

13820 LAWTHER RD

01921219

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19349

File: 1005 B/8974 A Action 1

Parcel: po 019-212-13 ☐ PC

Location: Lawther Road

Subdivision:

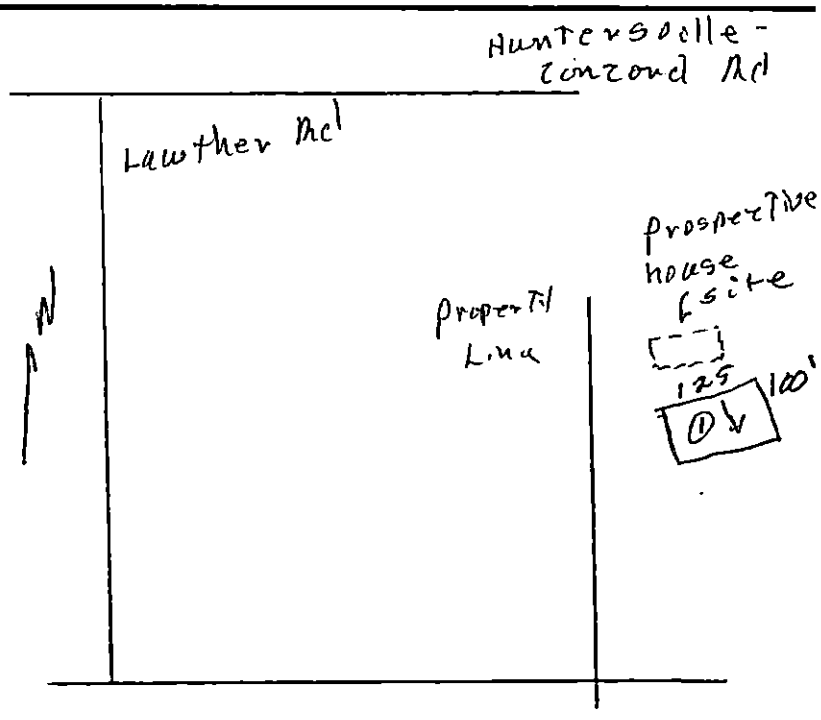
Lot: Block: Acres: Approx .25

Owner: Charles Ray Mills
Address: 13601 Lawther Road
Huntersville, N.C. 28078

Comments: 100% Repair, .3gal/ft²/day

Described by: William R. Mauk

Date: 5-25-93



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	(S) PS U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subl Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7/0" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Q Q400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 300.00 8/2/93 cash DK CRT

100SB 8877A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Mills (last) Thomas (first) Ray (mi)
ADDRESS: 13820 PHONE: (704) 875-9457
CITY: Huntersville STATE: N.C ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 019-212-10
STREET ADDRESS: 13820 Lawyer Rd
ZONING:

PROPERTY OWNER:
NAME: Mills (last) Thomas (first) Ray (mi)
ADDRESS: 13801 PHONE: (704) 875-9457
CITY: Huntersville STATE: N.C ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 5.02

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: C.R. Mills Date: 12-2-93

NOTICE:

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 by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philip L. Walker 8/13/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1005B/8877A DATE: 4/8/94

TC: 019 212 13 PO ☐ CRT

SERIAL Nº 15379

Name of Owner Thomas R. Mills Juris.:

Address of Property 13820 Lawther Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12" - 8"

Water Supply Source well

Distance to Water Source 85'

Excavation Inspected 4/8/94

Tank(s) Inspected 4/8/94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500ST, CON, 1200SFT, 12" Stone Cmil CTR# Polan Grading

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 ~~10 NCAC 10A~~ 15A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 ~~10 NCAC 10A~~ 15A .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.

COMMENTS: Septic system designed for 3 bedroom residence

Type II

Philip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approved

$40.00

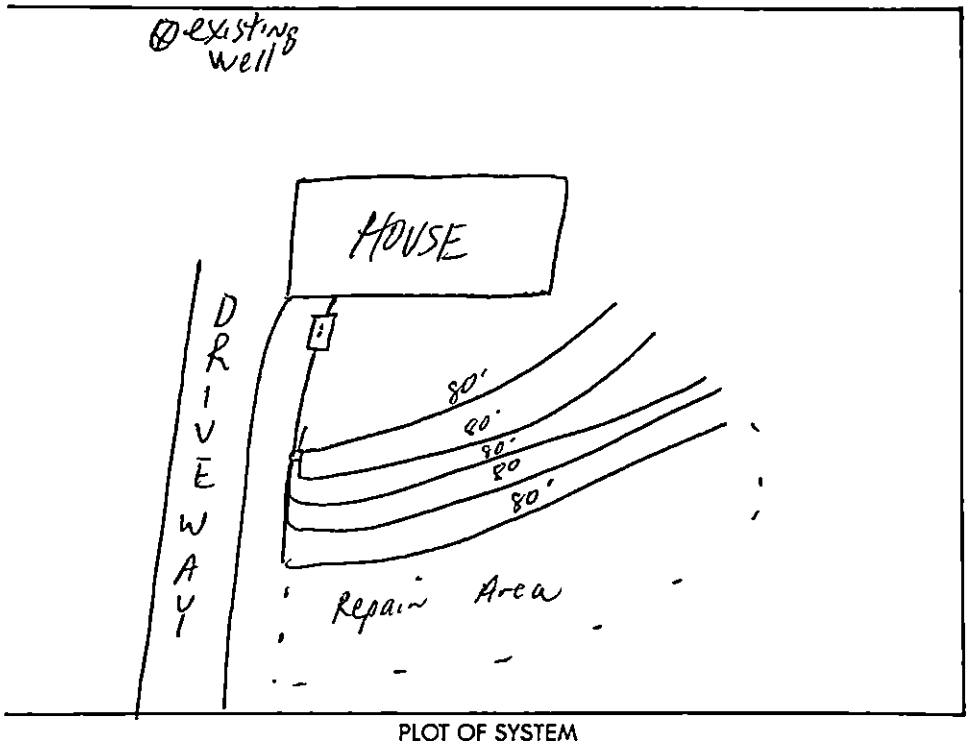
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1005B/8817A DATE: 4/6/94

TC: 019 212 13 P0 ☐L

SERIAL Nº 15868

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 8/3/93. All work shall be completed on or before 5/6/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 15A .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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Thomas R. Mills

LOCATION OF PROPERTY 13820 Lawther Rd

Comments: 5 lines x 80'long x 3wd x 12"stone | Keep septic system >50' from well | May need need stepdown

Division or Section Head

Phil S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

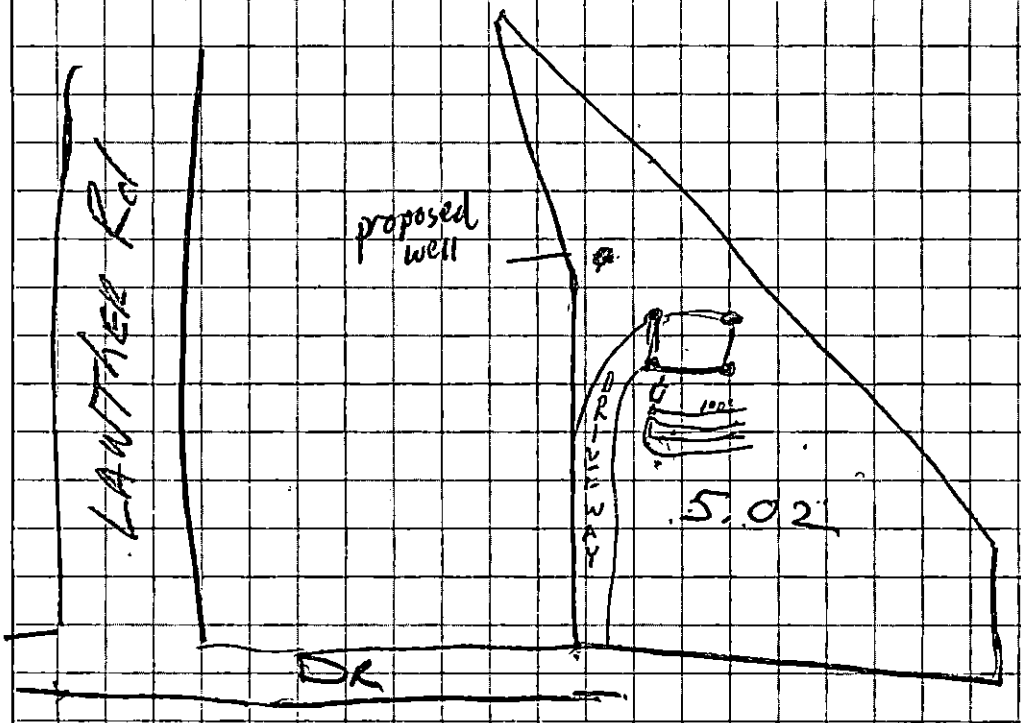
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10050/8877A

TC: 019-212-13 AP

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



1500ST
4 lines X 100'long X 3'wd X 12" stone
400TLF
Keep lines on contour of land
Keep proposed well > 50' from septic system

PSW 8/13/93 appr

APPROVAL DATE 8-13-93

Thomas Ray Mills

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 5/7/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

019-212-13 00
PARCEL NUMBER

13820 Lawther Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ mjc 5/6/93 APPROVED	____ NOT APPROVED
3. EROSION CONTROL REGULATIONS	✓ APPROVED	____ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	____ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____ NO

REMARKS: Countywide min Elev. 660.8

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

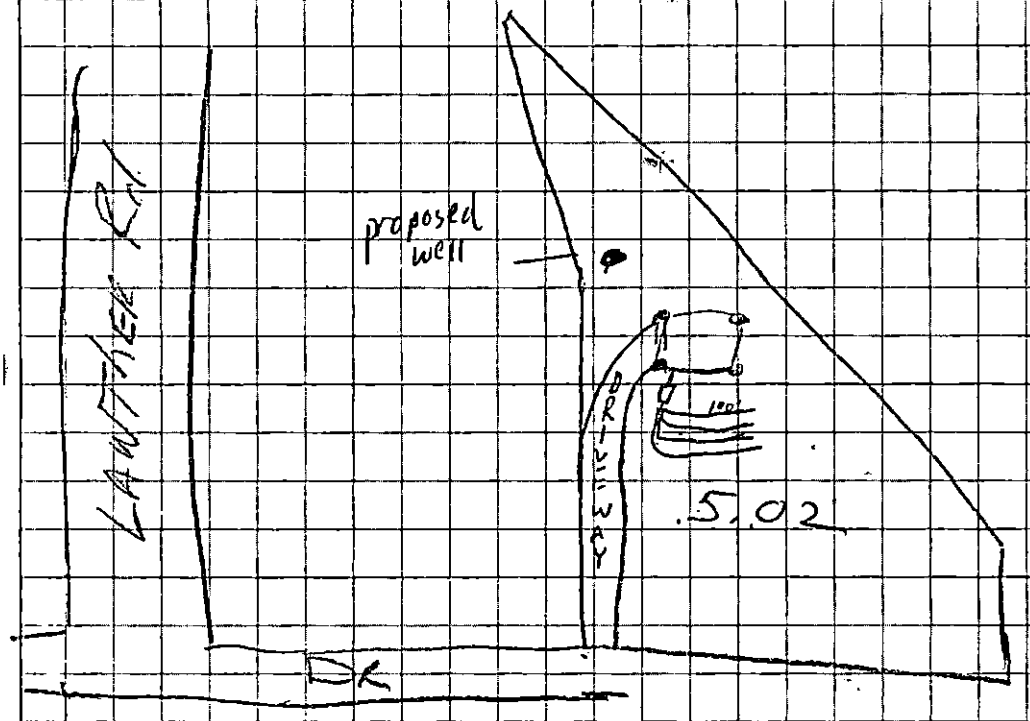
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10058/8877A

TC: 019-212-13 pc

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



1500ST
4 lines X 100'long X 3'wd X 12" stone
400TLF
Keep lines on contour of land
Keep proposed well > 50' from septic system

PSW 8/13/93 appr

APPROVAL DATE 8-13-93

Thomas Ray Mills

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

1005B/887A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5/7/93

CSSR #50

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 5/7/93

PERSON FILING APPLICATION:

NAME: Mills (last) Thomas (first) Ray (mi)

ADDRESS: 13820 Lawther Rd PHONE: 704 875 9457

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 09-212-13

STREET ADDRESS: 13820 Lawther Rd

ZONING:

PROPERTY OWNER:

NAME: Mills (last) Charles (first) Ray (mi)

ADDRESS: 13801 Lawther Rd PHONE: (__) 875-9957

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Date:

NOTICE:

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 by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

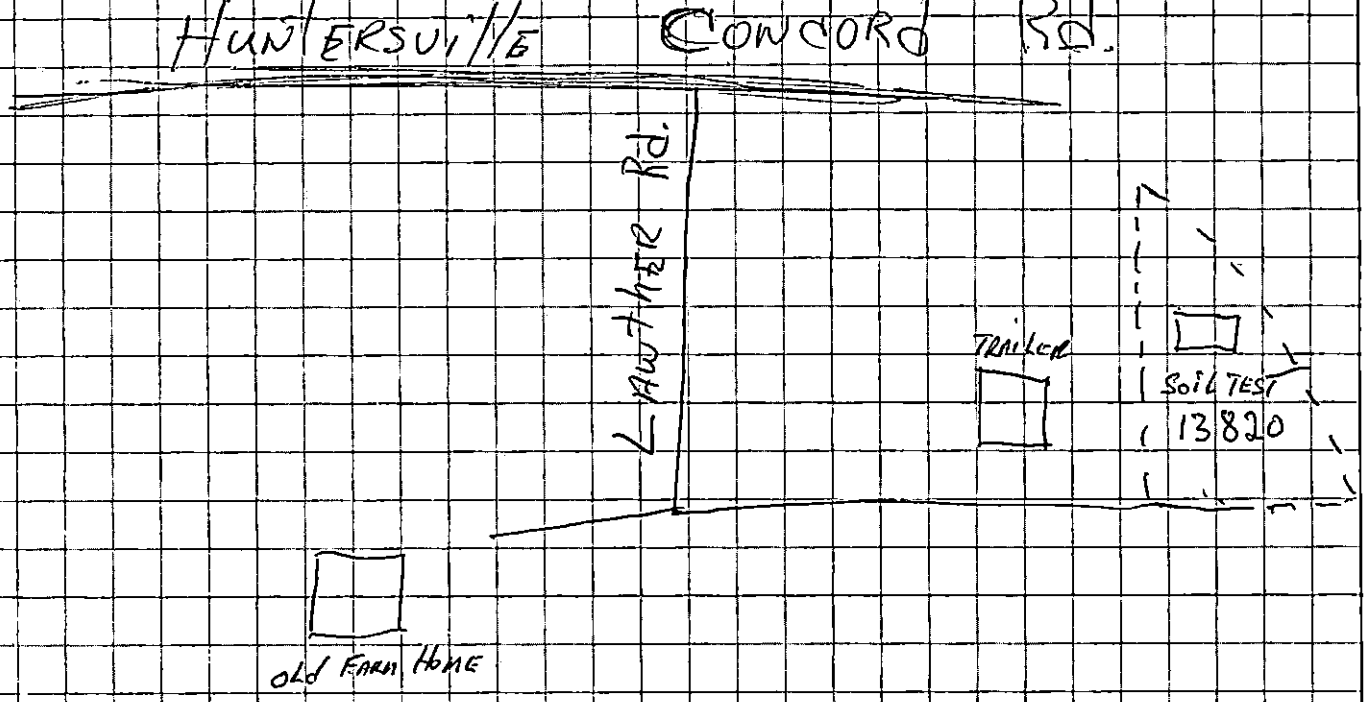
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1605B|88DA

TC: 019-212-13PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

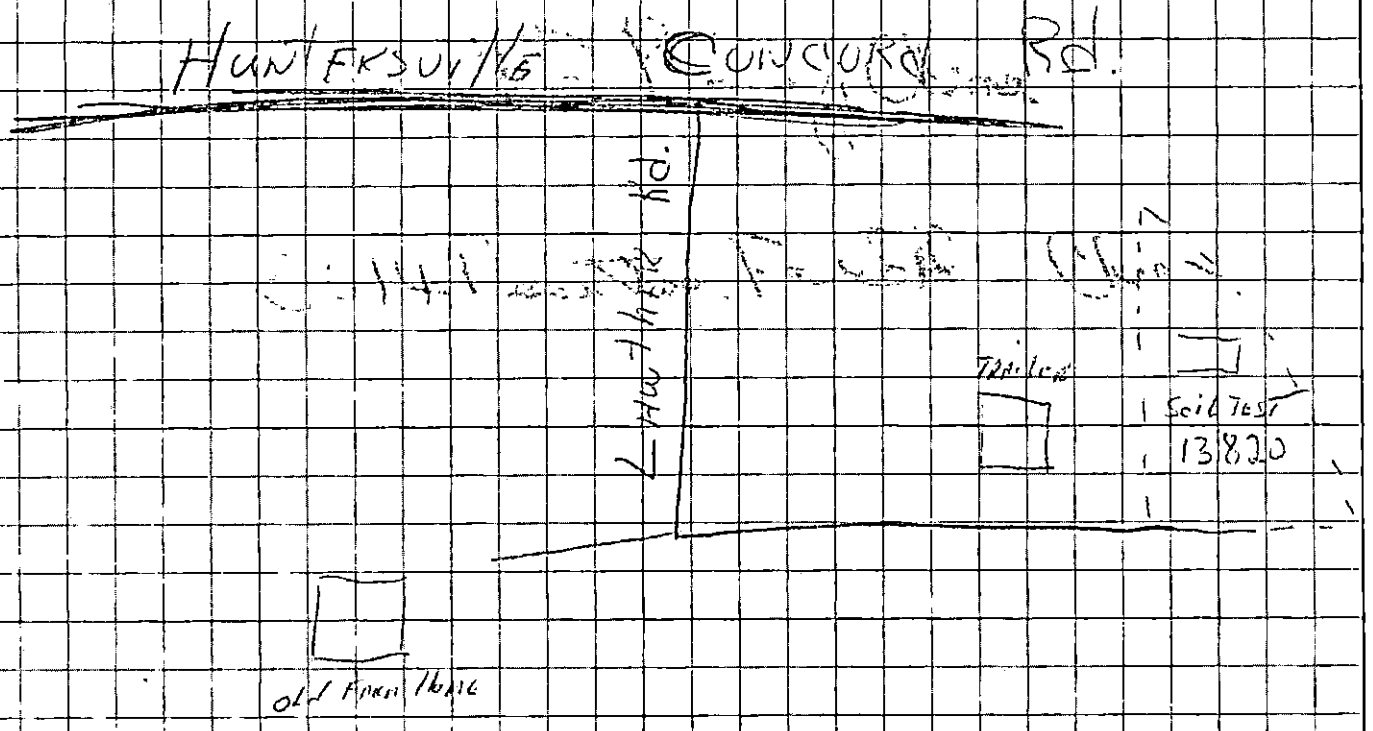
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1005P1 (C)(1)A

TC: 019-212-13 1-20

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/7/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 019-212-13pp

ASSIGNED ADDRESS 13820 Lawther Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	✓	*
2.	FLOODWAY REGULATIONS	/	✓ *
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: double wide well & septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County

Health Department

400 ☑

June 2, 1993

Betty S. Snow, R.N., M.A.
Health Director

Charles Ray Mills
13801 Lawther Road
Huntersville, NC 28078

RE: Property located on Lawther Road
FILE: 1005B/8877A
PARCEL: 01921213P0

Dear Mr. Mills:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19349) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

1005B/8877A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5/7/93 CASH $50.00 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

Date: 5/7/93

PERSON FILING APPLICATION:
NAME: Mills (last) Thomas (first) Ray (mi)
ADDRESS: 13820 Lawther Rd PHONE: 704 875 9457
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 09-212-13
STREET ADDRESS: 13820 Lawther Rd
ZONING:

PROPERTY OWNER:
NAME: Mills (last) Charles (first) Ray (mi)
ADDRESS: 13801 Lawther Rd PHONE: (__) 875-9457
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☒ DOUBLE WIDE (D) ☐ MODULAR HOME (H) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

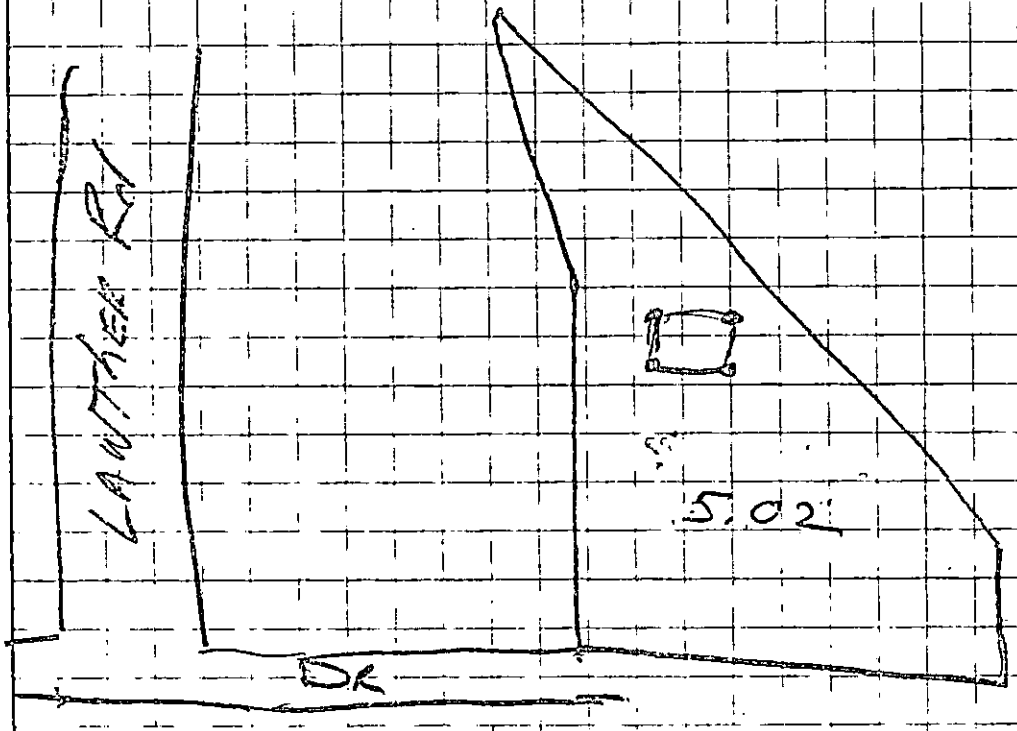
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 10058/8877A

TC: 019-212-13

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

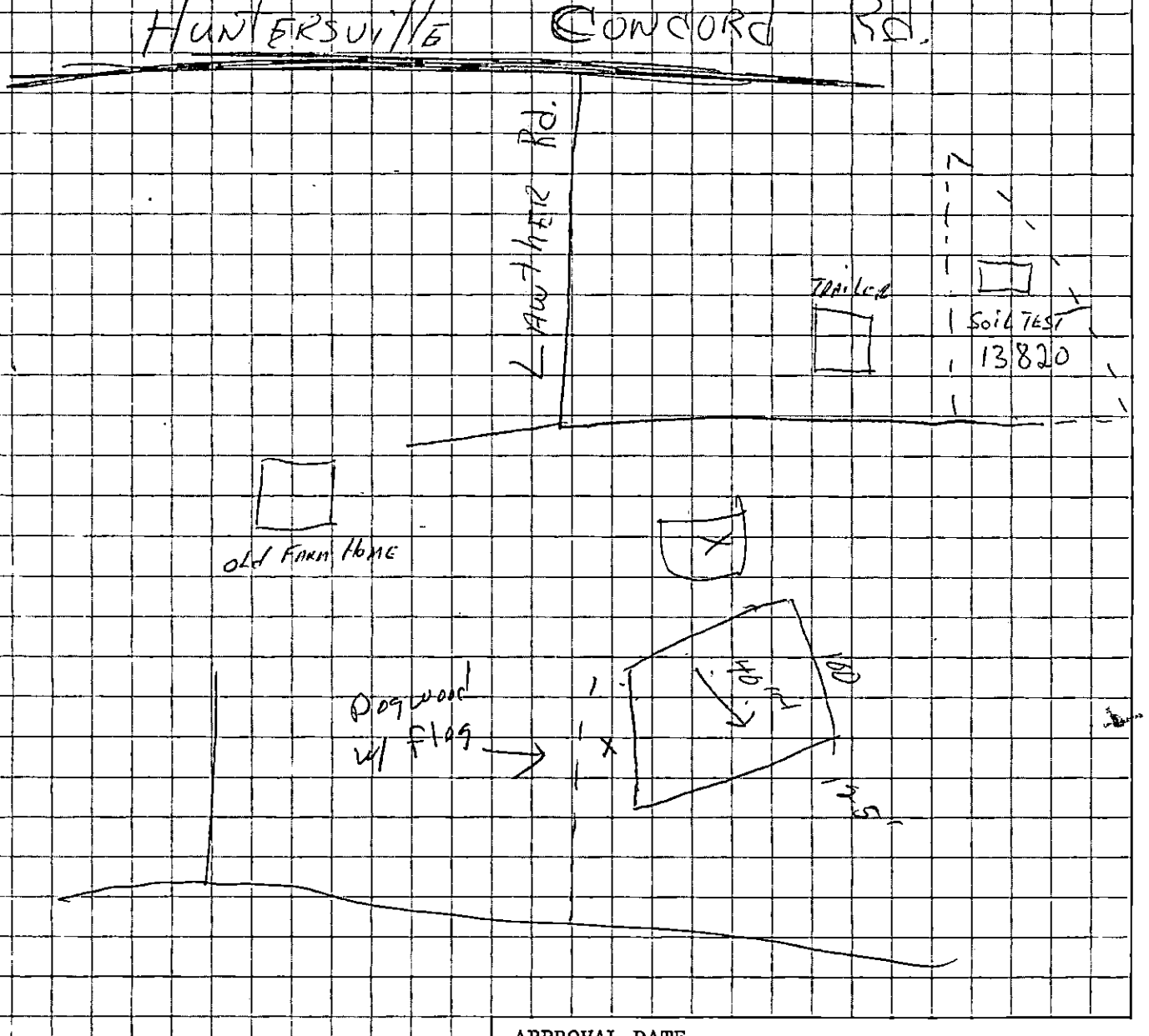
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1005B1 SSDA

TC: 019-212-13PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities) and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy