8978B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

COO # 6968

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: O N/A O NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: O N/A O NEW WELL O MAJOR REPAIR O ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: _____
STREET ADDRESS: 9004 Sassafras Pine RD
CITY: Charlotte NC
STATE: NC ZIP: 28214
SUBDIVISION NAME: Westmoreland
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
- ☒ MECKLENBURG
- O CORNELIUS
- O HUNTERSVILLE
- O DAVIDSON
- O CHARLOTTE
- O PINEVILLE
- O MATTHEWS
- O MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
- O SINGLE MOBILE HOME
- O MODULAR HOME
- O DOUBLE WIDE
- O MULTIPLE FAMILY
- ☒ HOUSE
- O OTHER _____

HEATED SQUARE FOOTAGE: 1
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 8

FOUNDATION TYPE:
- ☑ CONCRETE SLAB
- ☑ BASEMENT WITH PLUMBING
- O CRAWL SPACE
- O BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☑ MUNICIPAL O PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____

7. PROPOSED USE OF WELL: ☑ N/A O IRRIGATION O POTABLE (DRINKING WATER) O OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	O YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	O YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES O NO	JURISDICTIONAL WETLANDS	O YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	O YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	O YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	O YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	O YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	O YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	O YES ☒ NO
WASTE STORAGE	O YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	O YES ☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/29/14 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:

NAME: Carolina Serenity Homes
ADDRESS: 401 Scaleybark Rd
CITY: Charlotte
STATE: NC ZIP: 28209
WORK PHONE: 704-527-7575
MOBILE PHONE: 704-449-5354
FAX: _____
E-MAIL: MikeTyson1838@aol.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

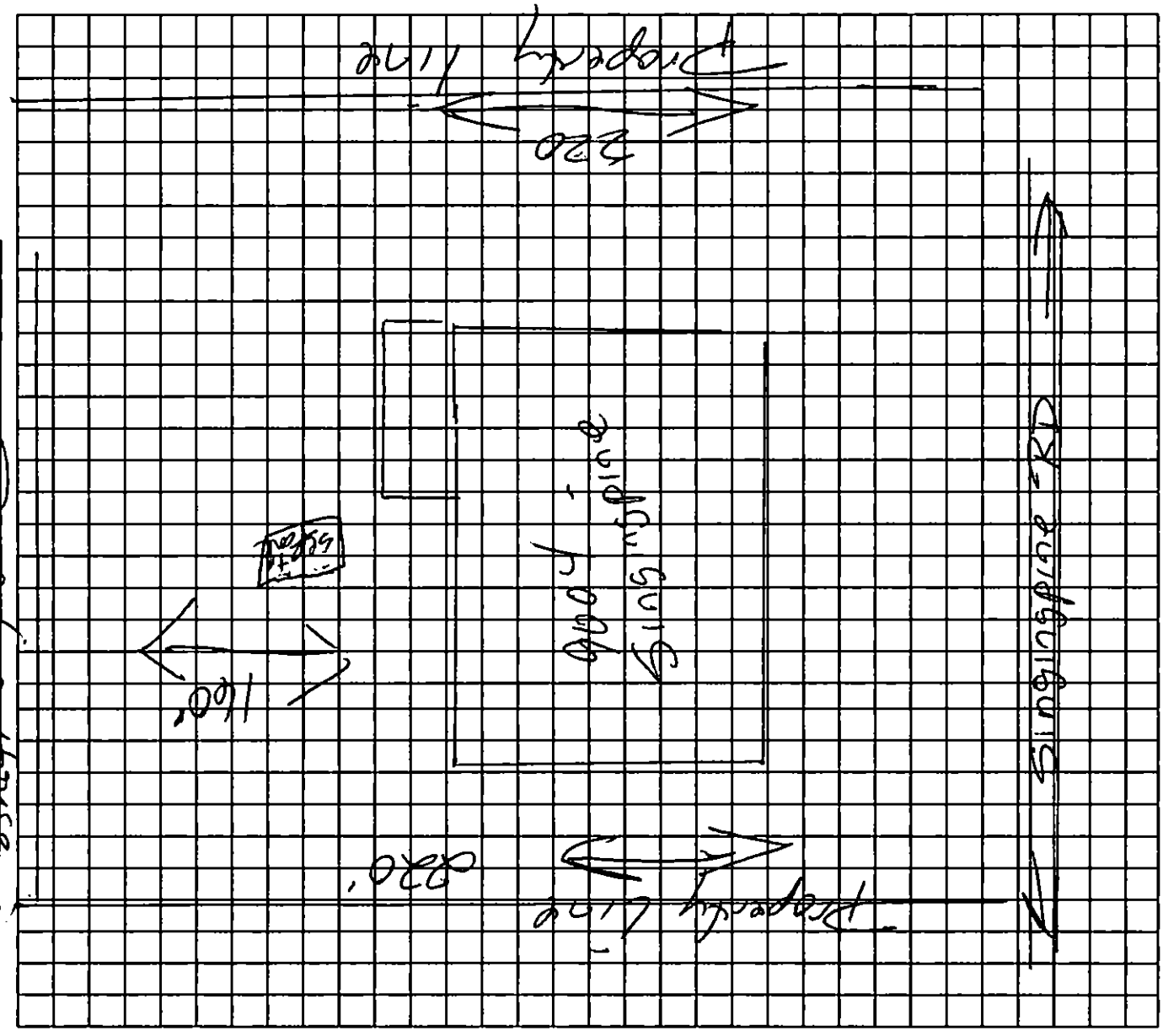
Revised on: 12/15/10

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

_____

_____

_____ _____

REHS Signature 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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Carolina Serenity Homes — APPLICATION DATE 7/23/14
ADDRESS: 9004 Singing Pine Rd — DATE EVALUATED: 7/23/14
PROPOSED FACILITY: Home — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: —
LOCATION OF SITE: 9004 Singing Pine Rd — PROPERTY RECORDED: —
WATER SUPPLY: • Private (Public) • Well • Spring • Other _____
EVALUATION METHOD: (Auger Boring) • Pit • Cut — TYPE OF WASTEWATER: (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4/LOW	0-10	Gr/scl	Fr/Se-Sp/SS/SP	>48" To soil Wetness	48	NA	NONE	PS .3 GPD/FT2
		10-38	SBK/C	"					
		38-48	SBK/CL	Fi/Se-Sp/S/P					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IIIg
Site LTAR		0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: J Walker
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

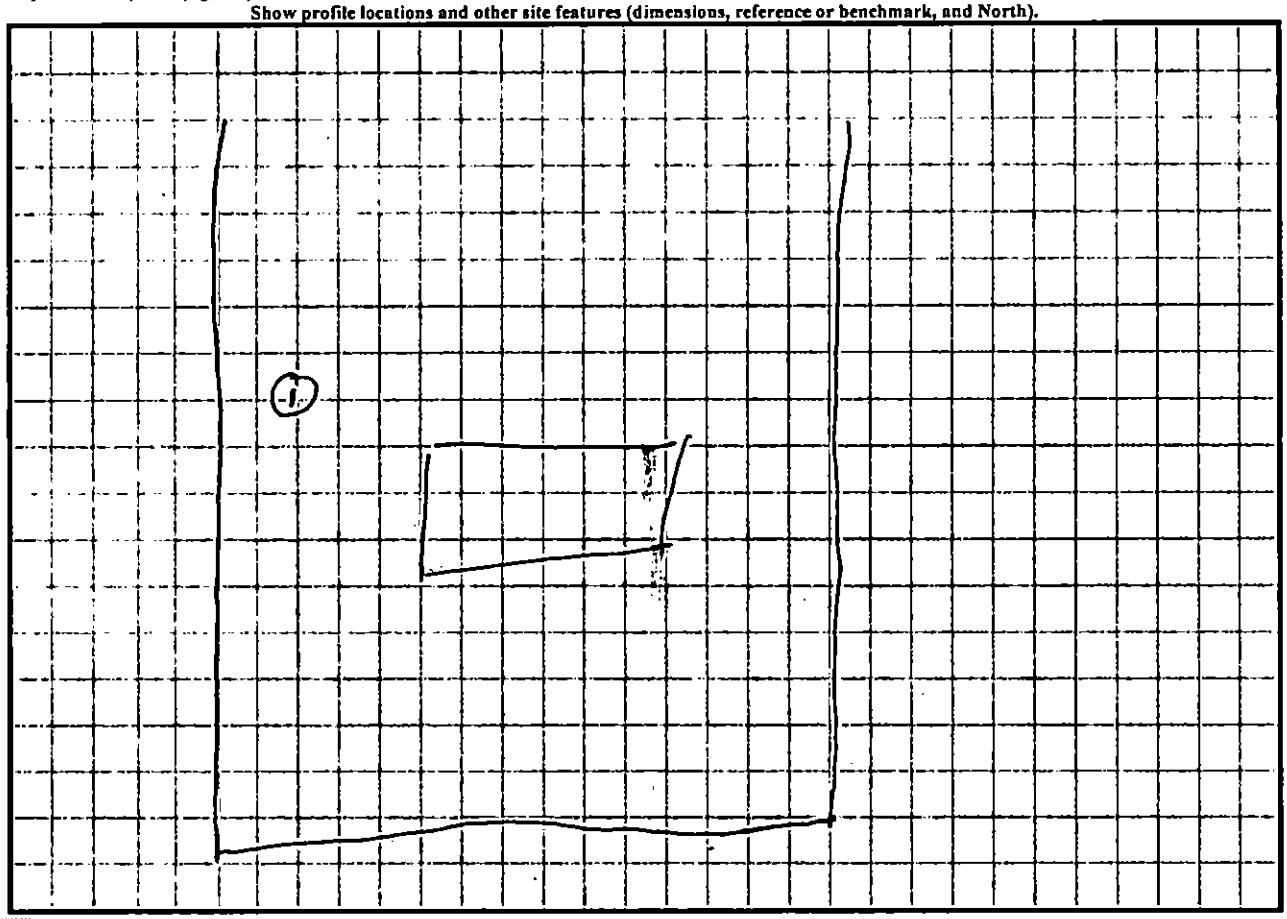
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (#######)

Review (######)

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8978B Permit #: 6904 Tax Parcel #: 053 151 34

Property Owner: Carolina Serenity Homes

Job Location Address: 9004 Singing Pine Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 7/25/14 Contractor Name: Dennis Joyce

Permitted Design Flow: 480 GPD
Liquid Capacity of Septic Tank: existing gallons
Liquid Capacity of Dosing Tank: NA gallons
Effluent Pump Model: NA

Drainfield Installation ☐ N/A
Trench Depth: 36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 100 feet 35/35/30
# of Lines: 3 @ various lengths feet
Depth of Media: 12 inches (Type) Chambers
Depth of Cover: 24 inches
Distribution Device: chamber fed

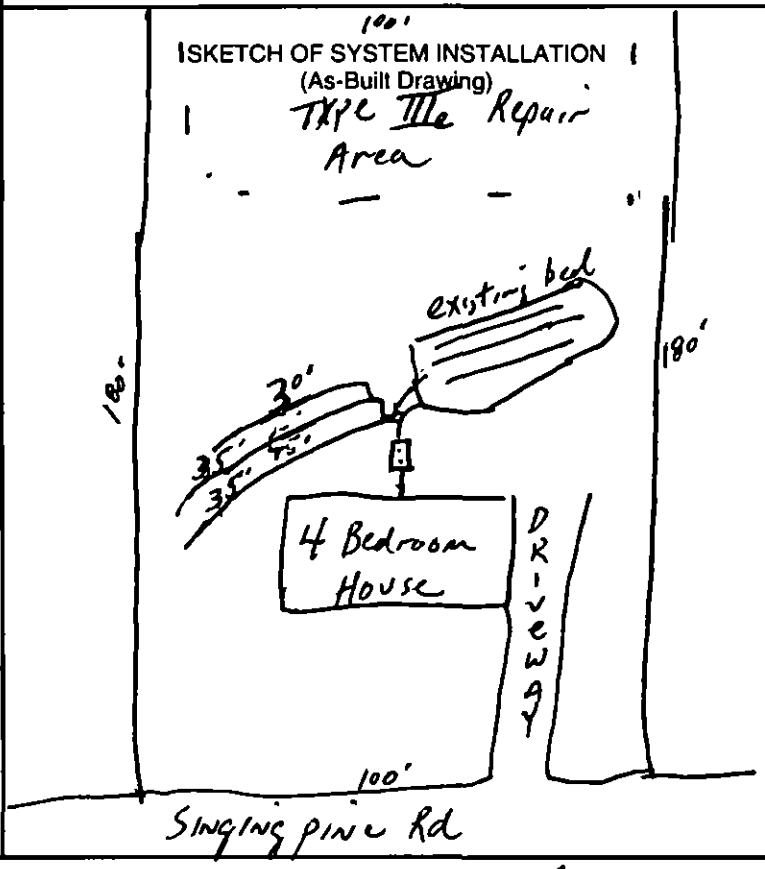
Bed Installation *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Depth of Cover: _____ inches
Distribution Device: _____

Water Supply Source
☐ Municipal ☐ Private Well ☐ Community Well
☐ Other _____

System Installation Setbacks
Distance from Building Foundation: 5 feet
Distance from Property Line: 10 feet
Distance from Water Supply Source: 10 feet

Inspection Dates
Tank(s) Inspected: existing
Excavation Inspected: 7/25/14
Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☑ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Type IIIg Gravity chambers I&4W, G, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8978B Permit #: 6904 Tax Parcel #: 053 151 34

Property Owner: Carolina Serenity Homes

Job Location Address: 9004 Singing pine Rd

City: Charlotte State: NC Zip Code: 28214

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Alteration, Gravity chamber
4 bedroom house

DENR Authorized Agent: Phil Walker Date: 7/25/14

Signature: Phil Walker REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8978B Permit #: 6904 Tax Parcel #: 053 151 34

Property Owner: Carolina Serenity Homes

Job Location Address: 9004 Singing Pine Rd

City: Charlotte State: NC Zip Code: 28214

Installation Approval Issuance Date: 7/23/14

Permission is hereby given to ☐ install ☑ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 8/23/14, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 3 @ 33 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: D Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

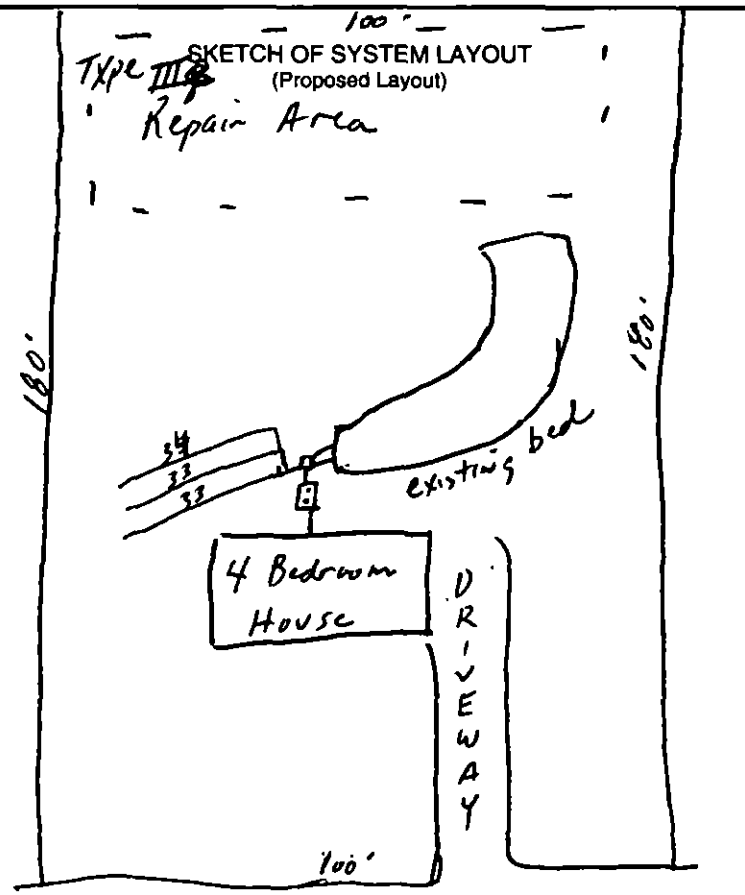
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet



Comments: System Classification & Type: Type IIIe Septic Alteration

Install 3 lines @ 33' long @ 3' wd Type IIIe Repair Area

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS



Print
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Parcel Information

Parcel ID	Account	Parent	Previous
05315134	INDIVIDUAL		05315622

Owner(s)

Owner Name	Mailing Address	City/State
GUYTON HUBERT	9004 SINGING PINE RD	CHARLOTTE NC 28214-9020

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L5 B F M12-499 9004 SINGINGPIN	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	WEST MECKLENBURG	0

Total Parcel Assessment

Building	Land	Features	Total
87700	30000	200	117900

Exemptions

Exemption	Year Approved	Review Date	Amount
ELDERLY EX	2003	1/1/2015	58950

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Oct 3 1989	0			IMP		06126-793	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	F311	30000

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1967	9004 SINGINGPINE RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1998	1850	CRAWL SPACE	WOOD ON SHTG - FACE BRICK	AVERAGE 02	87700

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC		AC-CENTRAL		3	1		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	925
1	PORCH - OPEN - FINISHED	148
1	BASEMENT - FINISHED	450
1	BASE - SEMI-FINISHED	475

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1967	PATIO	1	9X12	200

Notes

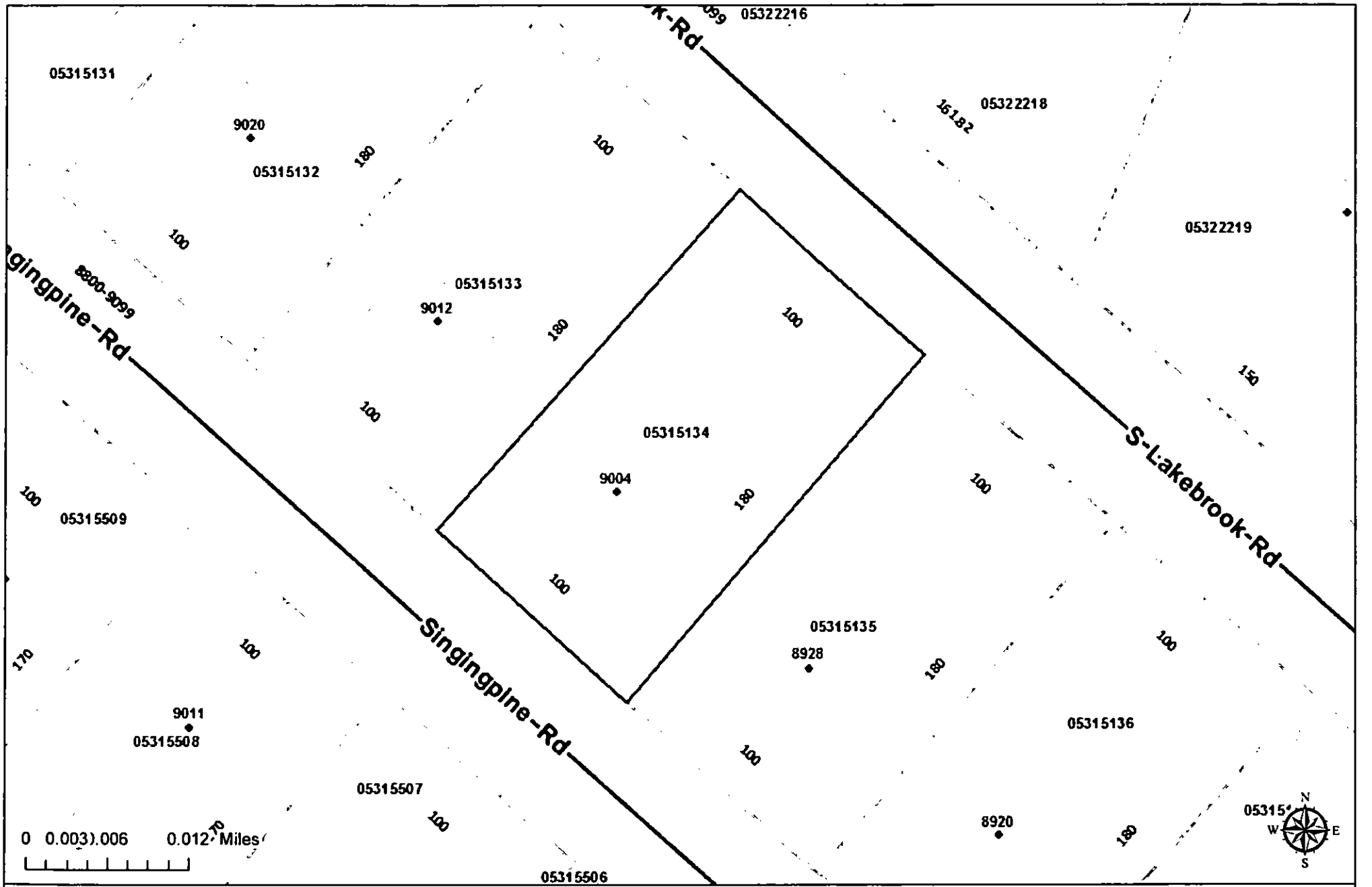
Tax Year	Notes	Note Date
2011	Informal Review Request Received	04/21/2011

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	118400	0
Jan 17 2003	2003	Countywide Revaluation	107300	0

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 7/23/2014 3:48:55 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

8978B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Appl #6904

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
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Floyd Michael Tyson
ADDRESS: 401 Scaleybark RD
CITY: Charlotte
STATE: NC ZIP: 28209
PHONE: 704-449-5354
ALTERNATE PHONE:
E-MAIL: MikeTyson183@yahoo.com

PROPERTY OWNER: (☑) SAME AS PERSON FILING APPLICATION
NAME: Carolina Serenity Homes
ADDRESS: 401 Scaleybark RD
CITY: Charlotte
STATE: NC ZIP: 28209
PHONE: 704-449-5354
ALTERNATE PHONE:
E-MAIL: MikeTyson183@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 053-151-34
STREET ADDRESS: 9004 Singingpine RD
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME: Westoreland Subdivision
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: 3
NUMBER OF OCCUPANTS: 5

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.

Floyd Michael Tyson — 6/24/14
Owner's/Agent's Signature — Date

Carolina Serenity Homes

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