SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 AAS 8/13/19 Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

231-161-08

10392B
#10034

8 AUG '19 PM12:53

1/10

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

PERSON FILING APPLICATION:
NAME: Deckscapes, Inc.
ADDRESS: 438 Crompton Street
CITY: Charlotte
STATE: NC ZIP: 28273
PHONE: (704) 587-9600
ALTERNATE PHONE:
E-MAIL: deckscapesinc@bellsouth.net

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Jacob & Amy Rpbinson
ADDRESS: 10528 South Hall Drive
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: (704) 367-5868
ALTERNATE PHONE:
E-MAIL: jmrobin2@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 23116108 30411
STREET ADDRESS: 10528 Soth Hall Drive
CITY: Charlotte
STATE: NC ZIP: 28273

SUBDIVISION OR MOBILE HOME PARK NAME:
South Hall
LOT #: 008

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: 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.

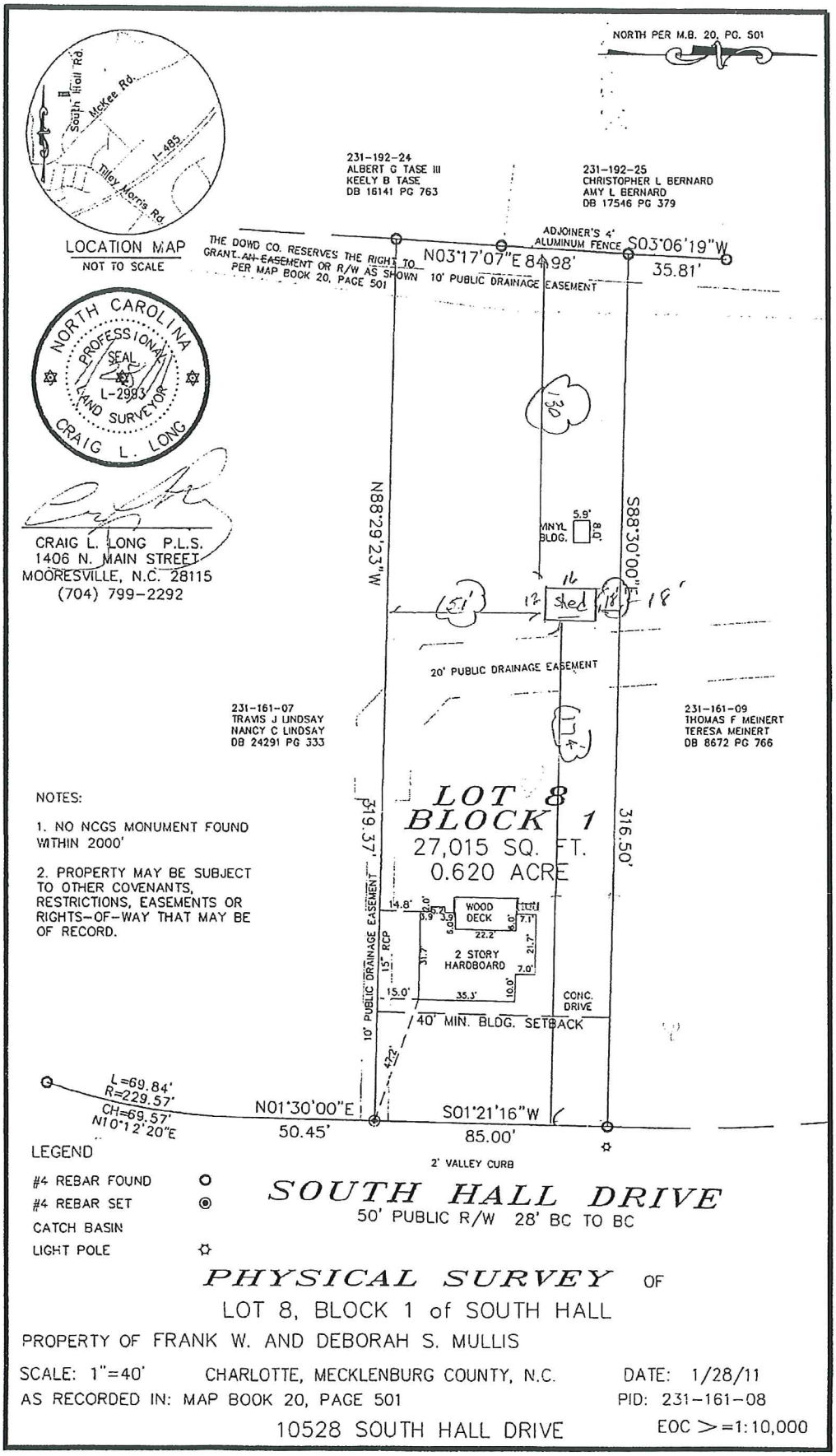
John F Jedennie
Owner's/Agent's Signature

8-8-19
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application. (See attached)

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



PHYSICAL SURVEY OF

LOT 8, BLOCK 1 of SOUTH HALL

PROPERTY OF FRANK W. AND DEBORAH S. MULLIS

SCALE: 1"=40' CHARLOTTE, MECKLENBURG COUNTY, N.C. DATE: 1/28/11

AS RECORDED IN: MAP BOOK 20, PAGE 501 PID: 231-161-08

10528 SOUTH HALL DRIVE EOC >=1:10,000

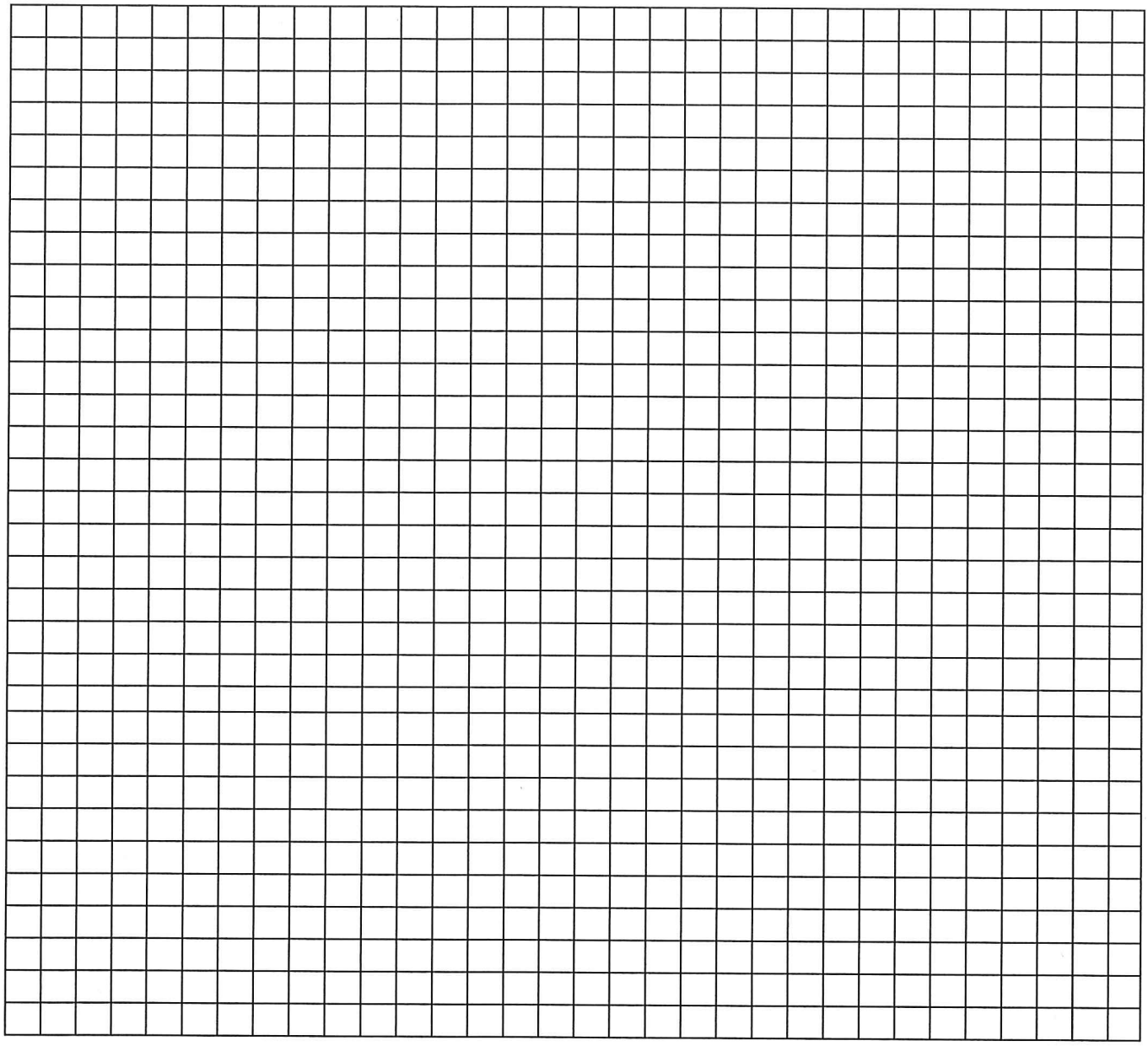
314

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

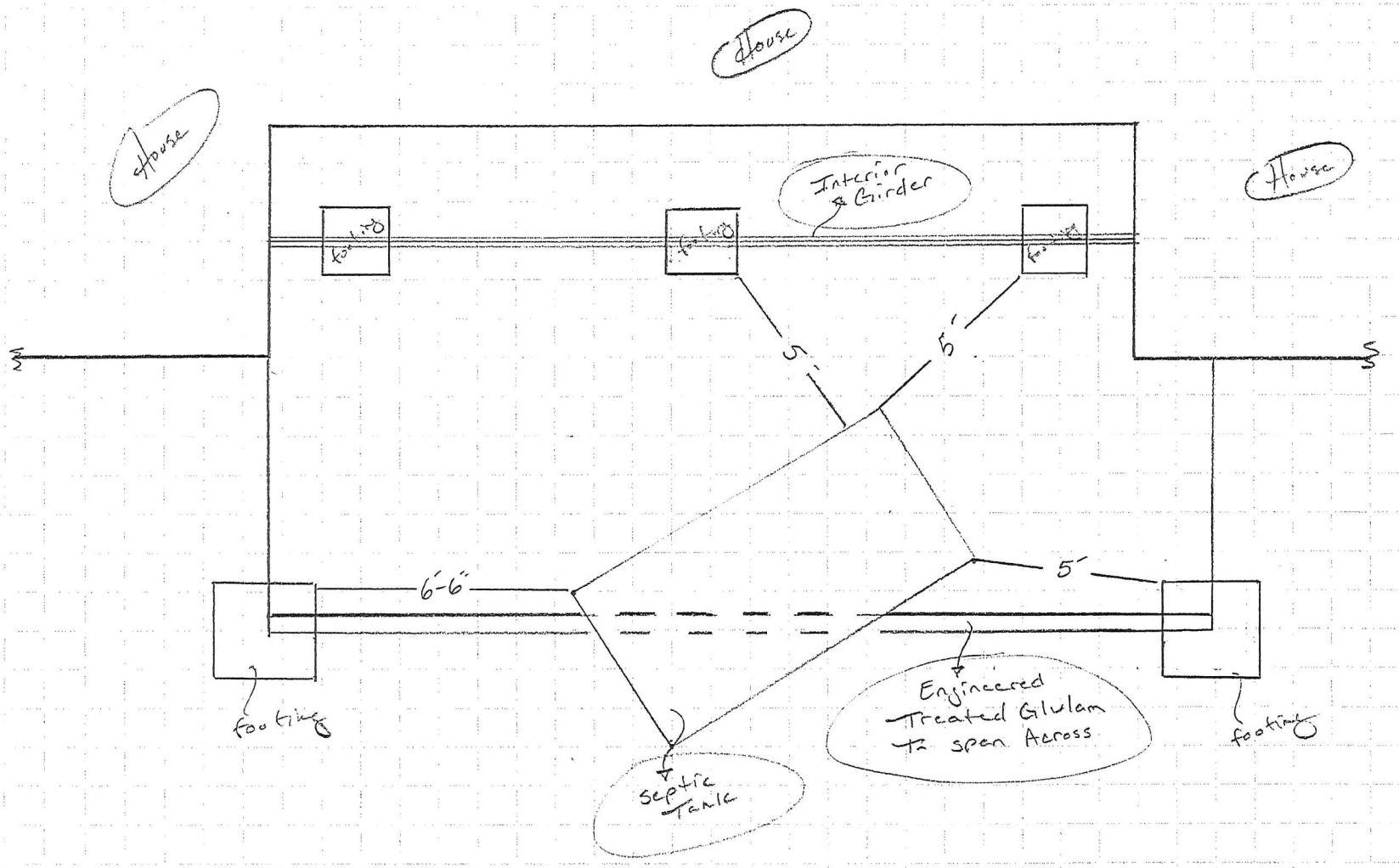
Customer meets required set backs for deck

Byron Daynt — REHS Signature

8/28/19 — 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



Attn: Bryan Davidson

Decks capes, Inc.

Project: Amy & Jake Robinson
10528 South Hall Dr.
Charlotte, N.C. 28270

Current Septic Report

Re: Start Work Week

From: Jake Robinson (jmrobin2@gmail.com)

To: deckscapesinc@bellsouth.net

Cc: amy.robinson@dhg.com; cthom72deckscape@bellsouth.net

Date: Monday, July 15, 2019, 02:32 PM EDT

Hi Lisa,

Attached is the septic inspection report from Autry's Septic Service.

Thank you,
Jake Robinson
704-962-9447

AUTRY BACHOE & SEPTIC SERVICE
1309 CULP ROAD, PINEVILLE, NORTH CAROLINA, 28134
(704-504-8830) - autrysepticservice@yahoo.com - INSP. 10151

ON-SITE WASTEWATER INSPECTION REPORT

No representative, warranties or opinions are hereby given, either or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place, on date of inspection.

DATE: 07 /10 /2019

PROPERTY ADDRESS: 1532 Scots Way Drive, Charlotte, NC, 28226
Street City State Zip

CURRENT OWNER OF RECORD:

INSPECTION REQUESTED BY: [ ] Owner of Record [ ] Other Name:

[ ] Copy of Operations Permit from _____ County Environmental Health Attached
[X] Operations Permit Not Available

TYPE OF WATER: ( ) Well (X) Public Water ( ) Community Water

LOCATION OF THE SEPTIC TANK & SEPTIC TANK DETAILS:

- 5 ft from house or structure
- ____ ft from well (if applicable)
- 110 ft from water line (if applicable)
- 115 ft from property line
- 12" approximate distance from surface to the top of the tank

SYSTEM INFORMATION (SEPTIC TANK)

- LOCATED TANK: [X] Yes [ ] No [ ] N/A
  Comments: Located under edge of deck - diagonal to house
- ACCESS RISER(S): [ ] Yes [X] No [ ] N/A
  Comments: Installed stand pipe on left side of tank
- TANK LIDS INTACT: [X] Yes [ ] No [ ] N/A
  Comments:
- TANK HAS A BAFFLE WALL: [X] Yes [ ] No [ ] N/A
  Comments:
- INFLOW TO TANK IS NOTED AS SUFFICIENT: [X] Yes [ ] No [ ] N/A
  Comments:
- OUTLET HAS A FILTER: [ ] Yes [X] No [ ] N/A
  Comments:
- OUTLET "T" IS PRESENT: [X] Yes [ ] No [ ] N/A
  Comments:

Page 1 of 4

3

- **EFFLUENT LEAVES THE OUTLET:** [X] Yes [ ] No [ ] N/A
  Comments:
- **ROOTS PRESENT IN THE TANK:** [ ] Yes [X] No [ ] N/A
  Comments: Yes we did, but we removed them
- **EVIDENCE OF INFILTRATION INTO TANK OF SURFACE WATER:** [ ] Yes [X] No [ ] N/A
  Comments:
- **EVIDENCE OF TANK LEAKAGE NOTED:** [ ] Yes [X] No [ ] N/A
  Comments:

Date of last pump out: ____/____/____ [X] Unknown several years

Approximate percent of sludge noted in the tank: 30 %
Approximate thickness of "matte": 12" %

- **DOES THE SYSTEM HAVE A PUMP TANK:** [ ] Yes [X] No [ ] N/A
  Comments:

LOCATION INFORMATION (PUMP TANK)

- ____ ft from House or Structure
- ____ ft from Well (if applicable)
- ____ ft from Water Line (if applicable)
- ____ ft from Property Line
- ____ ft from Septic Tank
- ____ Approximate distance from surface to top of tank

LOCATION OF THE CONTROL PANEL:

- **ACCESS RISERS IN PLACE:** [X] Yes [ ] No [ ] N/A
  Comments:
- **ELECTRICAL CONNECTIONS ARE PLACED AND GROUNDED PROPERLY:** [ ] Yes [ ] No [ ] N/A
  Comments:
- **ALARM IS WORKING:** [ ] Yes [ ] No [ ] N/A
  Comments:
- **PUMP IS WORKING:** [ ] Yes [ ] No [ ] N/A
  Comments:
- **DOSING VOLUME CORRECT:** [ ] Yes [ ] No [ ] N/A
  Comments:

- **UNABLE TO OPERATE PUMP DUE TO LACK OF ELECTRICITY:** [ ] Yes [ ] No [ ] N/A
  Comments:
- **SYSTEM REQUIRES A SUBSURFACE OPERATOR:** [ ] Yes [ ] No [ ] N/A
  Comments:
- **COPY OF MOST RECENT OPERATOR REPORT ATTACHED:** [ ] Yes [ ] No [ ] N/A
  Comments:

DRAIN FIELD INFORMATION

- 15 feet from Property Line
- 20 feet from Septic/pump tank
- 6 Number of lines located
- 60 Length of lines

BRIEF DESCRIPTION OF THE SYSTEM TYPE:
Gravity fed

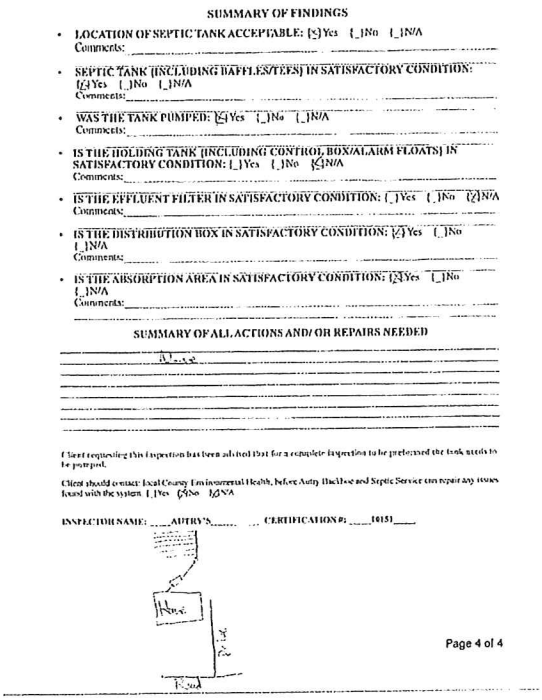
TYPE OF SYSTEM:
[X] Conventional [ ] Accepted [ ] Innovative [ ] Experimental [ ] Controlled Demonstration

- **PRETREATMENT:** [ ] Yes [X] No [ ] N/A
- Type of Pretreatment: N/A
- **EVIDENCE OF PAST/CURRENT SURFACING:** [ ] Yes [X] No [ ] N/A
  Comments:
- **LARGE TREES OR OTHER VEGETATION NOTED OVER DRAIN FIELD AREA:** [ ] Yes [X] No [ ] N/A
  Comments:
- **EVIDENCE OF TRAFFIC OVER DRAIN FIELD:** [ ] Yes [X] No [ ] N/A
  Comments:

OTHER PERTINENT FACTS NOTED:
None

Inspector Name: AVERY'S Certification #: 10151
Address: 1109 Culp Road, Pineville, North Carolina, 28134
Phone: 704-504-8391

Inspector's Signature: Date: 10 July 19



SUMMARY OF FINDINGS

- LOCATION OF SEPTIC TANK ACCEPTABLE: [X] Yes [_] No [_] N/A
  Comments:
- SEPTIC TANK (INCLUDING BAFFLES/TEES) IN SATISFACTORY CONDITION: [X] Yes [_] No [_] N/A
  Comments:
- WAS THE TANK PUMPED: [X] Yes [_] No [_] N/A
  Comments:
- IS THE HOLDING TANK (INCLUDING CONTROL BOX/ALARM FLOATS) IN SATISFACTORY CONDITION: [_] Yes [_] No [X] N/A
  Comments:
- IS THE EFFLUENT FILTER IN SATISFACTORY CONDITION: [_] Yes [_] No [X] N/A
  Comments:
- IS THE DISTRIBUTION BOX IN SATISFACTORY CONDITION: [X] Yes [_] No [_] N/A
  Comments:
- IS THE ABSORPTION AREA IN SATISFACTORY CONDITION: [X] Yes [_] No [_] N/A
  Comments:

SUMMARY OF ALL ACTIONS AND/ OR REPAIRS NEEDED

None

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped.

Client should contact local County Environmental Health, before Autry Backhoe and Septic Service can repair any issues found with the system. [_] Yes [X] No [X] N/A

INSPECTOR NAME: AUTRY'S CERTIFICATION #: 1015

House

Road

Page 4 of 4



On Mon, Jul 15, 2019 at 1:43 PM Deckscapes <deckscapesinc@bellsouth.net> wrote:

Jake:

Thanks for the information and the survey. Can you please email to me the inspection paperwork from your enironmental health inspector? That will help when our Permit person processes the permit this week.

Thanks and we look forward to working with you and Amy.

Lisa A. Jensen
Office Manager
Deckscapes Inc.
704.587.9600
www.deckscapes.com

On Monday, July 15, 2019, 01:15:53 PM EDT, Jake Robinson <jmrobin2@gmail.com> wrote:

Hi Lisa,

We received the welcome packet over the weekend was planning to respond this evening. We are happy to start 9/9, but can certainly start sooner if you can. 😀

We do not have an HOA in the neighborhood.

Our property survey is attached. This was completed by the previous homeowner right before we purchased the property, so you'll see them listed as the owner on the survey.

FYI... we did a septic tank inspection and pumping last week in preparation for this project. All clear on the tank and they've flagged it's physical location for your reference. I can send pictures, but if your engineers/architects want to come out and measure then just let me know.

Thank you,
Jake Robinson
704-962-9447

On Mon, Jul 15, 2019 at 12:23 PM Deckscapes <deckscapesinc@bellsouth.net> wrote:

Dear Amy & Jake:

Wanted to let you know that contrary to the welcome packet I sent last week, your start work week will be the week of September 9th, instead of the 16th.

When we get closer to the date, our Project Manager will be in touch with you to review the scope of work. Please let me know if you have HOA and if it is in the works.

5

Residential Plot Plan
For Internet Permit Application

For Department Use

Permit # B 3586216

ENTER SUBMITTAL NUMBER HERE: 223771108

Master Plan #

LOCATION/SITE DATA

10528 SOUTH HALL DR Unit:

Street # (N,S,E,W) Street Name (Av,Rd,St)

Project / Subdivision Name: SOUTH HALL Phase Section

Lot # 008 Block # 001 Land Area (sq. ft.)

OWNER INFORMATION

Address: 10528 SOUTH HALL DR

Owner: AMY & JAKE ROBINSON

City: CHARLOTTE, State: NC Zip: 28270 Phone # (704)367-5868

FOR DEPARTMENT USE

Tax Parcel # 23116108 Tax Jurisdiction: CHARLOTTE CHAR

Zoning: Juris CHAR Map # R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front Left Side Right Side Rear

Remarks:

PROJECT DATA

Type Work:

__ New __ Addition __ Accessory

Project Description:

ROBINSON'S SHED

Area (sq.ft.):

Heated Unheated 192

Deck(s)

Utilities: New X Existing

Public:

1-Indiv Meter/Conn. X Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

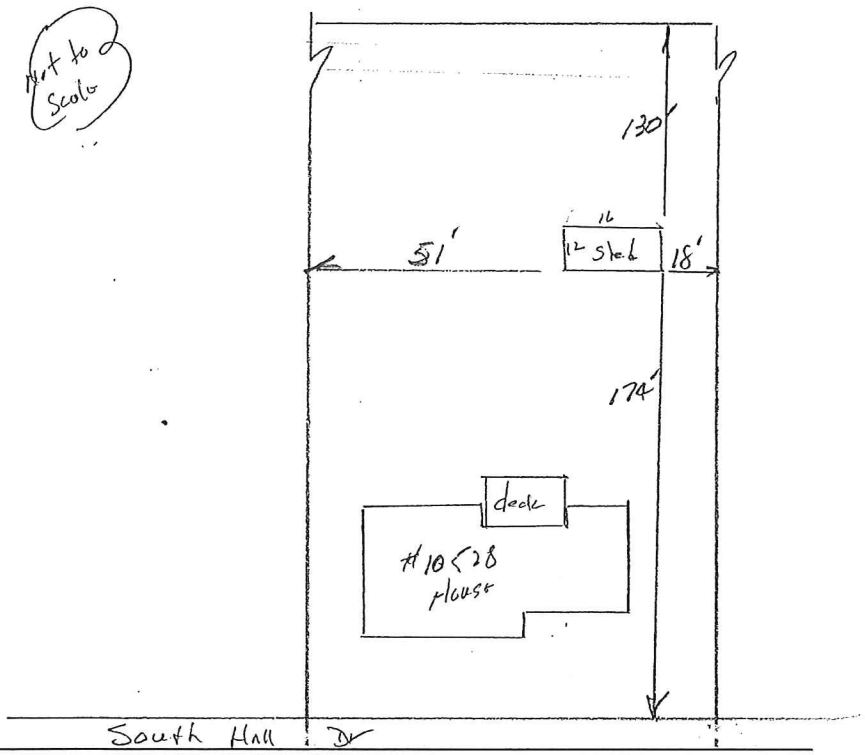
3-Individual Well X Septic

4-Community Well Septic

Note: This plot plan must be uploaded before your Internet permit will be processed.

Central office: 980-314-CODE

DRAW PLOT PLAN- Show what the permit is requesting.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature 7/25/2019 Date JOHN FEDUNIEC Print Applicant's Name Contact # (704)587-9600 ext:

Contractor Name: DECKSCAPES INC Contractor Acct #: X32243

Email: deckscapes inc @ bell south, net

For Department Use: Zoning Approved by: Initial Date:

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(980) 314-CODE, fax (866) 851-3553

CHARLOTTE.
NEIGHBORHOOD & BUSINESS SERVICES

PLOT PLAN FOR PERMIT APPLICATION

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

Permit #: B 3586216

10528 | | South Hill | Dr | |
Street #: | (N,S,E,W) | Street Name | (AV, RD, etc.) | Suite #/Units

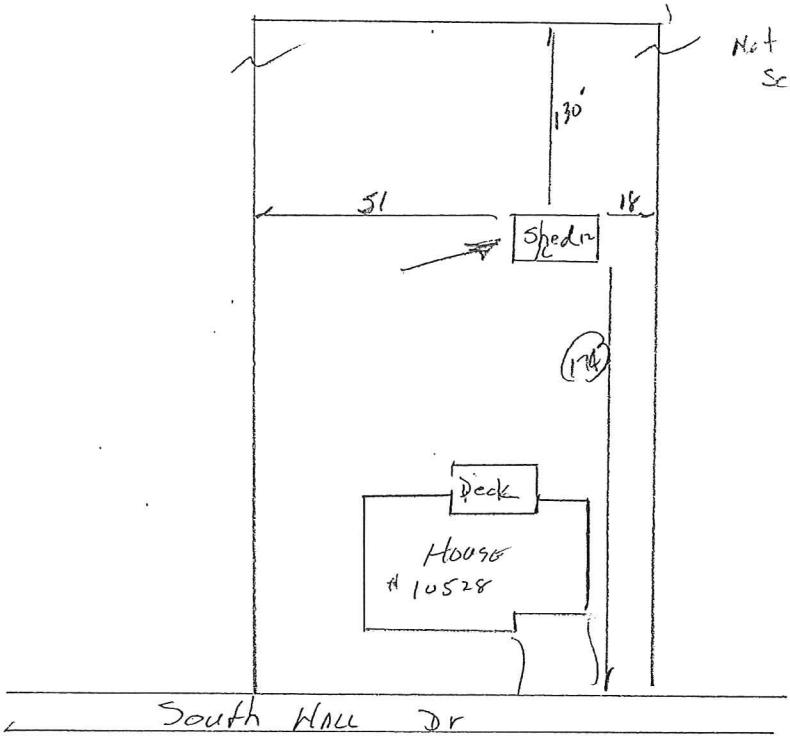
Tax Parcel #: 23 116108

Job #: MR 0630278

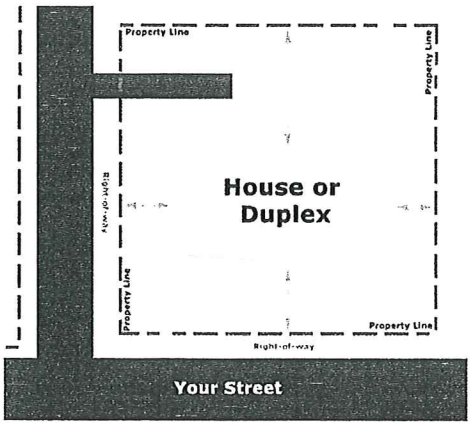
INSTRUCTIONS:

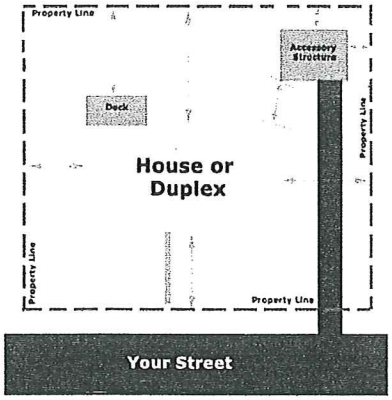
In the space provided, draw plot plan as neatly and accurately as possible, from survey if available. Separate application and plot plan required for each building.

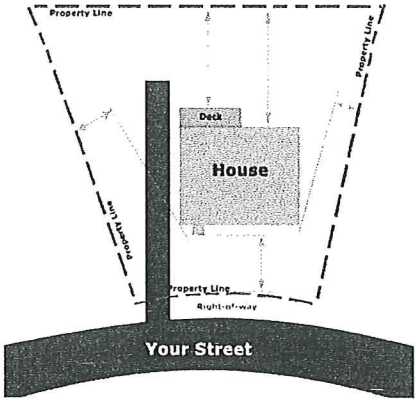
1. Draw street(s) and right-of-way(s)
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s) or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Show all major utility towers, when applicable.



Plot Plan Examples







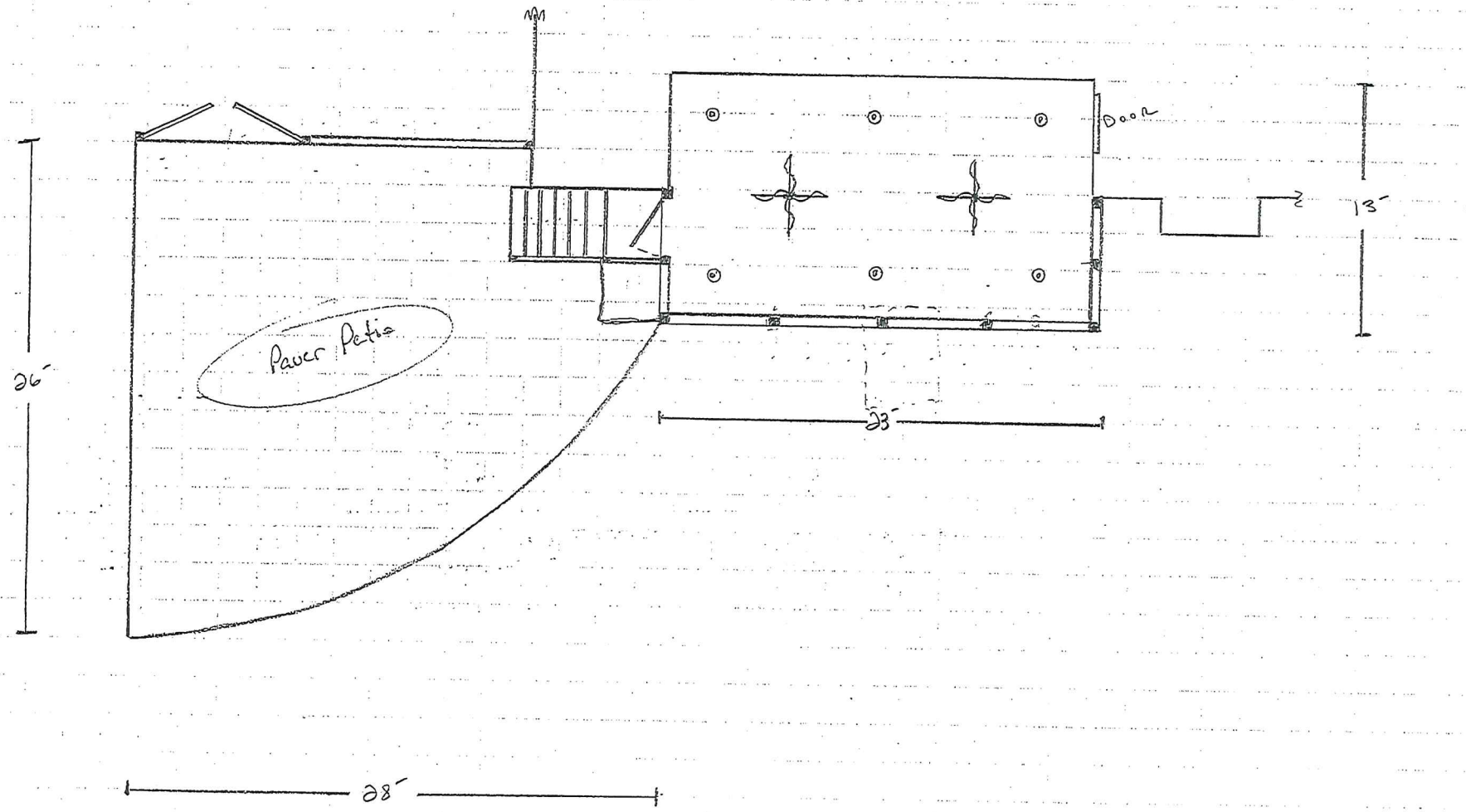
ALL EXISTING AND PROPOSED BUILDINGS ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

J Fedunick — 7-26-19 — J Fedunick

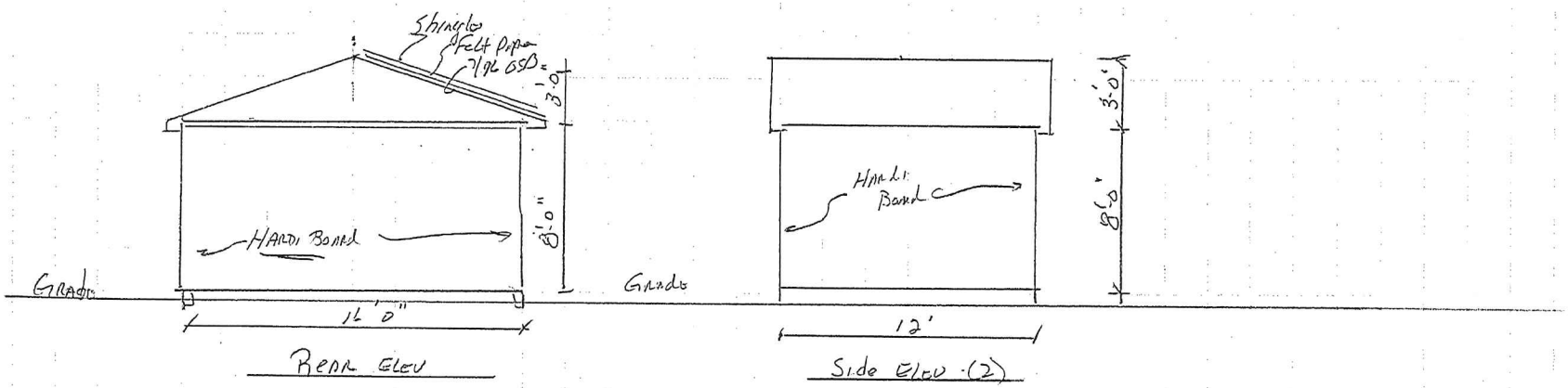
Applicant's signature | *Date* | *PRINT APPLICANT'S NAME*

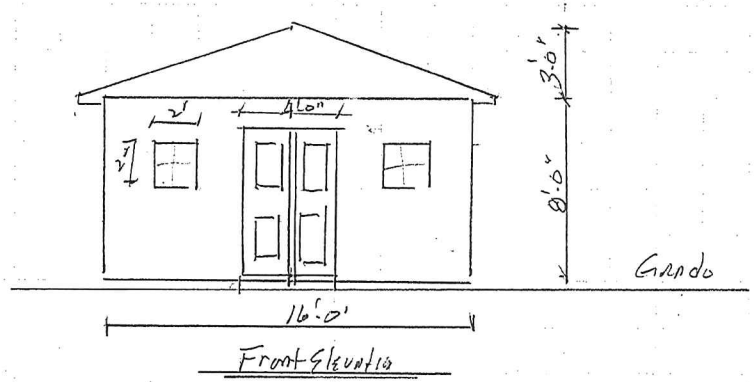
Zoning Approved By:_____ Date:_____

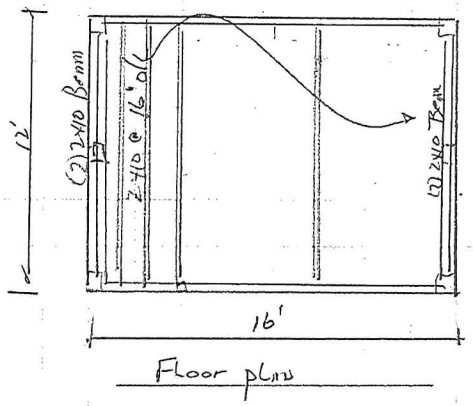
Remarks:_____



Amy & Ike Robinson







Defiscopes

Robinson's Shed

CHARLOTTE
NEIGHBORHOOD & BUSINESS SERVICES

CITY OF CHARLOTTE

ZONING SUPPLEMENT FOR RESIDENTIAL PERMIT APPLICATION

(Please Print) B 3586216

Submittal Number: 22377 1108 Project Number: NR0630278

APPLICANT INFORMATION

Owner's name: Amy & Jake Robinson

Applicant/ Contractor's Name: Deckscapes INC

Applicant/ Contractor's Address: 438 Crompton St Charlotte, NC 28273

Project Street address: 10528 South Hall Dr

Tax Parcel #: 2311610S

Zoning:

City: Charlotte

State: NC

Zip Code: 28278

Subdivision Name: South Hall

Applicant Phone #: (704) 587-9600

Type of Work:

Corner/ Thru Lot:

Utility Structures on Property:

☐ New ☐ Addition ☐ Accessory ☐ Breezeway

Project Description: Build new Shed 16'x12' - Wood Frame - double door - 2 windows

OFFICE USE ONLY

Front Setback Min.: Property Line ☐ Back of Curb ☐

Left Yard Min.:

Right Yard Min.:

Rear Yard Min.:

Petition Number:

Historic District:

Tree Save:

Watershed/ SWIM:

Max BUA:

% of Building Coverage:

MAXIMUM HEIGHT FOR RESIDENTIAL USES

Type of Use	Base Maximum Average Height (feet)	Maximum Average Height at the Front Building Line (feet)	Height Ratio
All Residential Uses	• R-3, R-4, R-8MF, R-12MF, UR-1, MX-1, MX-2, and MX-3: 40' - Measured at the required side yard line. • R-5, R-6, and R-8: 35' - Measured at the required side yard line.	• R-3, R-4, R-8MF, R-12MF, UR-1, MX-1, MX-2, and MX-3: 48' • R-5, R-6, and R-8: 40'	One additional foot of height is allowed for each additional one foot in distance the portion of the building is from the required side yard line.

APPLICANT CERTIFICATION

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO THE CITY OF CHARLOTTE ZONING ORDINANCE, REGULATING THE WORK.

J Fedumick — Applicant Name

7-26-19 — Date

Applicant Signature

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/12/19	**Amount:**	100.00
Receipt #:	118238	**Tendered:**	100.00
Check / Auth #:	VISA 23494G	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #:	200000
Contractor:	FEDUNIEC, JOHN
Attn:	
Address:	438 CROMPTON STREET
Address:	
City/State/Zip:	CHARLOTTE, NC 28273

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10528 SOUTH HALL DR		1	100.00	100.00

----------**Outstanding Balances**----------

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: JOHN FEDUNIEC

Bill To:

DECKSCAPES INC
JOHN FEDUNIEC
438 CROMPTON ST

Charlotte, NC 28273

Single Payment

Transaction Date: 08/12/2019 10:42 AM Pacific Time
Pay Method: VISA **********3768
Approval #: 23494G
Trace Number: 6d74fd16-bd10-4b6b-b565-be160438deb5
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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 DECKSCAPES is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

10528, S. HALL DR., CHARLOTTE.
Number Street Town
(Or Parcel Number)

JACOB ROBINSON
Property Owner (print name)

Property Owner (signature)

12 AUG 19
Date