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 AS 10/6/17 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. ☐ _____

project # 378902

6 OCT '17 PM12:29

3415
#9210

MECKLENBURG COUNTY HEALTH DEPARTMENT

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

APPLICATION TYPE: (V) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(V) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jeff Hodge
ADDRESS: 7022 Locke DR
CITY: Sherrills Ford
STATE: NC ZIP: 28673
PHONE: 704 622 6571
ALTERNATE PHONE: 704 892 7002
E-MAIL: hodgehvac@ath.net

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

JOB LOCATION INFORMATION
TAX PARCEL #: 00753103
STREET ADDRESS: 18916 Old Statesville Rd.
CITY: Cornelius
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
(V) 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:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [ ] N/A
TYPE OF BUSINESS: Heating and Air Conditioning
EMPLOYEES PER SHIFT: 5
OF SHIFTS: 1

INDUSTRIAL WASTES? ( ) YES (V) NO
UNDERGROUND STORAGE TANKS? ( ) YES (V) 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

10/6/17
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

5x25gpd = 125gpd / 138TLF
existing 225TLF +

4 bedroom
2004

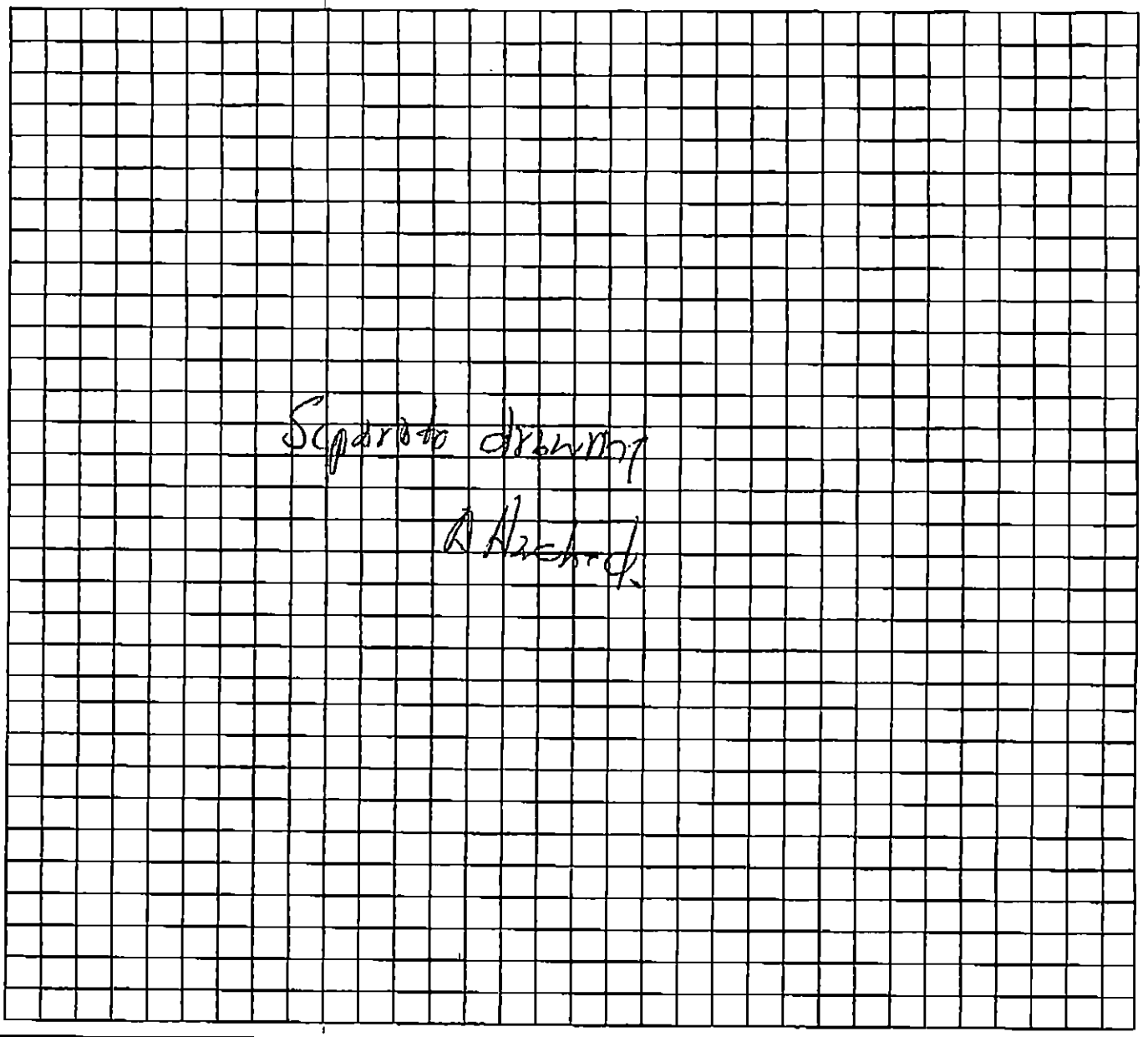
Project # 378902

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

Project approved for upto 8 employees.

Kim Shaver — REHS Signature

10/10/17 — Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

VICINITY MAP
SCALE: N.T.S.

SITE DATA	
PARCEL OWNER	WALTER FOWLER PROPERTIES, INC. 28078 TAX PARCEL # 00753103
ZONING	B-1(CD) NEIGHBORHOOD BUSINESS - CONDITIONAL
USE	BUILDING MATERIALS - PROPOSED - COMMERCIAL
CONTACT:	
TITLE	HEADQUARTERS PROPERTIES
BUILDING TYPE	PROPOSED COMMERCIAL
LOT TYPE	COMMERCIAL
MINIMUM FRONT SETBACK	10
MINIMUM REAR SETBACK	30
MINIMUM SIDE SETBACK	10
HEIGHT OF BUILDING	1 STORY

PHASE 1 ZONING CODE SUMMARY		
ITEM	TITLE	PROPOSED
1	BUILDING SIZE	1,911 SF
2	MAXIMUM SPACES REQUIRED	5 per 1,000 SF
3	MAXIMUM SPACES PROVIDED	5 SPACES (1 VAN HC)
4	MIN. PAVEMENT SETBACK	5 FT NOTED
5	MIN. LANDSCAPE WIDTH	5 FT NOTED
6	MIN. OPEN SPACE	10 % NOTED
7	HANDICAP SPACES	1

IMPERVIOUS SUMMARY	
TOTAL LOT AREA	4.97 AC
EXISTING IMPERVIOUS	7,388 SF
EXISTING IMPERVIOUS REMOVED	4,311 SF
NEW IMPERVIOUS PHASE 1	3,823 SF
NEW IMPERVIOUS PHASE 2	ASPHALT: 1,107 SF BUILDING: 216 SF
INCREASE IN IMPERVIOUS AREA	3,726 SF
% INCREASE IN IMPERVIOUS AREA	3.84 %
TOTAL IMPERVIOUS AFTER	14,988 SF
TOTAL PERCENTAGE OF SITE	7.08 %

NOTES:

1. FIRE HYDRANT IS WITHIN 150' OF REMOTE PORTION OF STRUCTURE
2. SUPPRESSION SYSTEM IS NOT REQUIRED AS BUILDING IS LESS THAN 12,000 SF OR 30' FROM PROPERTY LINE
3. THIS PROJECT DISTURBS LESS THAN 1 ACRE

HODGE HVAC
PIN # 00753103
18916 OLD STATESVILLE RD, CORNELIUS, NC 28031

SITE PLAN

REVISIONS:

HensonFoley
Landscape Architecture | Civil Engineering | Surveying
8712 Lindholm Dr. Suite 202A, Huntersville, NC 28078
p: 704.875.1615E | 704.875.0959 | www.hensonfoley.com

SHEET C 01 OF 01

Pg 2

project # 378902

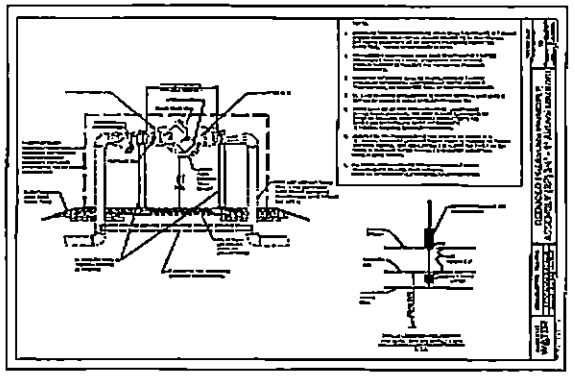
owner: Jeff Moore 704-622-6571 - 704-812-1002

18916 old Statesville Rd Cornelius N.C. 28031

NO.0454 P. 2

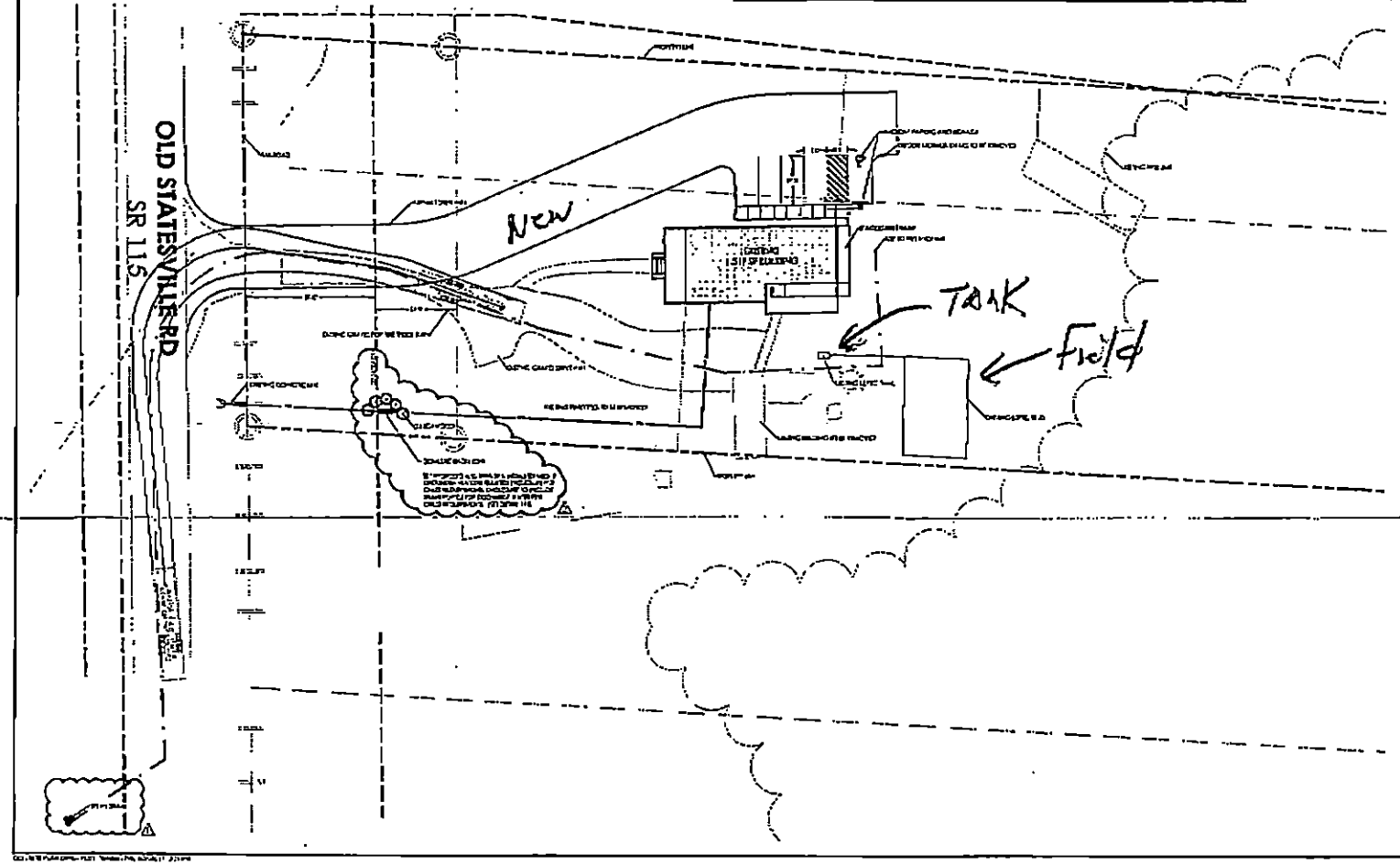
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plot Plan





VICINITY MAP
SCALE: N.T.S.



SITE DATA

2012 NC CODE SUMMARY

IMPERVIOUS SUMMARY

NOTES:

HensonFoley

HODGE HVAC
PIN # 007-39-103
18916 OLD STATESVILLE RD, CORNELIUS, NC 28031

SITE PLAN

REVISIONS:

C01 01

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3415 DATE: 9/13/04

TC: 007-531-03 ☐ L ☐ CRT

SERIAL 19540

Name of Owner Walter Craven Juris.:

Address of Property 18916 Old Statesville Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 225'

Number of Lines 3 Bed @ 75'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9/13/04

Tank(s) Inspected 9/13/04

Wash Line Inspected plumb to tank

High Water Alarm Inspected N/A

see installation approval

PLOT

Design 2004, Repair, 1500ST, Con, 225' Bed System, 18" stone CTR# Claudius Morrison

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to the Existing System Type IIa
Existing system abandon due to new property line restrictions

Philo S. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

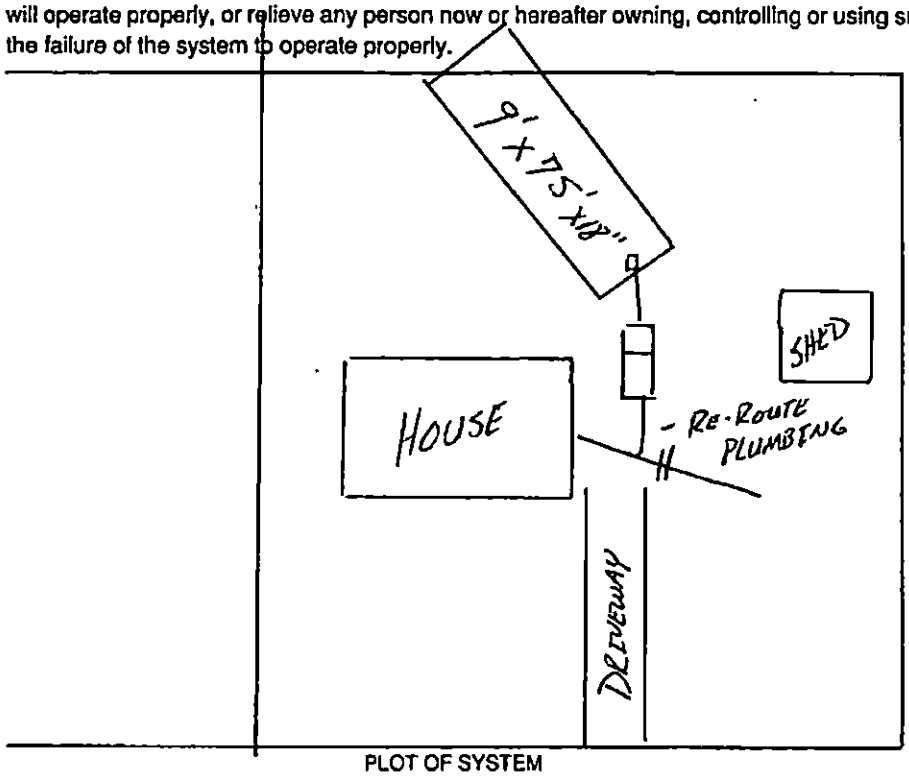
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3415 DATE: 9/1/04

TC: 007-531-03

SERIAL 19767

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 the application dated 9/1/04. All work shall be completed on or before 10/1/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

OLD STATESVILLE ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 9' x 75' feet

Trench Walls Scored and Porous YES

Total Line Length 225' feet

Number of Lines 3 x 75'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER WALTER CRAVEN

LOCATION OF PROPERTY 18916 OLD STATESVILLE ROAD

Comments: REPAIR TO EXISTING SYSTEM
INSTALL 9' X 75' X 18" STONE
TYPE II CONVENTIONAL SYSTEM

Tommy Michl R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/06/17
Receipt #: 107676
Check / Auth #: VISA 61961G
Received By: ABDUSAI

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HODGE, JEFF
Attn:
Address: PO BOX 1529
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18916 OLD STATESVILLE RD		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: JEFF HODGE

Bill To:

JEFF HODGE
POK 1529

Cornelius, NC 28031

Single Payment

Transaction Date: 10/06/2017 12:26 PM Pacific Time
Pay Method: VISA **********9077
Approval #: 61961G
Trace Number: c212a714-475e-411f-977d-a83d633191a8
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JEFF HODGE

Bill To:

JEFF HODGE
POB 1529

Cornelius, NC 28031

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Total:	**$100.00**

Thank you for your payment.