J Michael 3852 #

FEE: 100.00
DATE: 9-2-08
CRT I 1 CK# 245

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 4814

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Sheila Craft
ADDRESS: 4900 Quail Ridge Dr.
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-573-3121
ALTERNATE PHONE: 704-516-1936

PROPERTY OWNER:

NAME: Same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 135.357.02
STREET ADDRESS: same
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☑ 7-MINT HILL

WATER SUPPLY:

- ☑ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☐ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION 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.

Sheila Craft — Owner's/Agent's Signature
9/2/08 — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Storage shed location meets required setbacks off the septic field.

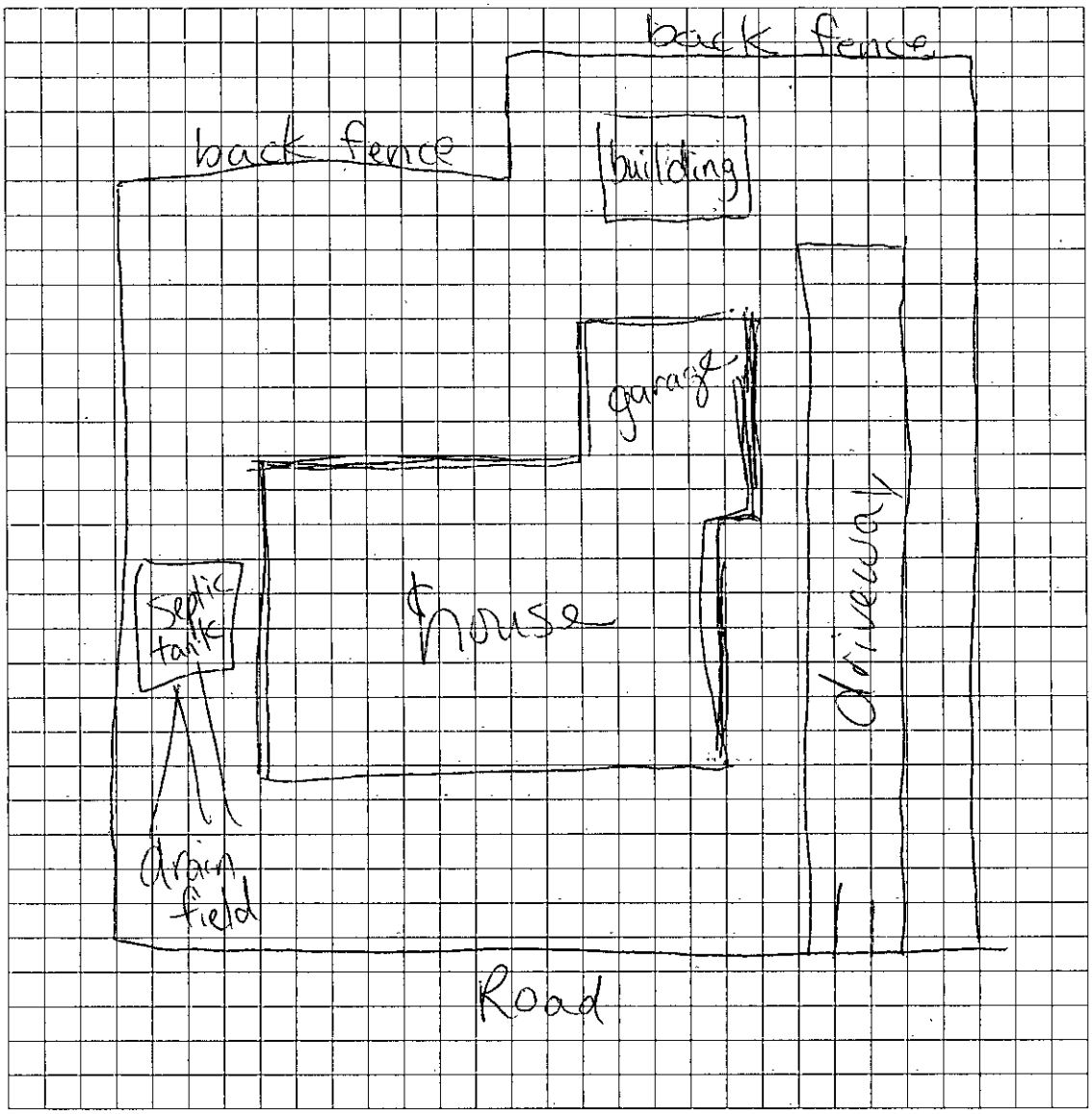
Jeremy Mitchell 09-04-08
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Sheila Craft
Date	9-2-08

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/02/08	Amount:	100.00
Receipt #:	58823	Tendered:	100.00
Check / Auth #:	CHECK 245	Returned:	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	CRAFT RONALD & SHEILA
Attn:	
Address:	4900 QUAIL RIDGE DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4900 QUAIL RIDGE DR		1	100.00	100.00

Outstanding Balances

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