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 LP 9/25/19 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 ☐ _____

OK to USE FOR A Living Room Addition SM

3698B

25 SEP '19 AM 7:58

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

PERSON FILING APPLICATION:
NAME: Jessica Goodall/ Daniel Keller
ADDRESS: 10619 Arlington Church Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (704) 492-6637
ALTERNATE PHONE: (704) 805-0058
E-MAIL: danlkel@yahoo.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 13912122
STREET ADDRESS: 10619 Arlington Church Rd
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
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.

Jessica L Goodall — Owner's/Agent's Signature

9/23/19 — Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

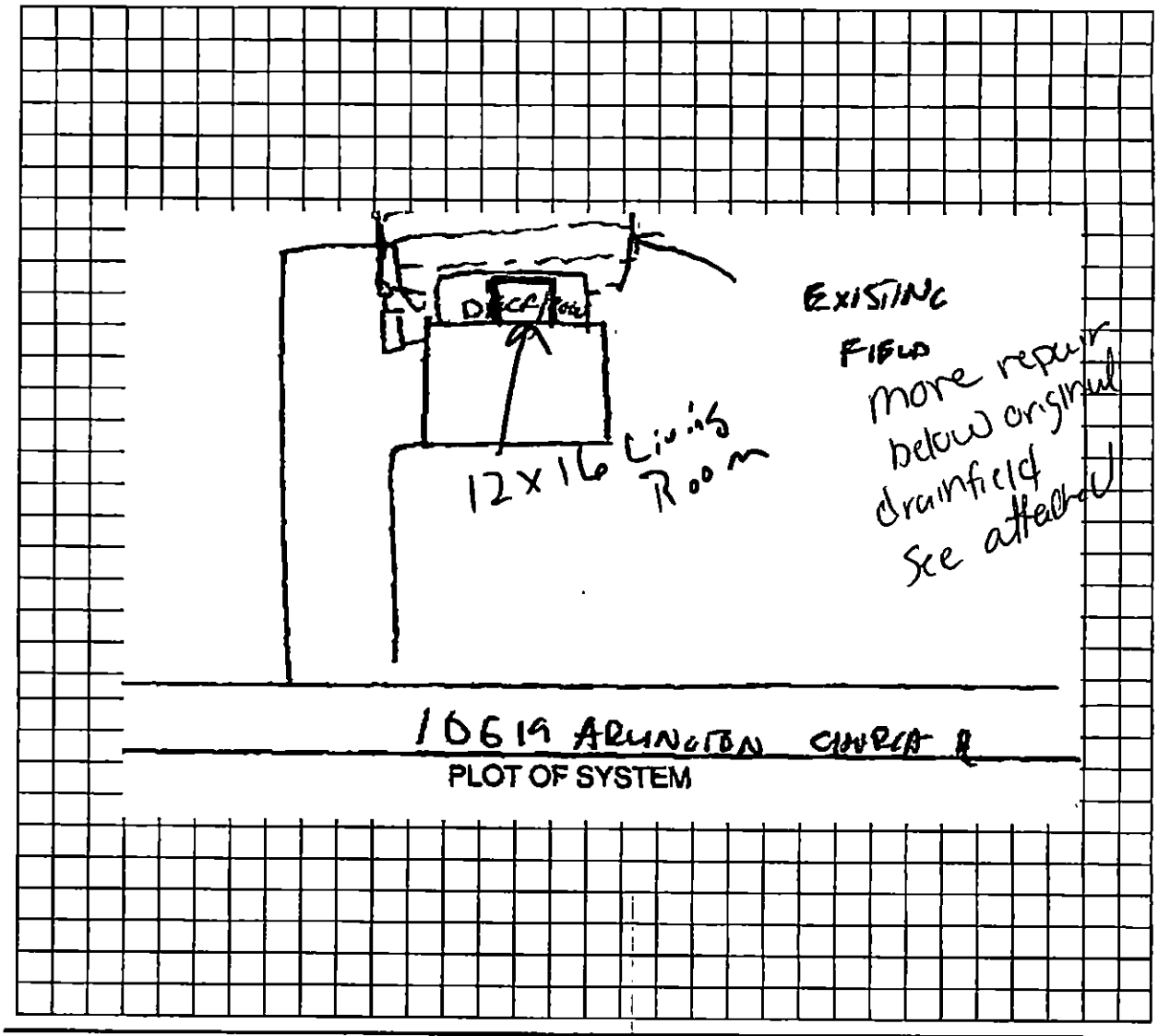
Revised on: 03/27/19

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: 10619 Arlington Church Rd Tax Parcel #: 1391212 2



PLOT OF SYSTEM

"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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Living room Extension approved

REHS Signature 10/29/19 Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Payment Receipt

Mecklenburg County

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

Enter Account # or Customer Name Here: DANIEL KELLER

Bill To:

DANIEL KELLER
10619 ARLINGTON CHURCH RD

Charlotte, NC 28227

Single Payment

Transaction Date: 09/25/2019 5:53 AM Pacific Time
Pay Method: ••••••••••••8510
Approval #: 02510R
Trace Number: 1813f37f-0b83-429d-b602-2e61e8131439
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/25/19	**Amount:**	100.00
Receipt #:	118793	**Tendered:**	100.00
Check / Auth #:	DISCOVER 0	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: DANIEL KELLER
Attn:
Address: 10619 ARLINGTON CHURCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10619 ARLINGTON CH RD		1	100.00	100.00

Outstanding Balances

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

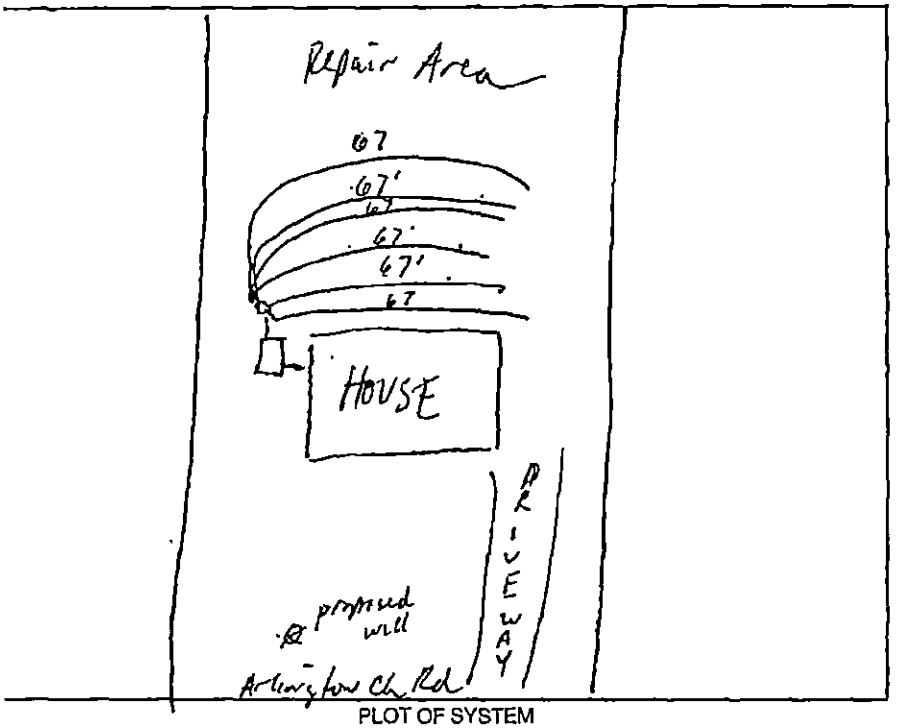
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3698B DATE: 6/27/96

TC: 139 121 02 ☐ L

SERIAL Nº 16837

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 9/27/95. All work shall be completed on or before 7/27/96, after which date this permit 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 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 ~~PCC~~ NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 6 (67')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER Van D. Moore

LOCATION OF PROPERTY 10619 Arlington Church Rd

Comments: 1500ST, 6 lines x 67' long x 3' wd x 12" stone
Keep septic system > 100' from proposed well

Stakeman for S Shamil, Program Chief 7-1-96

Thelo S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

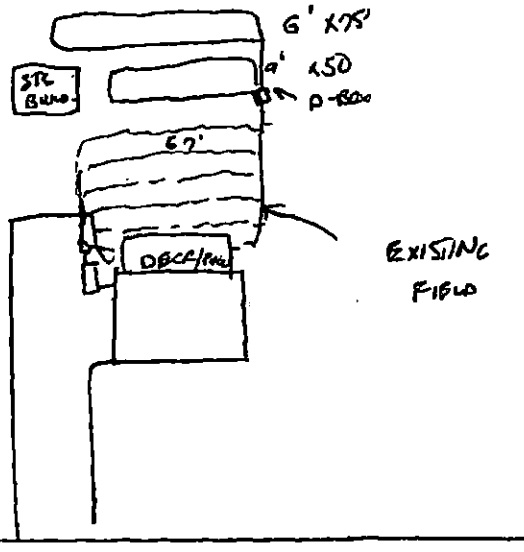
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 36988 DATE: 1-22-04

TC: 139-121-02 ☑ L

SERIAL 19709

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 1-22-04. All work shall be completed on or before _____, after which date this permit 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 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.



16619 ARLINGTON CHURCH R

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' X50'/6' X75' feet

Trench Walls Scored and Porous YES

Total Line Length 300' feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 18' feet

Distance from Well >50' feet

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

NAME OF OWNER BRIAN ALLEN

LOCATION OF PROPERTY 16619 ARLINGTON CHURCH ROAD

Comments: ① INSTALL 1 BED 6' X75' AND 1 BED 9' X 50' W/ 18" STONE.

② TIE OVERFLOW FROM EACH EXISTING LINE AND ONE SUPPLY LINE TO NEW REPAIR.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY