SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 146663

Assigned Inspector: Kim Garrett

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☑ Use Existing Fees $100.00: LP 5/26/23 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

KG

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☒ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☒ Release final hold in Winchester: _____

Comments:

lm 5/31

14663
#13885

18 MAY '23 PM 8:50

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: Ray Santana
ADDRESS: 15500 Ewart rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 646-772-1723
ALTERNATE PHONE: 516-765-6824
E-MAIL: santana42982@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01925111
STREET ADDRESS: 15500 Ewart rd
CITY: Huntersville
STATE: NC ZIP: 28078

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

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: ~~4~~ 3
NUMBER OF OCCUPANTS: 4

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.

Owner's/Agent's Signature _____ Date 05/17/2023

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

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

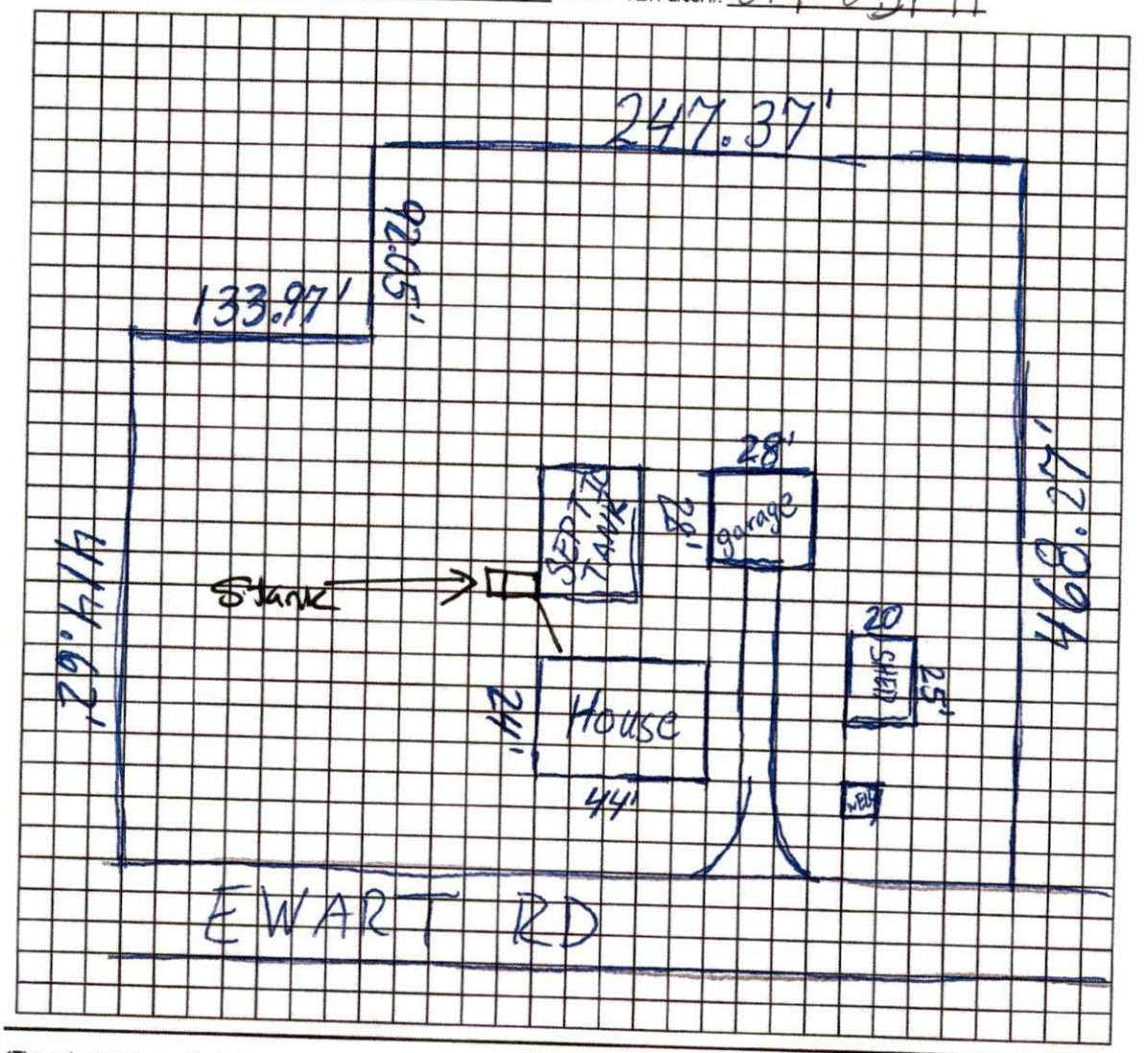
Revised on: 01/03/11

File #: 14603

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: 15500 Ewart Rd Huntersville Tax Parcel #: 019-251-11



*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

House Renovation projects approved. Not to exceed 3 bedrooms, no increase in house footprint, septic tank >5' from current house foundation. House >25' from well.

REHS Signature Date

Kim Garrett 6/1/23

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/26/23
Receipt #: 142808
Check / Auth #: VISA 080809
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RAY SANTANA
Attn:
Address: 15500 EWART RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15500 EWARD RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
555.00					

SEE INSTRUCTIONS ON BACK

Date Received 10 Nov 1978

ICAR(S) Application No 14663

T C. No. 019-251-05

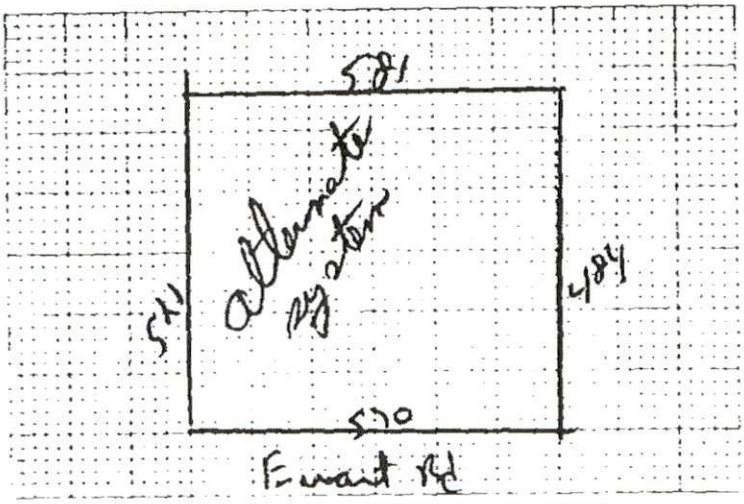
Map Date 11-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes ✓No
Residence Yes ___No
4 No of Bedrooms 3
5 Business Use Max No Employees X
6 Washing Machine ✓Yes ___No
7 Garbage Disposal ___Yes ✓No
8 Dishwasher ✓Yes ___No
9 Water Supply
A) Individual Well ✓
B) Governmental System
C) Community System
1 Well source
2 Governmental source
10 Sewage System
Property located within 200 feet of public sewer ___Yes ✓No
Property located within 200 feet of [illegible] sewer ___Yes ✓No
11 FHA Case No
12 VA Case No

13) NAME OF OWNER PUCKETT (LAST) MARY (FIRST) ANN (MIDDLE)

14) ADDRESS OF OWNER Rt. 3 Box 36N KANNAPOLIS N.C.

15) PHONE NO Home 875-2996 FATHERS PHONE Office

16) LOCATION OF SYSTEM State Rd 2606 EWART Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No.

Map Book No Page No

18) DEED REFERENCE - DEED BOOK 4108 AT PAGE 0518

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES NO DATE RUN

20) PIR NUMBER (See instructions)

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

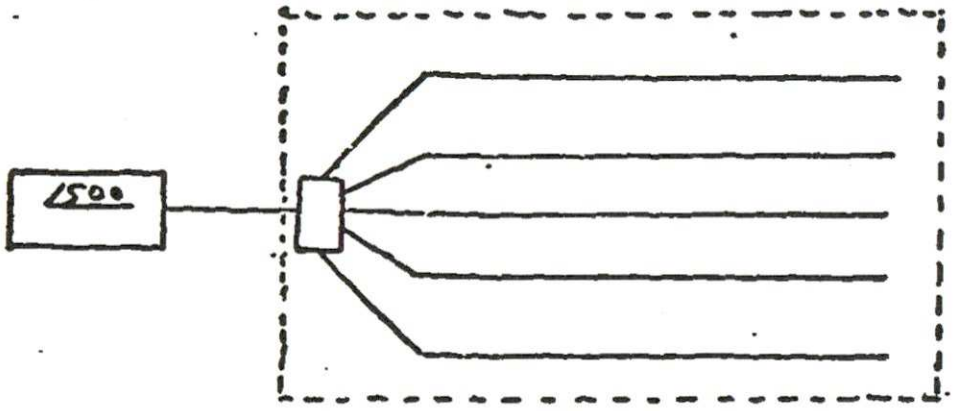
11-10-78
DATE OF APPLICATION

Charles R. Puckett
OWNER

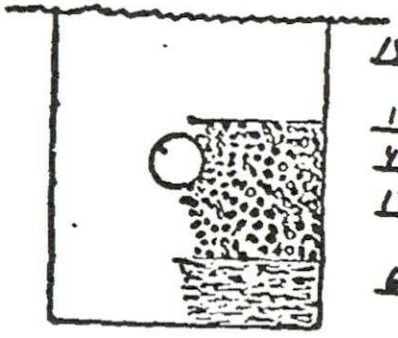
EHD 5 76

Environmental Health Department's Copy

#14663



5 drain pipe 100' long 3' on center
1500 sq foot bottom area.



Submitted for consideration and approval:

EWART Road
Property Location

Charles R. Puckett
Owner's Signature

Bed System

Date Issued 1-8-79

Serial No. 2304

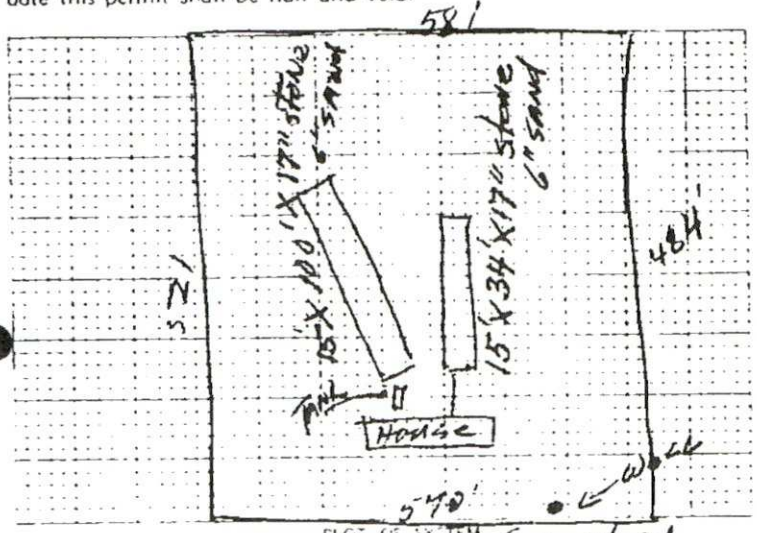
ICAR (S) Permit No. 14663

T. C. No. 019-251-05

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 14663, dated 11-10-78, and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-9-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate J/S

Liquid Capacity of Tank 1500

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Length 500'-167'

Number of Lines 5-5

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER MARY ANN PUCKETT

LOCATION OF PROPERTY EWART Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered non-accessible or can be used. **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.** INSTALLED UNDER AGREEMENT

(Septic TANK Field 15'x100'x17" stone 6" SAND)
WASHING MACHINE Field (15'x34'x17" stone 6" SAND)

Approved: M. Marshall Edwards
Environmentalist

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

EHD-5-76

Environmental Health Department's Copy

Date Issued 9 May 1979 Serial No. 2564 C of A (s. No. 14663 /

T C No. 019-251-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Puckett, Mary A
(LAST, FIRST, MIDDLE)

Location of Property Ewart Rd

Application Number _____ Permit Number 14663

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material pre cast

Total Length of Drain Tile 300 ft (6) Number of Lines 5 of 5

Depth of Filter Material 17" sand Cover Depth 15" +

Water Supply Source well Distance from Water Source 50'

Excavation Inspected — (DATE) Tank Inspected 5-9-79 (DATE)

Nitrification Field Inspected 5-9-79 (DATE)

Washing Machine Line Inspected If Applicable 5-9-79 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ~~altered~~ or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit in addition to those listed below under comments. This Certificate of Approval 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

/ / /

John R Atkinson
Environmentalist

EHO-5-76

Environmental Health Department's Copy