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 2/16/17 LF 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

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

May 4, 2017

Willard M. Leach
19721 Stough Farm Road
Cornelius, NC 28031

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 19721 Stough Farm Road
Health Department File Number: **12220**

Dear Property Owner or Owner's Agent:

On February 20, 2017, 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 February 13, 2017, 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.
- X 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,

Jeremy Michelone, REHS
Environmental Specialist

Encl: (1) Application

12220
#8764
14 FEB '17 PM 4:32

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

Rebuild

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: Willard M. Leach
ADDRESS: 19721 Strough Farm Rd
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 770-826-5937 (cell)
ALTERNATE PHONE: 770-547-3418 (wife cell)
E-MAIL: Wmleach25@aol.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: PIN/PID 00141210
STREET ADDRESS: 19721 Strough Farm Rd
CITY: Cornelius Strough
STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: PATRICK'S PURCHASE
LOT #: 9
Block 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: 0

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: * (Demo / New Construction)
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: 2/13/17

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

Connecting to City Sewer

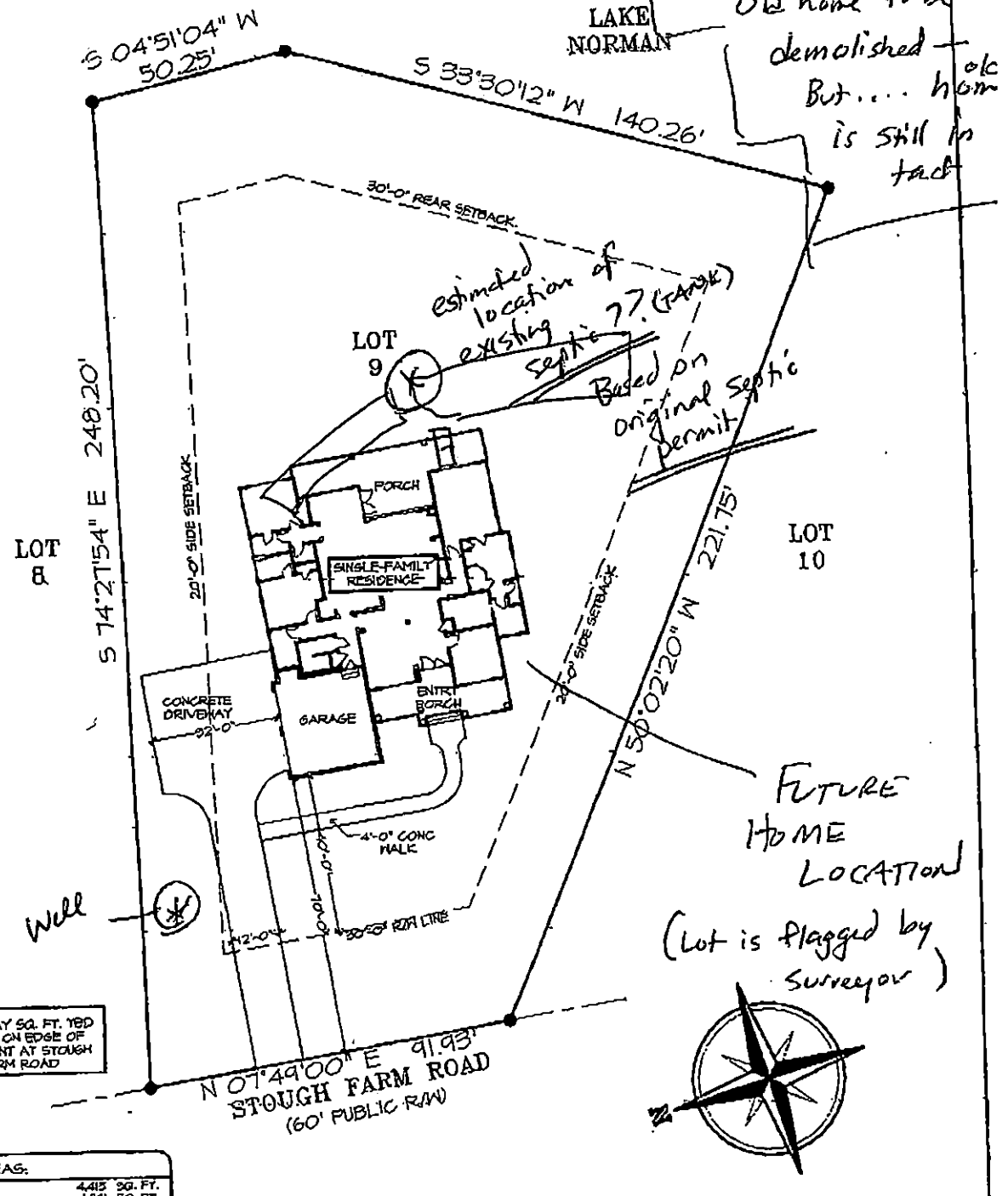
Please advise when planning to visit lot – Call Will @ 770-826-5937.

WES DENIED
Jimmy Mark Wells
5/3/17

19721 Stough Farm Rd

Arthur Rutenberg Homes

NOTE: This is proposed new footprint — OLD home to be demolished — But.... home is still in tact



LOT AREAS:		
HOUSE	4,415	SQ. FT.
DRIVEWAY (TO PROPERTY LINE)	1,841	SQ. FT.
WALKWAY	343	SQ. FT.
CONCRETE PAD, PLANTERS, WALLS	N/A	SQ. FT.
PERVIOUS	26,410	SQ. FT.
TOTAL	33,006	SQ. FT.

0 20 40 60 80 100

SCALE: 1" = 40'

This plan is the sole and exclusive property of Arthur Rutenberg Homes, Inc. The reproduction, use or modification of this plan, for any purpose other than building a home with Arthur Rutenberg Homes or its authorized franchisees, is strictly prohibited.

2 of 2

Note: Plan information is conceptual only. Certain items may be changed at production stage.

Franchise: #98 Bluefield Builders, LLC
File #: Leach-D2 1132F-L-02-2S-"C"
Drawn By: MDF
Date: January 20, 2017

A Custom Residence for:
Mr. and Mrs. Leach
Patrick's Purchase, Lot 9

SEE INSTRUCTIONS ON BACK

Date Received 6/20/77

ICAR(S) Application No. 12220

T. C. No. 05[illegible]39

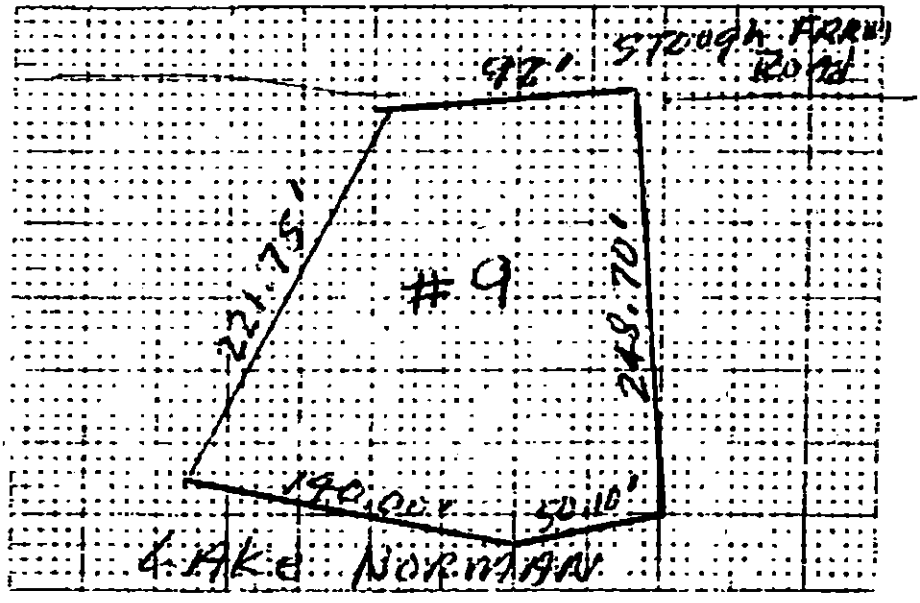
Map Date ____

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 McCleave (LAST) William (FIRST) Robinson (MIDDLE)

14) ADDRESS OF OWNER 111 Evergreen Cir, Rockhill S. C

15) PHONE NO Home ____ Office 373-8087

16) LOCATION OF SYSTEM #9 Stough Farm Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 9 Block No. A

Map Book No 18 Page No. 33

18) DEED REFERENCE — DEED BOOK 2405 AT PAGE 346

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN [illegible]

20) PTR NUMBER (See Instructions) [illegible]

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.

6/15/77
DATE OF APPLICATION

W R McCleave
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 0929

LA No. 12220

Date Issued June 20, 1977

T. C. No. ~~001291-07~~ 05\-091-35

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER McCleave (LAST) William (FIRST) Robinson (MIDDLE)

ADDRESS OF OWNER 1111 Evergreen Circle, Rock Hill SC ZIP _____

LOCATION OF LOT Stough Farm Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 9 BLOCK NO. A

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 12220. 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 soil investigation 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 permit(s) 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.

A. M. Reynolds
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

12220

C of A (s) No. 13146

Date Issued 7Feb78 **Serial No. 1303** P.O. T. C. No 001-091-37

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner McCleve, Wm. (LAST, FIRST, MIDDLE)

Location of Property S Tough Farm Rd Lot 9, Blk A

Application Number 13146 Permit Number 13146

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 495'-125' Number of Lines 5-3

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7Feb78 (DATE) Tank Inspected 7Feb78 (DATE)

Nitrification Field Inspected 7Feb78 (DATE)

Washing Machine Line Inspected, If Applicable 7Feb78 (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

JM Reynolds
Environmentalist

EHD-S-76

Environmental Health Department's Copy

Date Issued [illegible]

Serial No. 1239

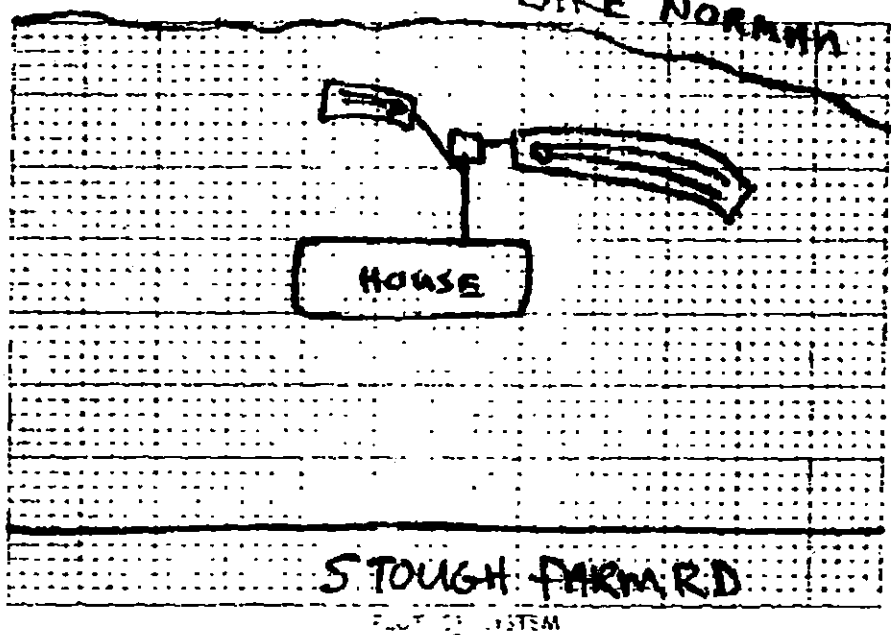
ICAR(S) Permit No. 13446 1232

T. C. No. [illegible]

Map Date 091-34

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 13446, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or complete. All work shall be completed on or before 6 [illegible], after which date this permit shall become void.



PLOT OF SYSTEM

Permeameter Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction P.C.

Absorption and or Nitrification Lines.

Total Line Length 495'-425'

Number of Lines 5-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER P. S. Tuff

LOCATION OF PROPERTY Stough Farm Rd. Lot 9 Block A

The system shall meet all requirements as set forth in the Regulations of the Mecklenburg County Health Department 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 inoperable. **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

J. M. Reynolds

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 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-5-76

Environmental Health Department's Copy

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complimentary fax cover sheet

number of pages including cover sheet: 3

attention to: Mecklenburg Co. Health Dept date: 2/14/2017

company: Ground Water + Waste Water from: Will Leach

phone #: 704-336-5103 company:

fax #: 704-336-6894 senders phone #: 770-826-5937

comments:

Please Confirm receipt

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ods00319cpc@officedepot.com

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/16/17	**Amount:**	100.00
Receipt #:	103949	**Tendered:**	100.00
Check / Auth #:	VISA 06373C	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: LEACH, MAUREEN
Attn:
Address: 142 MALIBU ROAD
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 19721 STOUGH FARM ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	20.00				

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
MAUREEN LEACH

Bill To:

MAUREEN LEACH
142 MALIBU ROAD

Mooresville, NC 28117

Single Payment

Transaction Date: 02/16/2017 8:32 AM Pacific Time
Pay Method: VISA **********6588
Approval #: 06373C
Trace Number: 02897b7d-fdbe-4926-a643-b0cae205ae9b
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.