

8004 MATTSON PL

22330110

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400 PD 50 chk 15th 2/11/99 [ ] 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 20440

Date:

PERSON FILING APPLICATION:
NAME: Morris (last) John (first) E (mi)
ADDRESS: 8206 Stem Ct PHONE: (704) 569 2334
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: ~~Pierre~~ Harrison (last) Pierre (first) (mi)
ADDRESS: 8004 Mattson Pl PHONE: (704) 543 9895
CITY: Charlotte STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223-301-10
STREET ADDRESS: 8004 Mattson Pl
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 8 Blk LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
1985
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) GARAGE, DECK

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: 4
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 [ ] 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 on to the property for the purpose of processing this request.

Signed: [signature] Date: 2/1/99

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.

...Approval granted for a garage & deck Addition

Use existing system

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

Phyllis A. Walker RS 2/5/99
Environmentalist Date

JK

WATER : 122791

Cof A (s) No. 20440

Date Issued 9-13-85 **Serial** 7891 P.O. C. No. 223-201-1 L CK

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner William Trotter Co. (LAST FIRST MIDDLE)

Location of Property 8004 Mattson Pl.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material STL

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 12"-18"

Water Supply Source Comm. Distance from Water Source —

Excavation Inspected 9-12-85 (DATE) Tank Inspected 9-13-85 (DATE)

Nitrification Field Inspected 9-12-85 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

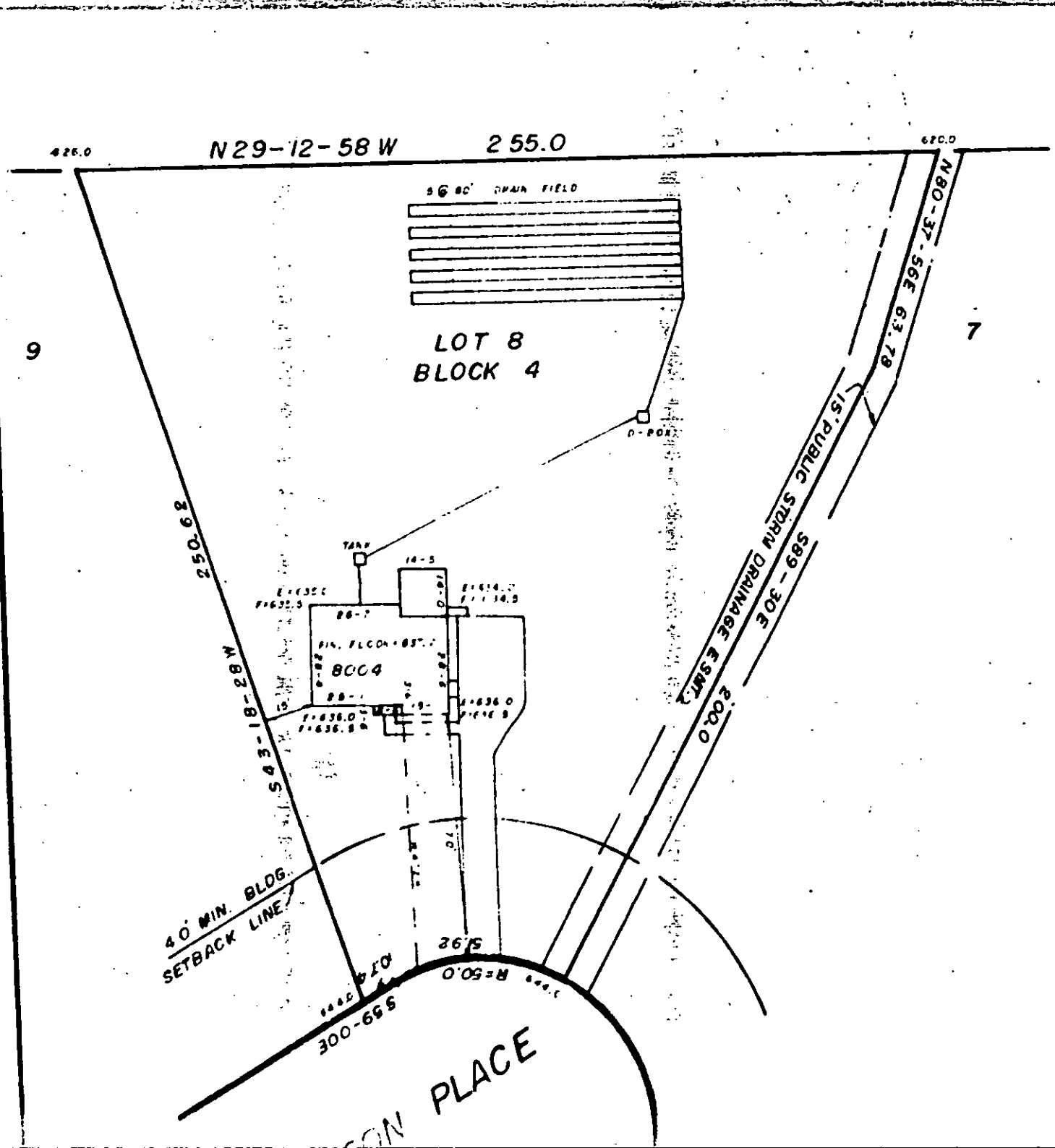
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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: 1985, 1500ST, Con, 1200SFT, 12G, Cecil

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy


N29-12-58 W
255.0
426.0
620.0
5 @ 80' DRAIN FIELD
LOT 8
BLOCK 4
9
7
D-POR
TANK
14-5
BB-1
FIN. FLOOR = 637.1
8004
250.62
S43-18-28 W
15' PUBLIC STORM DRAINAGE ESMT.
N80-37-56E 63.78
S89-30E
200.0
40' MIN. BLDG. SETBACK LINE
S1°32'
R=50.0
S89-66S
300-66S
PLACE

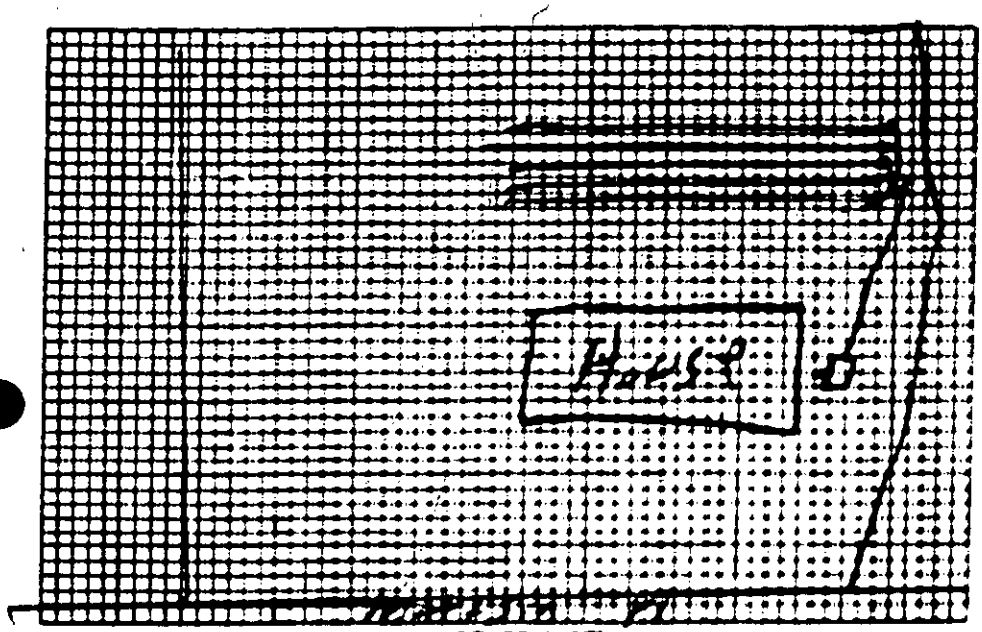
Date Issued 8-2-85

Serial No. 08343

ICAR(S) Permit No. 2044
P.O.
T. C. No. 223-20
Map Date 1

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 w... water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the ...scribed location. This permit is granted based upon the information supplied in application 2044 dated 5-3-85 and this permit shall be void and of no effect if the information provided in the ...plication is not true or is erroneous. All work shall be completed on or before 9-2-85, after wh... date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IIIa

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 5 in 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100' C...

NAME OF OWNER William Trotter Co.

LOCATION OF PROPERTY 7004 Matheson Place

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenb... County Health Commission which are in effect on the date of the granting of this permit. A certificate of ... proval must be issued by the Environmental Health Director before any system can be covered up or otherw... rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that ... system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, c... trolling or using such system from any liability resulting from the failure of the system to operate properly.

Five Trenches 70'x2'x18" Stone

Comments:

Division or Section Head

Environmentalist

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

EHD-5-76

...Environmental Health Department's Copy

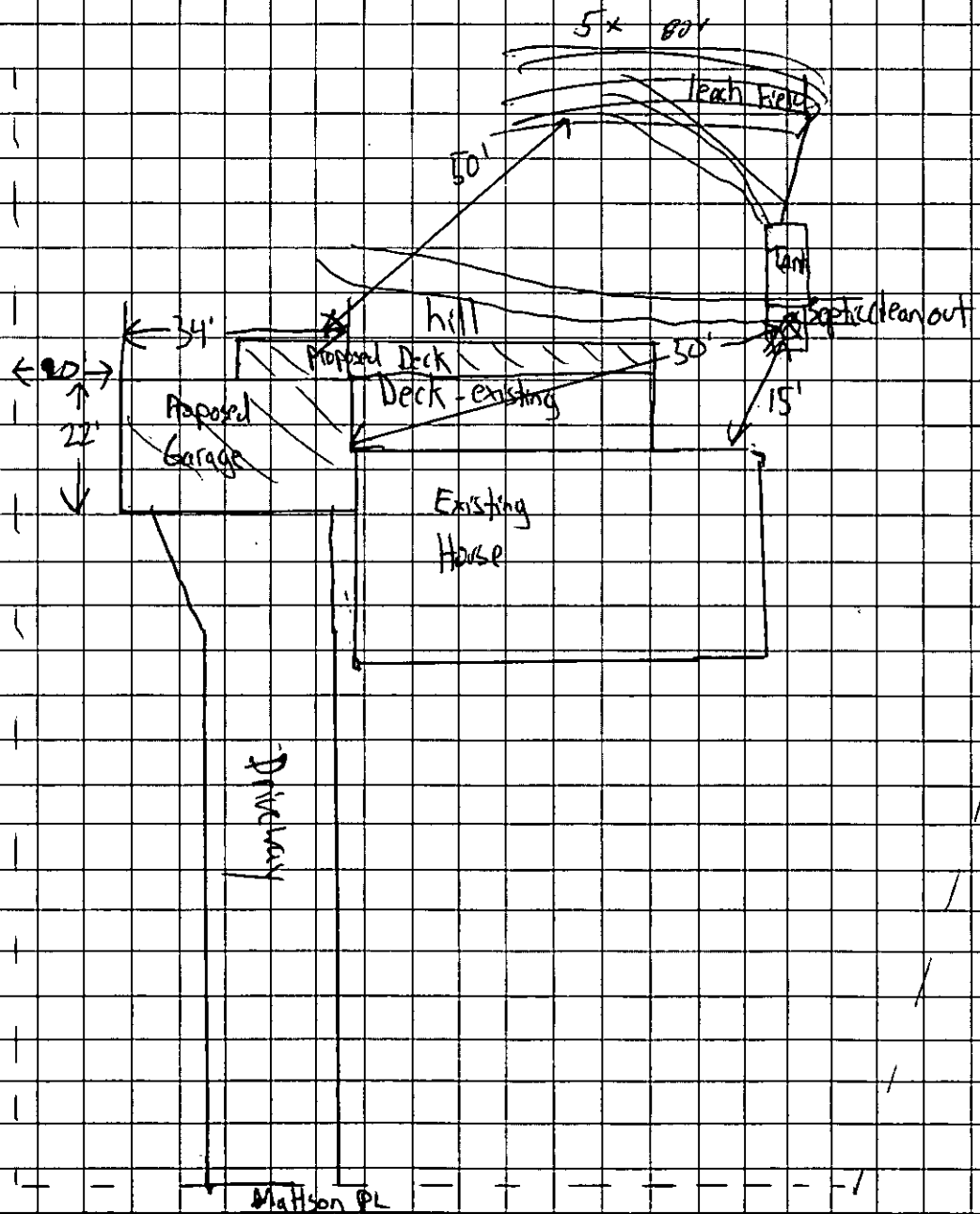
PROPOSED PLOT PLAN

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

FILE: 20410

TC: 223-301-10

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.



OWNER/AGENT SIGNATURE

DATE 2/1/99

APPROVAL DATE PSW 2/5/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

20445

LIQUID WASTE, INC.
9300 STEELE CREEK RD.
CHARLOTTE, NC. 28273
(704) 588-2392

SEPTIC TANK CLEANING WORK ORDER 01/10/99 INVOICE # 0499 DRIVER: B.

CUSTOMER: MRS CATHY HARRISON
8004 MATTSON PLACE
CHARLOTTE, NC.

PHONE: (704) 543-9895

TANK SIZE: 1000 DATE LAST PUMPED: 01/11/99 HOSE LENGTH NEEDED: 80'

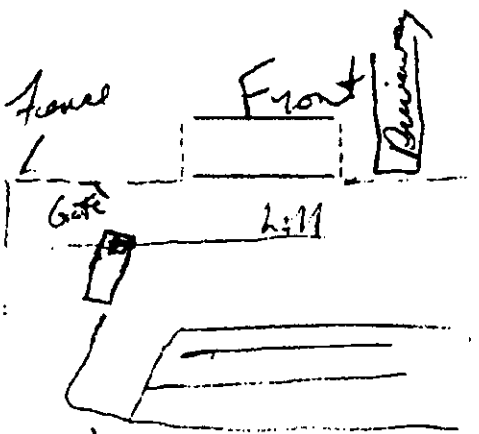
STANDARD CHARGE: $175.00

REMARKS:

DIRECTIONS TO SITE:
GET ON PROV RD. WEST TRUN ONTO HOUSTON RIDGE RD. GOTO DEAD END TURN RIGHT ON RALLY, TURN LEFT ON MATTSON PL. HOUSE IN CUL D SAC. # ON MAILBOX.

DIRECTIONS TO LOCATE TANK ON SITE:
Tank is 20' off back of house in front of gate.
Lid is 20" deep & has 18"x18" lid.

SKETCH OF TANK LOCATION ON SITE:



ADDITIONAL WORK/CHARGES:

TOTAL AMOUNT DUE: AMOUNT PAID: 175.00 CHECK #: 3012

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 10/23/18 LE 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. ☐ _____

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

October 29, 2018

Erik Ramirez
8004 Mattson PL
Charlotte NC 28277

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 8004 Mattson PL
Health Department File Number: **20440**

Dear Property Owner or Owner's Agent:

On October 25, 2018 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated October 23, 2018, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,
April Bumgarner, REHS
April Bumgarner, REHS
Environmental Specialist

Encl: (1) Application

MECKLENBURG COUNTY
HEALTH DEPARTMENT

20440 #9969

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

26 OCT 18 AM 10:29

PERSON FILING APPLICATION:
NAME: ERIK Ramirez
ADDRESS: 8004 Matson Pl
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 704.651.1657
ALTERNATE PHONE:
E-MAIL: ERIKHoldings@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 223-301-10
STREET ADDRESS: 8004 Matson Pl
CITY: Charlotte
STATE: NC ZIP: 28277

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 (Now)
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.

Owner's/Agent's Signature — Date: 10/23/18

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

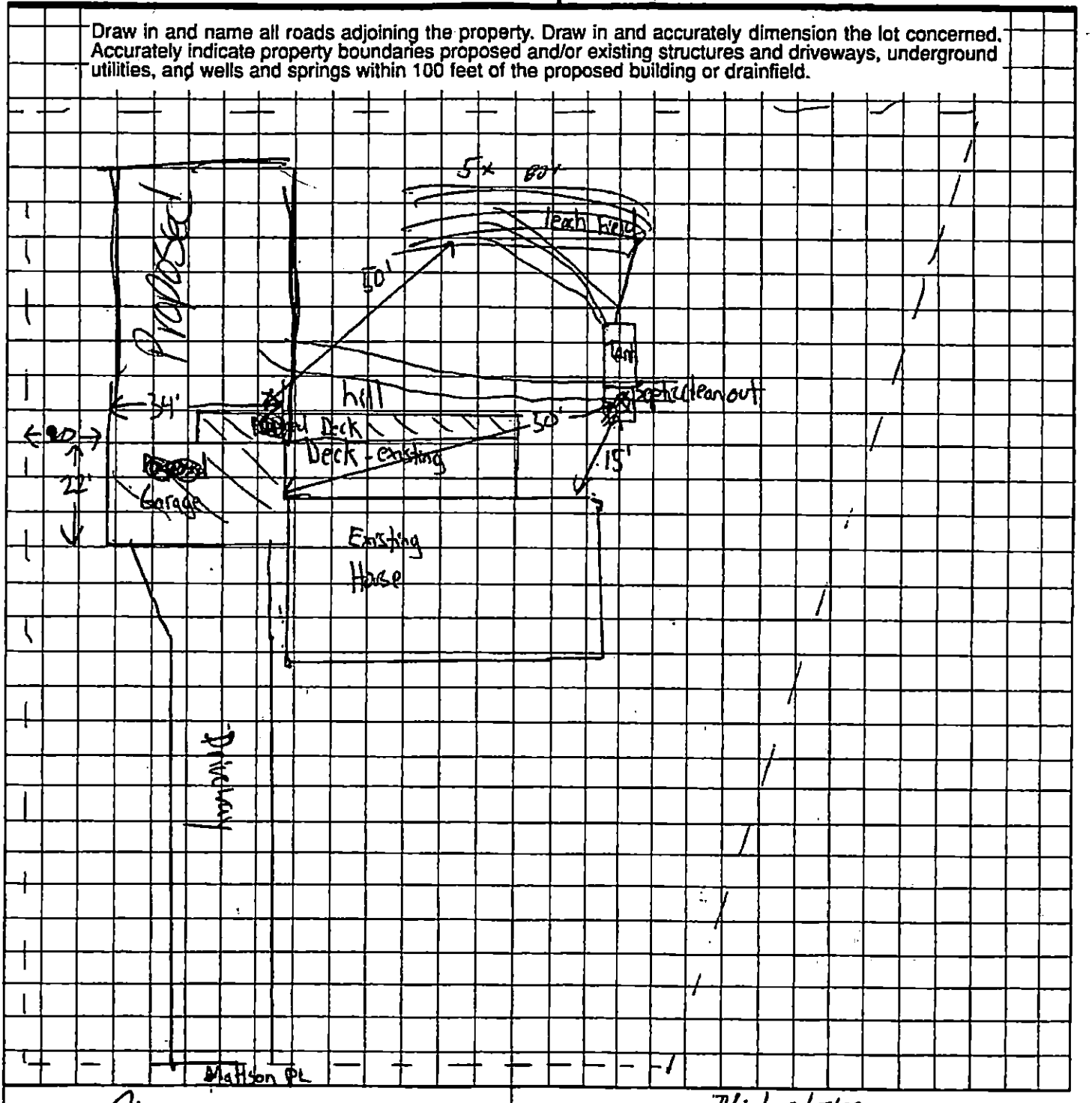
PROPOSED PLOT PLAN

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

FILE: 20440

TC: 223-301-10

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.



OWNER/AGENT SIGNATURE

DATE 2/1/99

APPROVAL DATE PSW 2/5/99

White - Health Department's Copy

Canary - E.H.S. Copy

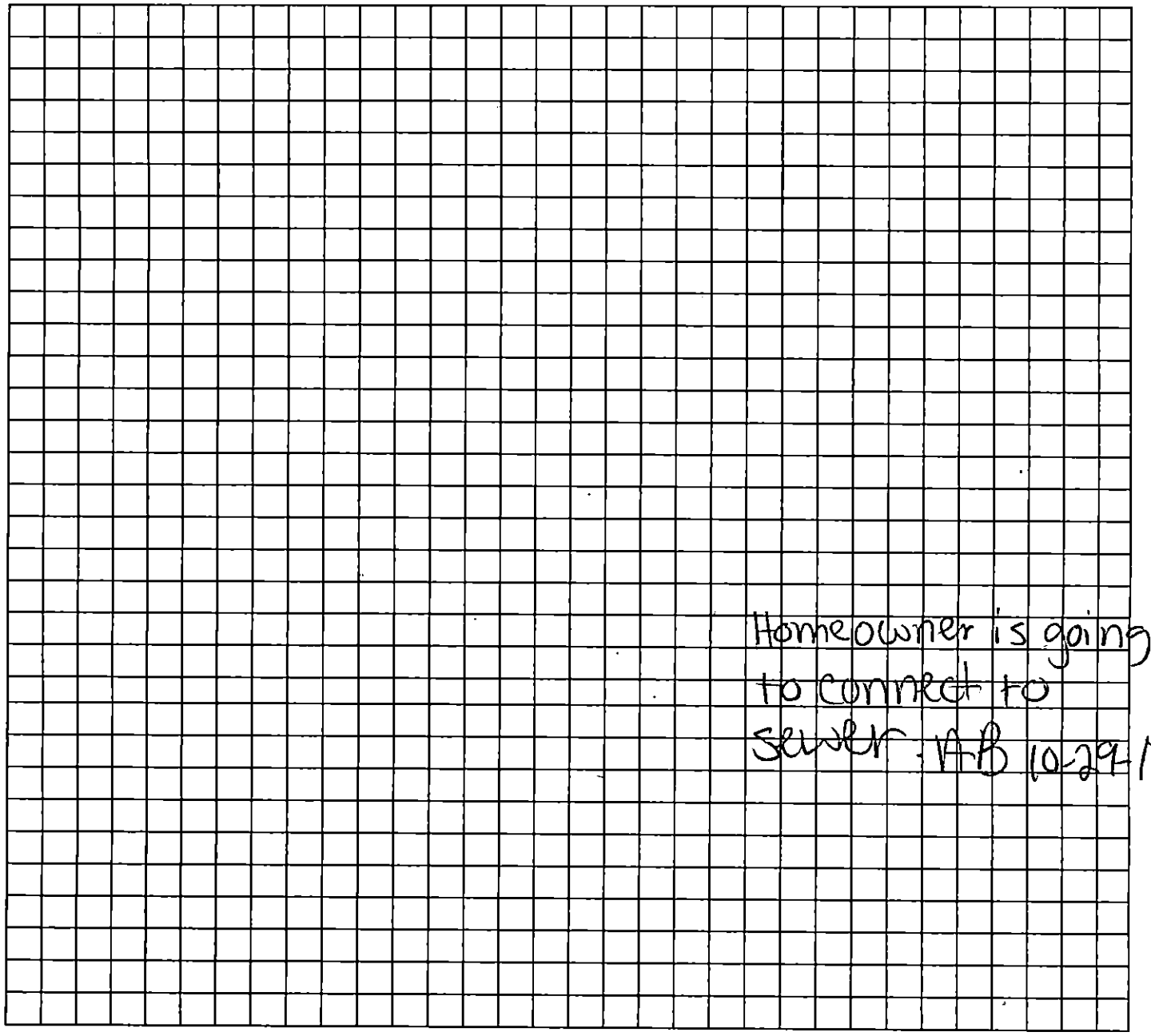
Pink - Owner's Copy

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

Denied Due to permitted Daily design flow will be exceed

Opal Bumgarner 10-29-18

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:	10/23/18	**Amount:**	100.00
Receipt #:	113489	**Tendered:**	100.00
Check / Auth #:	VISA 03202G	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: RAMIREZ, ERIK
Attn:
Address: 8004 MATTSON PLACE
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 8004 MATTSON PLACE		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: ERIK RAMIREZ

Bill To:

ERIK RAMIREZ
8004 MATTSON PLACE

Charlotte, NC 28277

Single Payment

Transaction Date: 10/23/2018 7:24 AM Pacific Time
Pay Method: VISA **********7434
Approval #: 03202G
Trace Number: 39473cd1-f0c2-4ab8-b6b8-a6446be4bed4
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.