## SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 5302

Assigned Inspector: Bryan

☐ 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: UP 1/24/25 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:**

Deck addition approved. Deck replaced in the same exact location.

2/4/25 - Scanned into OnBase. Project not in Winchester MW

5302
#15225

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

**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

**PERSON FILING APPLICATION:**
NAME: Daniel Key
ADDRESS: 157 Valley Glen Dr
CITY: Waxhaw
STATE: NC ZIP: 28173
PHONE: (828) 712-3416
ALTERNATE PHONE:
E-MAIL: Keycarpentryclt@gmail.com

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: Steve Walker
ADDRESS: 1316 Glenn Valley Dr
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 363-1014
ALTERNATE PHONE:
E-MAIL: Jswalker333@Gmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 22704307
STREET ADDRESS: 1316 Glenn Valley Dr.
CITY: Matthews
STATE: NC ZIP: 28105

**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: 2

**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

1/23/25
Date

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

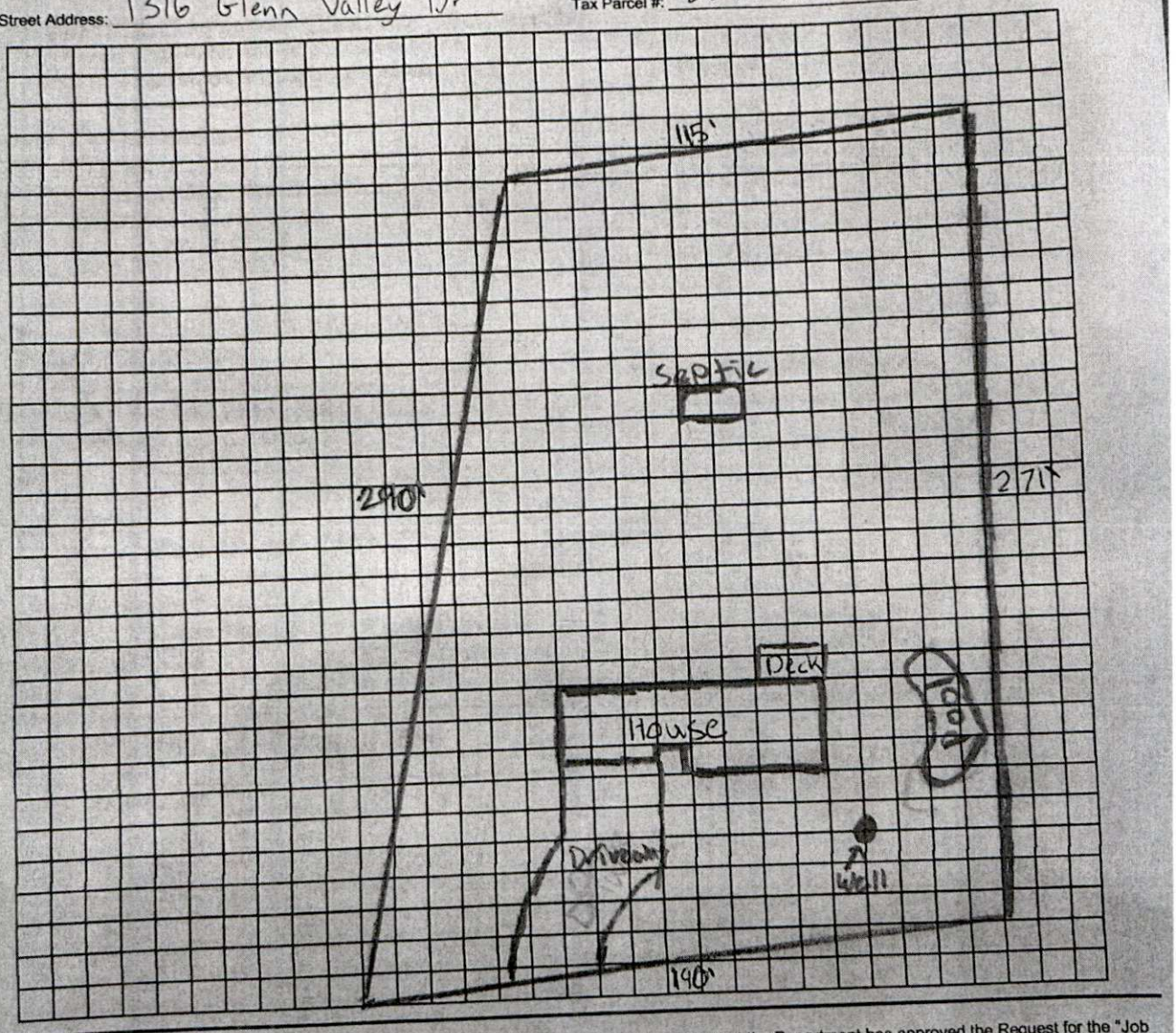
Revised on: 01/03/11

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: 1316 Glenn Valley Dr Tax Parcel #: 22704307




*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

Deck addition meets required setbacks

REHS Signature 2/3/25 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

File/Permit #: 5302

# Mecklenburg County / Environmental Health

## EXISTING SYSTEM APPROVAL *MOCK*

☒ Existing System Approval
- ☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

*[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]*

*[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]*

Applicant: DANIEL KEY
Mailing Address: 157 Valley Glen Dr.
City: Waxhaw
State: NC Zip: 28173
Phone #: 828-713-3516
Email:

Owner: STEVE WALKER
Mailing Address: 1316 Glenn Valley Dr.
City: Matthews
State: NC Zip: 28105
Phone #: 704-363-1124
Email:

PIN/Lot Identifier: 22704307
Property Location/Address: 1316 Glenn Valley Dr.
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 5302 Design Daily Flow: 480 GPD
Number of Bedrooms: 4 Max # Occupants: 8 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Replacement of existing deck, same location + dimensions,

All the following must be checked for approval:
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- ☒ Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: Post on step landing to be moved to meet minimum setback.

Inspector's Printed Name: Patrick Mitchell Inspector Certification #: 1891
Inspector's Signature: Patrick Mitchell Date: 1/31/2025

***The existing system approval expires one year after the date of issuance.***

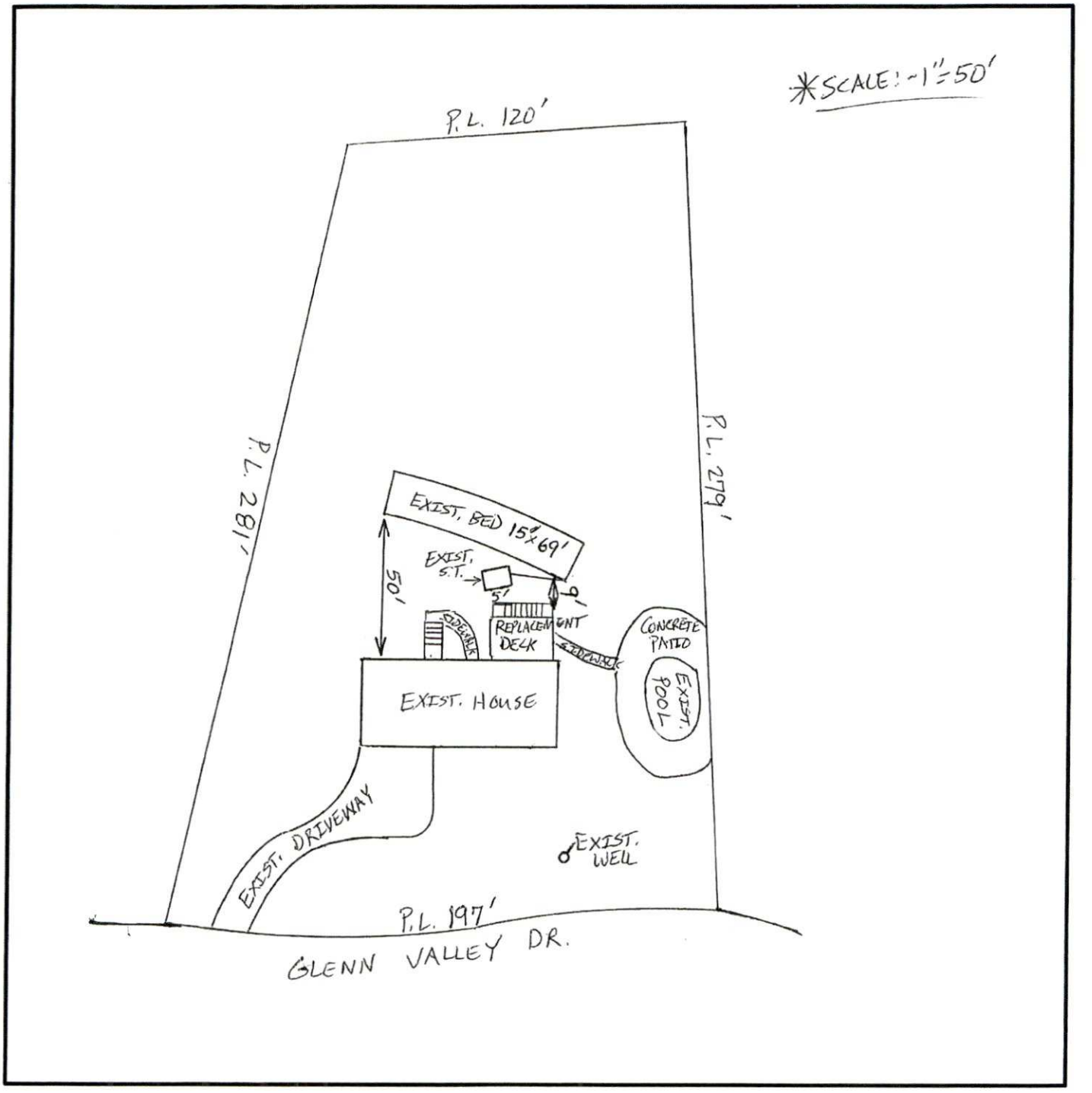
***See attached site sketch***

*MOCK*

# EXISTING SYSTEM APPROVAL
## SITE SKETCH

Operation Permit/ATO #: 5302 PIN/Lot Identifier: 22704307

Owner: STEVE WALKER Property Location/Address: 1316 GLENN VALLEY DR.




*Include the existing and proposed structures and applicable setbacks.*

# MECKLENBURG COUNTY
## Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that _Daniel Key_____ is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at _1316 Glenn Valley Drive, Matthews__.
   Number Street Town
   (Or Parcel Number)

_Joseph S. Walker III _
Property Owner (print name)

Property Owner (signature)

__1/22/2025____
Date

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 01/24/25
**Receipt #:** 152568
**Check / Auth #:** MC 08556Q
**Received By:** PLACILJ

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** DANIEL KEY
**Attn:** STEVE WALKER
**Address:**
**Address:**
**City/State/Zip:** , 281

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>1316 GLEN VALLEY DR | 1 | 100.00 | 100.00 |

Permit#

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | 507.50 | | 580.00 | 2,737.50 | |

Serial No. 5549 ICAR (S) Permit No. 5302

Date Issued 7-26-74 T C. No 227-043-07

Map Date 12-15-72

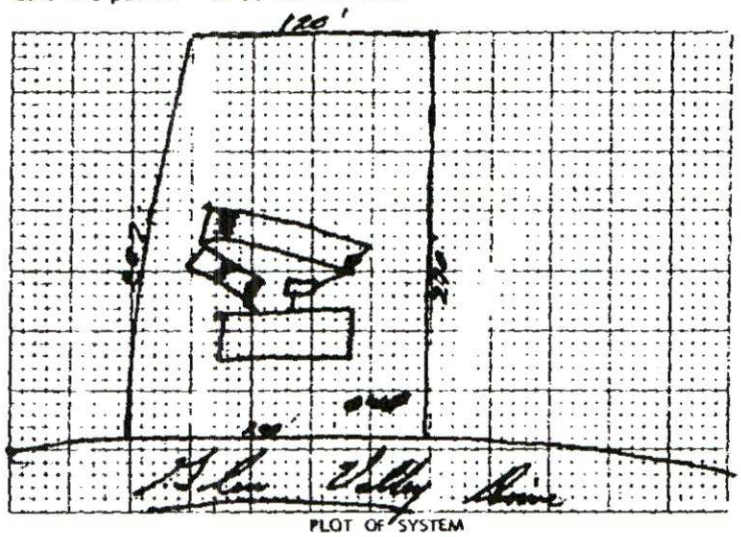
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 5302, dated 3-4-74 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 8-26-74, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 58

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 795' + 200' WM
4(10'x25'x36")

Number of Lines 8(10'x25'x36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 60'

NAME OF OWNER Waldron, Ronald H.

LOCATION OF PROPERTY 1316 Glen Valley Dr. (Lot 12)

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 uninspectable or can be used.

Comments: Stewart (contractor)

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 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 NO. E-5-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

K Date Received 3-6-74

ICAR(S) Application No. 5302

T. C. No. 227-043-07

Map Date 12-15-72

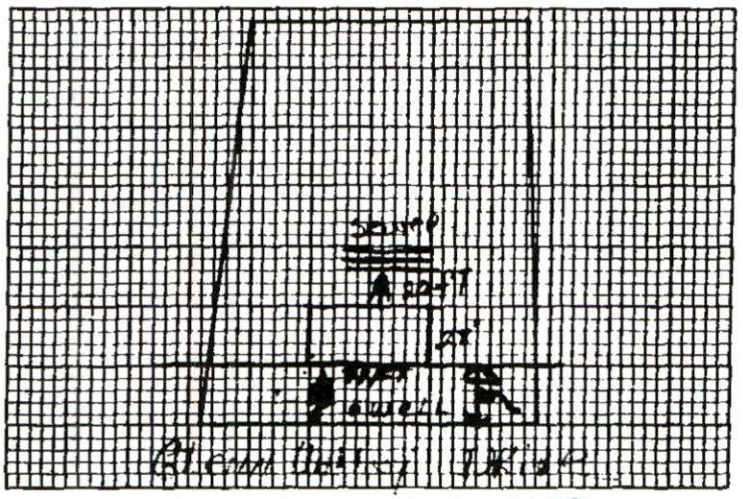
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**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 Health Department 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)

4) No. of Bedrooms 4

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 Waiau (LAST) Ronald (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 600 Deer Creek Dr. Matthews, NC. 28105

15) PHONE NO. Home 847-4663 Office 334-7661 After 4 PM

16) LOCATION OF SYSTEM 1316 Glen Valley Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Beverly Woods Lot No. 17 Block No. _____

Map Book No. 15 Page No. 565 & 567

18) DEED REFERENCE — DEED BOOK 3313 AT PAGE 303

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5/18/73

20) PTR NUMBER (See Instructions) 5502

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.

3/4/74
DATE OF APPLICATION

Ronald H. Hardison
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued March 6, 1974

**Serial No. 3880**

IMPROVEMENTS PERMIT

LA No. 5302

T. C. No. 227-043-07

Map Date 12-15-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**TO THE BUILDING INSPECTION DEPARTMENT**

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

NAME OF OWNER Waldron (LAST) Ronald (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 600 Deer Creek Dr., Matthews, N.C. ZIP 28105

LOCATION OF LOT 1316 Glenn Valley Drive (STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO 17 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 5 min/in 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 5302. 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 percolation test 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, altred, 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.

M. A. Kirby
Environmentalist

John R. Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

**HEALTH DEPARTMENT'S COPY**

Serial No. 5111

C of A (s) No. 5302

Date Issued 7-31-74

T. C. No. 227-043-07

John A Robinson
CERTIFICATE OF COMPLETION

Map Date 12-15-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Waldron, Ronald H.
(LAST, FIRST, MIDDLE)

Location of Property 1316 Glenn Valley Dr. (Lot 17)

Application Number 5302 Permit Number 5302

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 795'+200' Um Number of Lines 4(10'X25'X36") 6(15'X67'X36")

Depth of Filter Material ~~18"-24"~~ 36" Cover Depth 18"-24"

Water Supply Source ~~1000~~ Ind. Well Distance from Water Source 100'

Excavation Inspected 7-31-74 (DATE) Tank Inspected 7-31-74 (DATE)

Nitrification Field Inspected 7-31-74 (DATE)

Washing Machine Line Inspected, If Applicable 7-31-74 (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: Stewart (contractor)

V. J. Whitlock
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY

ward

Date Received 12-4-72

APT No. 5302

T. C. No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Starnes & Craig Construction Company (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 131 Providence Road ZIP

3) PHONE NO. Home Office 375-7731

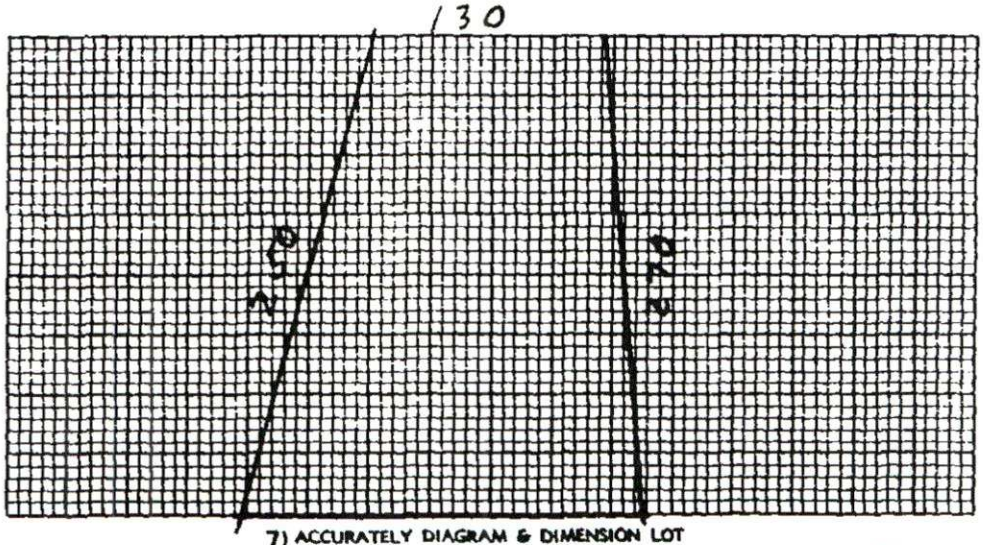
4) LOCATION OF PROPERTY 1316 Glenn Valley Drive (STREET OR COUNTY ROAD)

5) SUBDIVISION Reverdy Woods LOT NO. 17 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.




7) ACCURATELY DIAGRAM & DIMENSION LOT

200 GLEN VALLEY DR

W. T. Starnes

OWNER

FORM NO. 6-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 3104

PTR No. 5302

Date Issued May 18, 1973

T. C. No. 227-043-07

Map Date 12-15-72

**Do Not Issue A Building Permit Based On This Form**

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

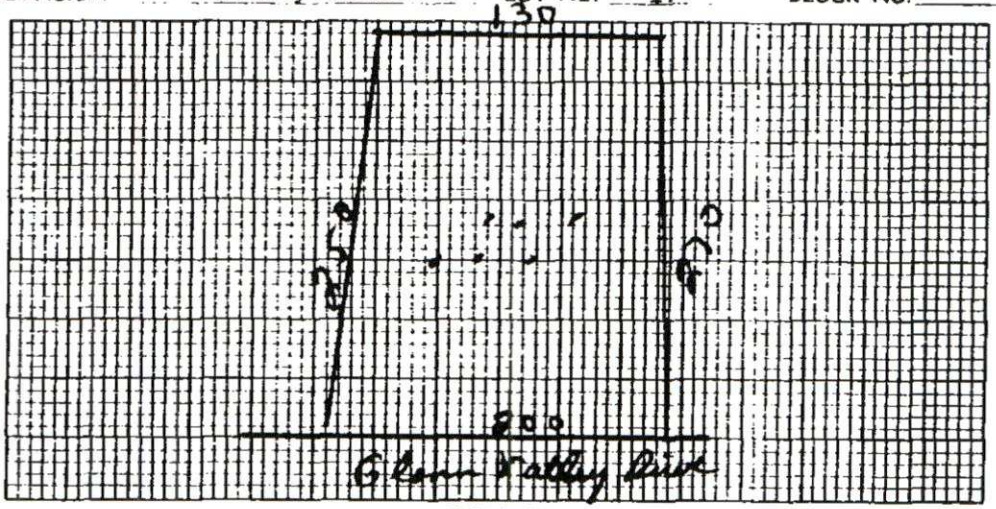
## PERCOLATION TEST REPORT

NAME OF OWNER Starnes & Craig Construction Company
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 131 Providence Road ZIP

LOCATION OF PROPERTY 1316 Glenn Valley Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Reverdy Woods LOT NO. 17 BLOCK NO.




PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 58 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY