN
SIP = SET IRON PIN
PM = POWER METER

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/04/23
Receipt #: 145299
Check / Auth #: CHECK 1052
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ANGELA S. BASS
Attn:
Address: 9538 GOLDSMITH LN
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9538 GOLDSMITH LN		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	

Shelton, Braedon P

From: Angie Bass <caffenatrix@yahoo.com>
Sent: Monday, January 8, 2024 10:07 AM
To: Shelton, Braedon P
Subject: [External]9538 Goldsmith Lane 28227
Attachments: 9538 Goldsmith Ln Bass Property Improvements Rendering.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The plan is to make a space for my mother using the attached garage with additional room being added to the front of the house. We have converted the smallest upstairs bedroom into an office (closet frame expanded, creating an alcove for office supplies). In summary, we are moving a bedroom from the second floor and placing it on the first floor.

A detached garage will be placed at the end of the driveway.

Please see attached for basic plan (not to scale) as well as office alcove.

The architect we are working with will draw formal plans once we have approval from your office.

Thanks and let me know what else you need.

Angie Bass

Date Received 7-23-84

RECEIVED JUL 23 1984 MECKLENBURG COUNTY ENGINEERING & Health

CAR(S) Application No 15597

T. C. No PC 132-132-08

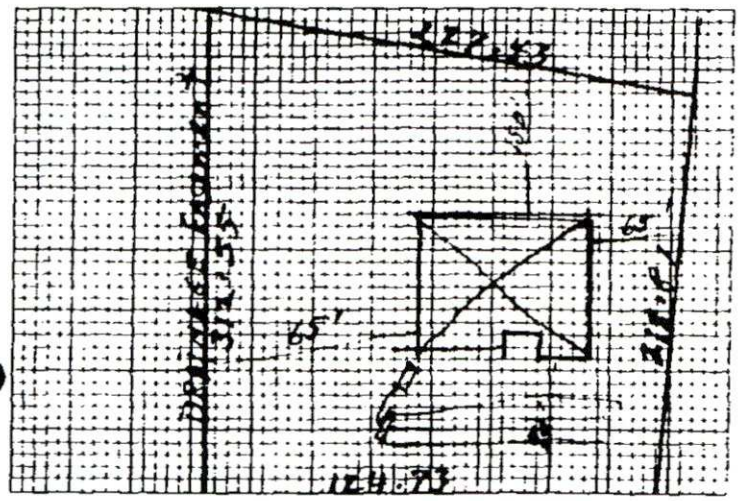
Map Date L

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) 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)

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No of Bedrooms 4
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1) Well source X
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 ___
12) VA Case No ___

13) NAME OF OWNER Colonial Service Corp
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO Box 23235 [redacted] [redacted] Charlotte 28212

15) PHONE NO. Home 536-0142 Office 522-7769

16) LOCATION OF SYSTEM 9538 Olivine Ave
STREET OR COUNTY ROAD

17) SUBDIVISION Bainbridge Lot No. 44 & pt 45 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 ___

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.

7-12-84
DATE OF APPLICATION

Colonial Service Corp
OWNER
by Frank Williams

EHB-5-76

Environmental Health Department's Copy