MECKLENBURG COUNTY
HEALTH DEPARTMENT

15200 #9862

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

21 AUG '18 AM10:40

**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: Randy Plyler
ADDRESS: 14312 Hackamore Dr.
CITY: Matthews
STATE: NC. ZIP: 28105
PHONE: (704) 244-6456
ALTERNATE PHONE: (704) 968-7223
E-MAIL: harley_usa28001@yahoo.com

**PROPERTY OWNER:** ☑ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 21513315
**STREET ADDRESS:** 14312 Hackamore Dr.
**CITY:** Matthews
**STATE:** NC **ZIP:** 28105

**SUBDIVISION OR MOBILE HOME PARK NAME:** Windrow
**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: 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.

Randy Plyler — Owner's/Agent's Signature
8/21/18 — 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

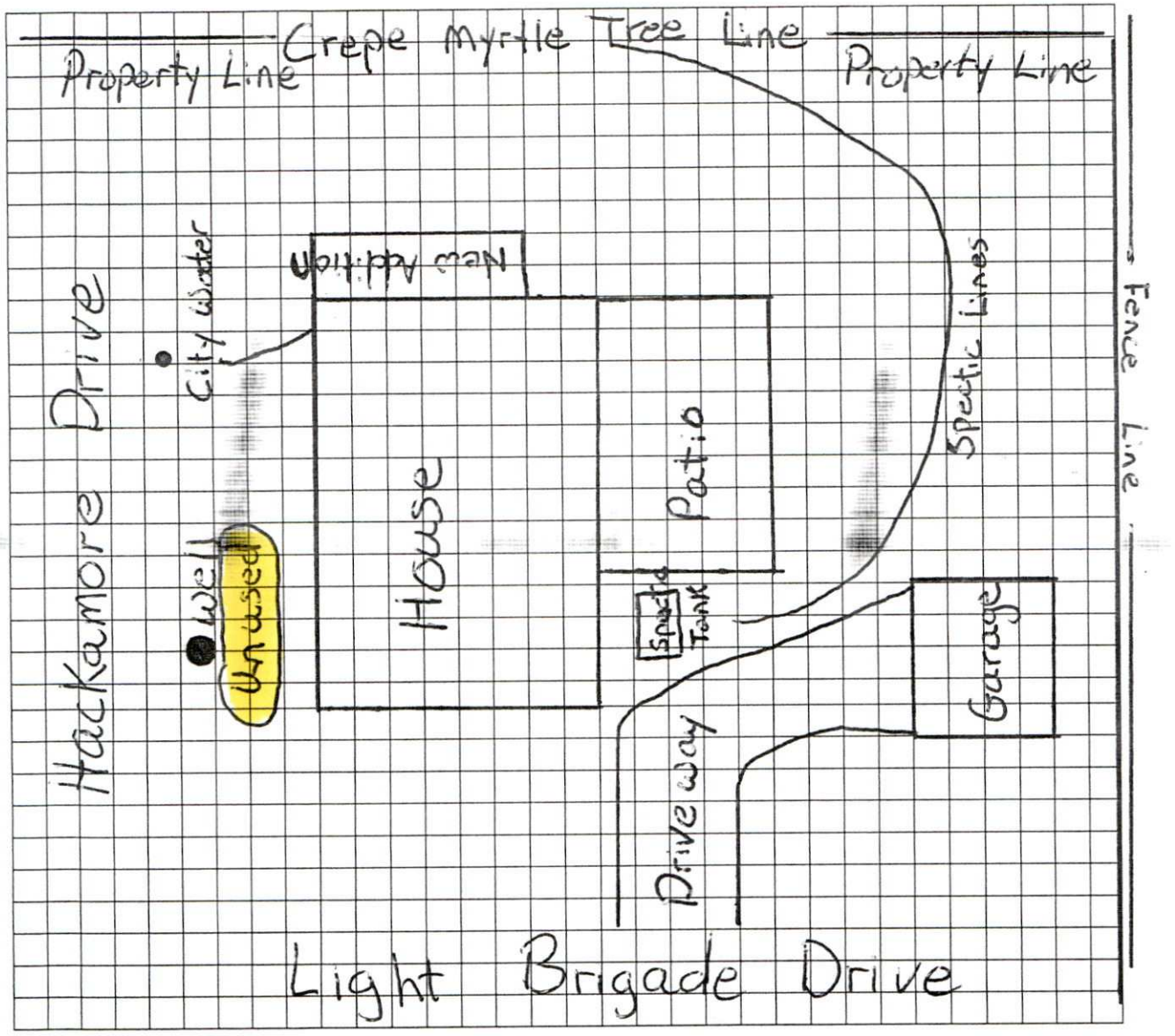
Revised on: 01/03/11

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: 14312 Hackamore Dr. Matthews NC. 28105 Tax Parcel #: 21513315




*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

Bryn Dayne 3/24/18
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

# Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 8/21/2018 7:51:16 AM




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.

14312 Hackamore Dr.
Matthews NC 28105

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

**Receipt Information**

**Date:** 08/21/18
**Receipt #:** 112540
**Check / Auth #:** VISA 055686
**Received By:** ELLISLW

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

**Account Information**

**Account #:** 200000
**Contractor:** PLYER, RANDY E
**Attn:**
**Address:** 14312 HACKAMORE DR
**Address:**
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>14312 HACKAMORE DR | | 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: RANDY E PLYLER

**Bill To:**

RANDY PLYLER
14312 HACKAMORE DR

Matthews, NC 28105

**Single Payment**

Transaction Date: 08/21/2018 6:20 AM Pacific Time
Pay Method: VISA **********6256
Approval #: 055686
Trace Number: d3894d7c-4542-4b80-bfa3-c580804bb918
Amount: $100.00

Payment Amount: $100.00

**Total: $100.00**

Thank you for your payment.