

8001 BROWNE RD

02764110

6/6/2007

duponbj

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

FEE: 100.00 PAID
DATE: 12/8/00

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

ABSD BMS

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5915A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 02716303

STREET ADDRESS: 8001 BROWNE RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE

12/14/06 OR —

~~ADDING~~ EXPANDING KITCHN MASTER BEDROOM, BATHROOM

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WE ARE ADDING TO HOUSE, NO EXPANSION OF SEPTIC SYSTEM

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES __ NO	WELL, SPRINGS OR WATERLINES	X YES __ NO
EXISTING WASTEWATER SYSTEMS	X YES __ NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:

NAME: (LAST) BROWNE (FIRST) RUSS (MI)

ADDRESS: 8001 BROWNE RD.

CITY: CHARLOTTE STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) SCHMITT (FIRST) GAIL (MI)

DAYTIME PHONE: 704 634-9123

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1988

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: DATE: 12/8/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

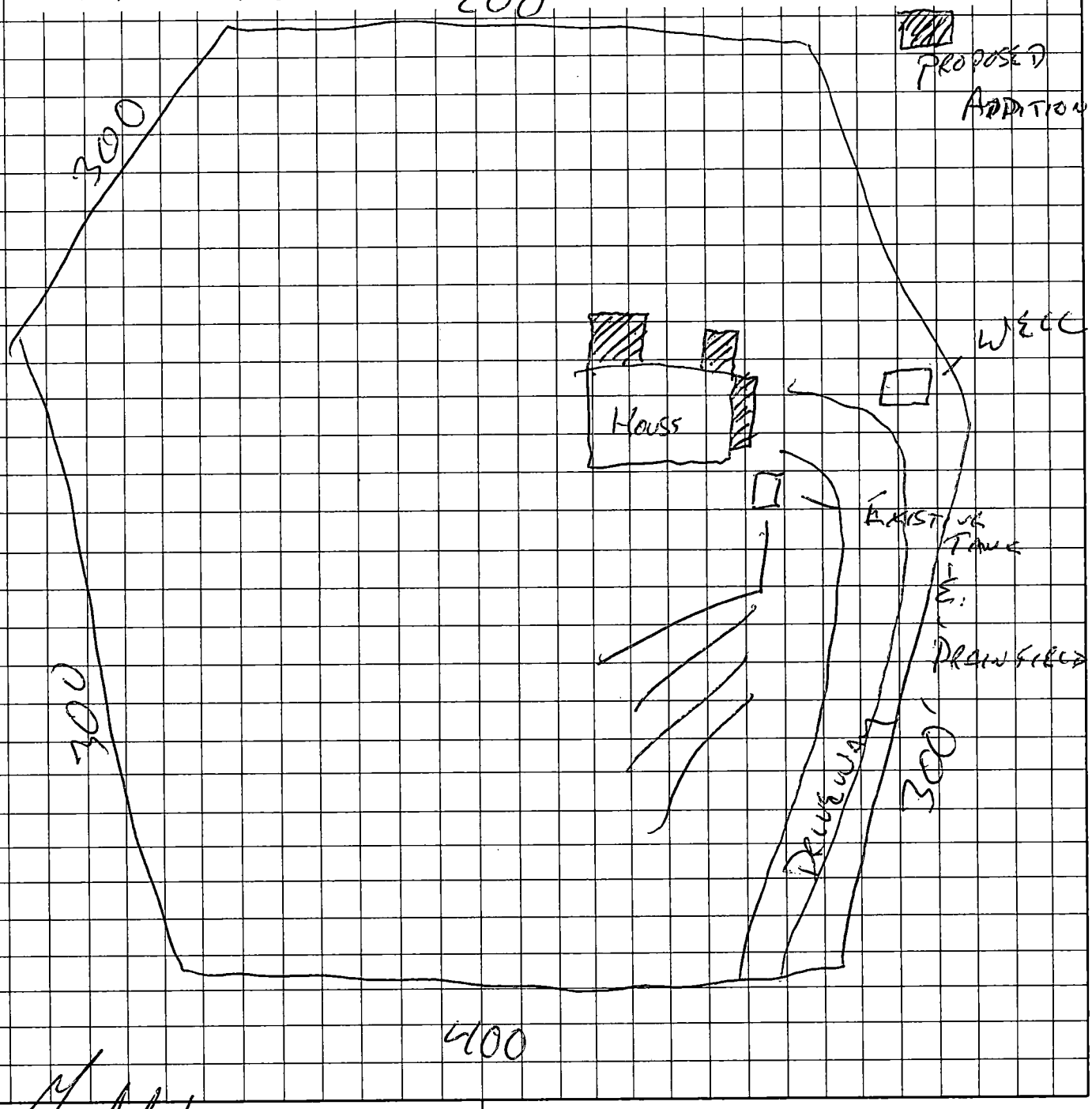
PROPOSED PLOT PLAN

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

FILE: 5915A

TC: 0271/6303

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 12/8/00

APPROVAL DATE _____

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

FEE: 10-0-00 Net Cell

DATE: 12/8/00

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DEPARTMENT OF ENVIRONMENT,
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___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE _____

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EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES X NO		

PROPERTY OWNER:

NAME: (LAST) Browne (FIRST) Russ (MI)

ADDRESS: 8001 Browne Rd.

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Schmitt (FIRST) Gail (MI)

DAYTIME PHONE: 704 634-9123

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1988

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SIGNED: [signature] DATE: 12/8/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Gary Schmitt Phone #: 634-9120 Date Requested: 12/8/00 Date Filled:

Account Name: Gary Schmitt Builders Inc Cash Charge Account No.: R97770 X3287

I certify that I am authorized to charge this account for this service:

Signature: [signature] Printed Name: Gary T. Schmitt Date: 12/8/00

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100.00
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [signature] Date: 12/8/00 Total: 100.00

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

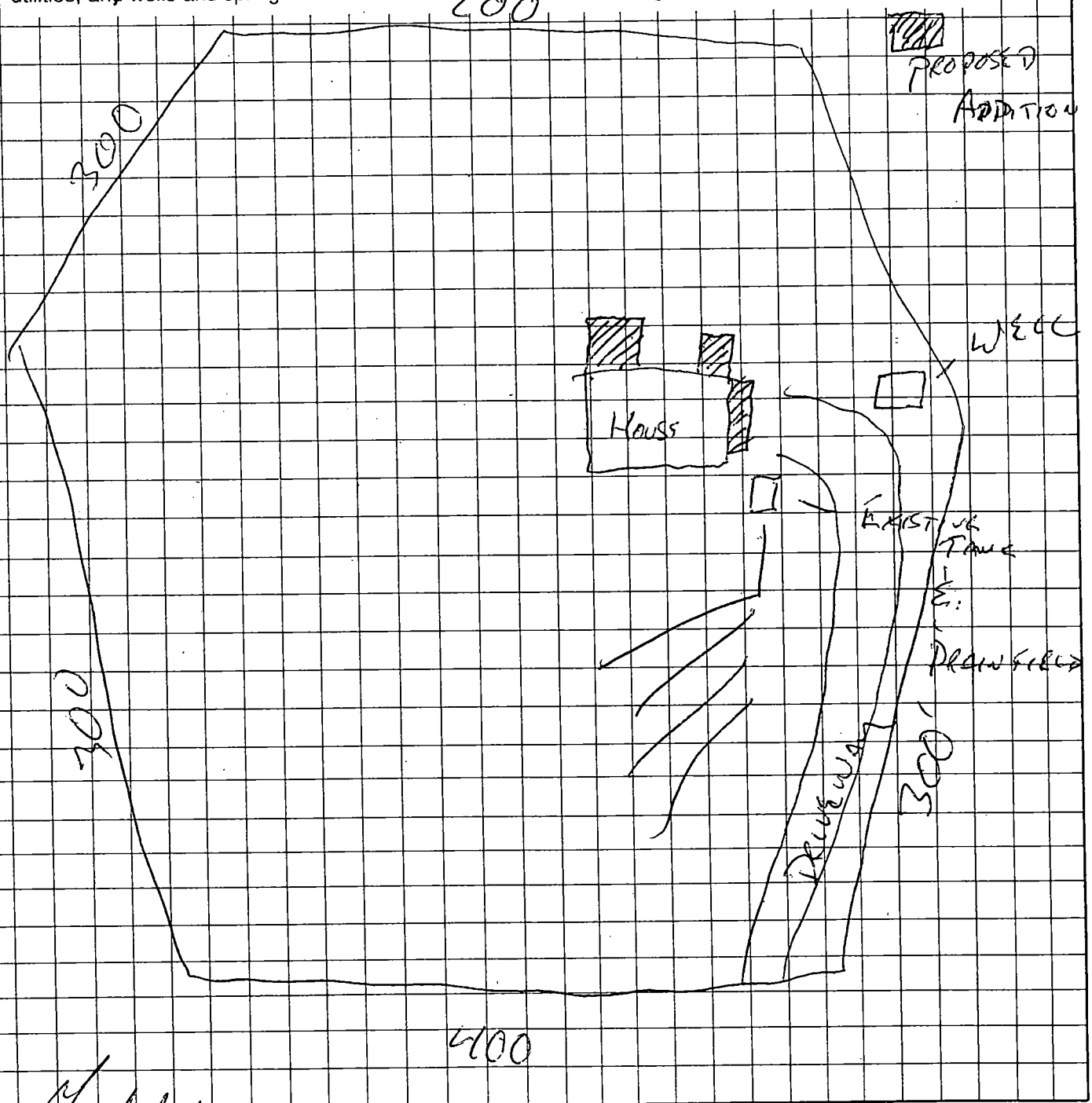
PROPOSED PLOT PLAN

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

FILE: 5915A COPY

TC: 02716303

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 12/8/00

APPROVAL DATE _____

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

Mecklenburg County
Health Department

Basic Steps for a New Septic Tank System

1. Make application for an **Improvement Permit** at the Mecklenburg County Health Department (MCHD). The application is to include a plat of the property (see other side for more information). If a legal agent represents the property owner, written documentation of representation must accompany the application. Total fee is $500 for residential & $700 for commercial (an initial $200.00 for residential or $400 for commercial fee is to be paid when the application is submitted for this first step).

2. If the site is acceptable for on-site sewage disposal, the MCHD will issue an Improvement Permit.
   The permit:
   - Approves the site for installation of a wastewater disposal system;
   - Is transferable to a new owner;
   - Does not expire;
   - MAY BE REVOKED IF SITE PLANS OR THE INTENDED USE CHANGE; and
   - Does not allow for the receiving of a Building Permit, see step #3.

3. Prior to receiving a Building Permit, the current property owner makes application for **Authorization for Wastewater System Construction** from the MCHD. This may be issued at the same time the Improvement Permit is issued or at a later date. A site visit may be necessary prior to releasing the Authorization.
   (A $150.00 fee is to be paid when the application is submitted.)
   The authorization:
   - Is required to receive a building permit;
   - Is not transferable; and
   - Is valid for a period of five (5) years.

4. Once you are ready for the septic tank system to be installed, have your septic system contractor contact the Environmental Health Specialist at the MCHD for an **Installation, Alteration and/or Repair Approval.** The Contractor must have this approval before starting installation of a system.
   ($150.00 fee. This fee can be paid in person or by mail. A check should be made payable to the Mecklenburg County Health Department. Please include the file number, job location, address and tax parcel number for proper processing.)

5. The septic system contractor will call the Environmental Health Specialist at the MCHD for inspection of the completed system. When the system has been inspected and approved, the Health Department issues an **Operation Permit** and the system may be placed into use.

Please call the Environmental Health Division at (704) 336-5102 if you have any questions concerning this permitting procedure.

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

PLAT REQUIREMENTS

SUBMIT PLAT WITH APPLICATION FOR IMPROVEMENT PERMIT

A plat of the property is required before an Improvement Permit can be issued for a building site. The plat becomes part of the permit. It is the responsibility of the applicant to provide the plat to the Health Department.

The plat must be drawn to scale and include:

- A statement of the scale used.
- The specific proposed location of the building or structure. Include building dimensions, porches, decks, garages, driveways, etc.
- Property lines and dimensions.
- Wells or other water supplies.
- Streams, ponds or other surface waters.
- Location of any of the following:
  ---buried cables, landfills, stumpholes
  ---existing wastewater systems
  ---easements or right-of-ways
  ---wells, springs or waterlines
  ---designated wetlands
  ---drainage ditches/culverts on or adjacent to property
- The date the plat was prepared.
- The tax parcel number of the property.
- All roads which adjoin the property lines.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5915A
TC: _____
SERIAL: No 18866
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8001 BROWNE Rd. CLT. N.C. 28213 (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MALLARD CREEK TWP. ④ TAX PARCEL NO.: 027-163-03
⑤ SUBDIVISION: N/A ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) RUSSELL (MIDDLE) BROWN (LAST) JR
⑨ MAILING ADDRESS: 4420 HUCKS Rd
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 399-2206 ⑭ (HOME) 596-8404

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑰ ☒ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? 3
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 the property for the purpose of processing this request.

Signed: William R. Brown Jr.
Date: 7/19/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ months from the date of issuance. Use existing system

B.R. Thompson 7-25-89
Environmentalist Date

Jim Gunn 7-25-89
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

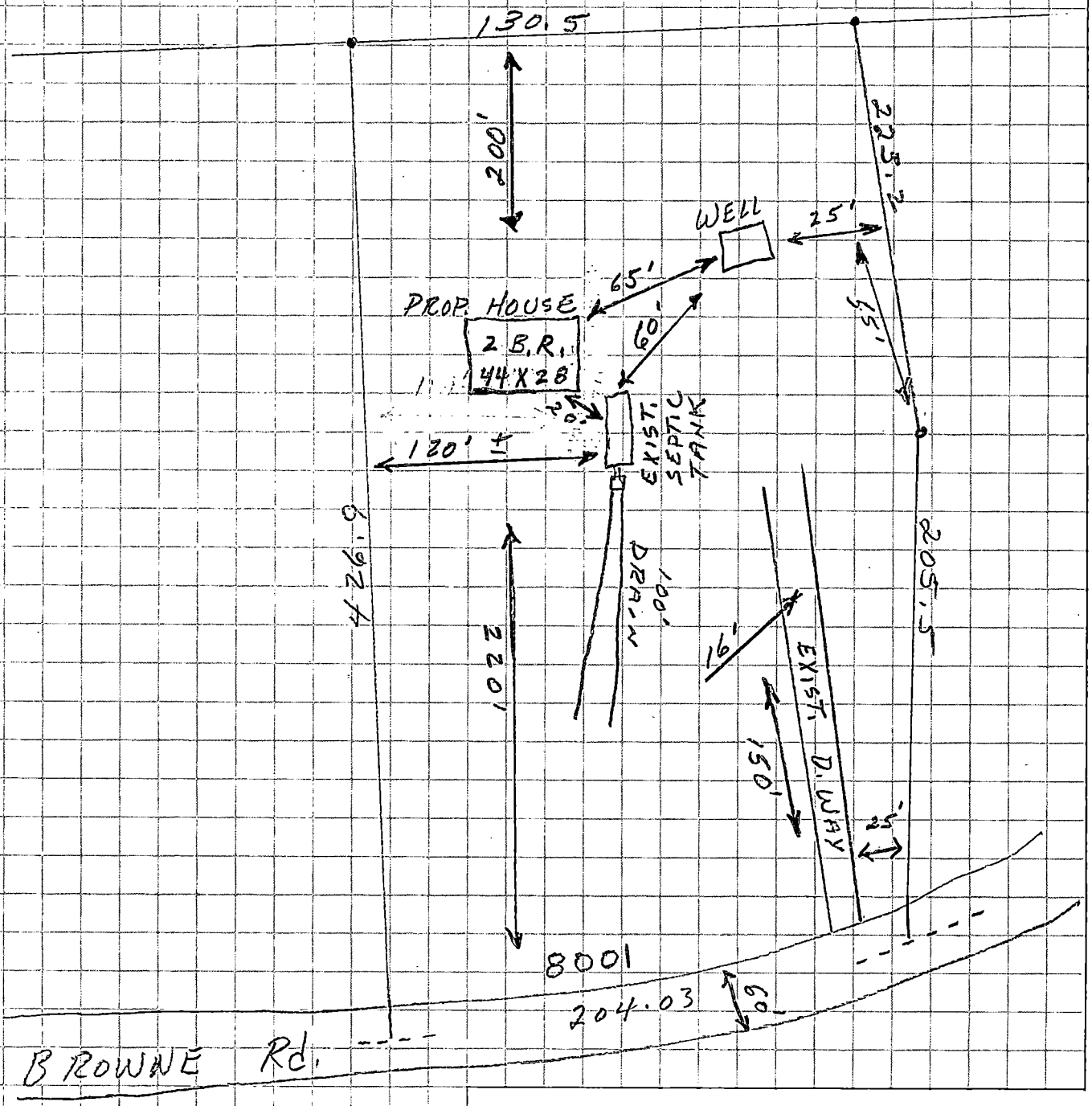
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
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Signed: William R Brown Jr

Date: 7/19/89

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: July 19, 1989

NAME/COMPANY: William R. Brown Jr

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imp- Addition
#5915A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 10 1989

FEE: 25 —

Ck # 439
$25.00

Completed By

Collected By

DATE: 7-19-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 027-163-03pa

ASSIGNED ADDRESS 8001 Browne Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☑ *	☐
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: using existing driveway new home to be built

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: JCN

OPWEAR 02/86