SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 3210B

Assigned Inspector: Troy Kling

☐ 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: MR/10-1-2024 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ 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: 10-1-24 Made a copy of old file from OnBase.

Bathroom addition approved

3210B/15001

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: Corey St John
ADDRESS: 4700 old Salisbury Concord Rd
CITY: Kannapolis
STATE: NC ZIP: 28083
PHONE: 704-787-1275
ALTERNATE PHONE:
E-MAIL: corey@sjent.biz

JOB LOCATION INFORMATION
TAX PARCEL #: 04909238
STREET ADDRESS: 6257 Branch Hill Circle
CITY: Charlotte
STATE: NC ZIP: 28213

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: James Machiels
ADDRESS: 6257 Branch Hill Circle
CITY: Charlotte
STATE: NC ZIP: 28213
PHONE: 980-229-8205
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: 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.

Owner's/Agent's Signature

9-24-24
Date

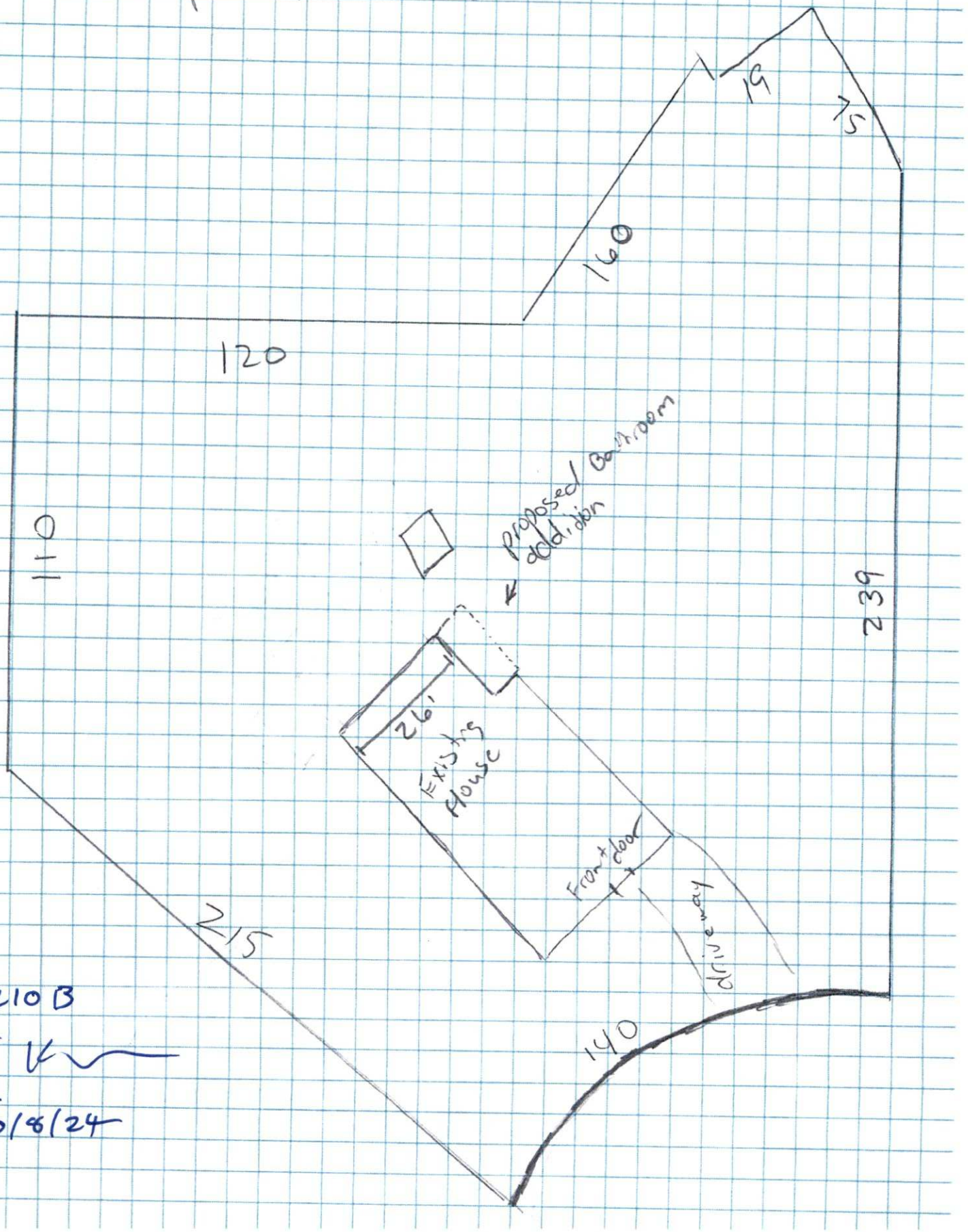
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

6257 Branch Hill Ct.
Charlotte NC 28213

parcel # 04909238



3210 B

Approved

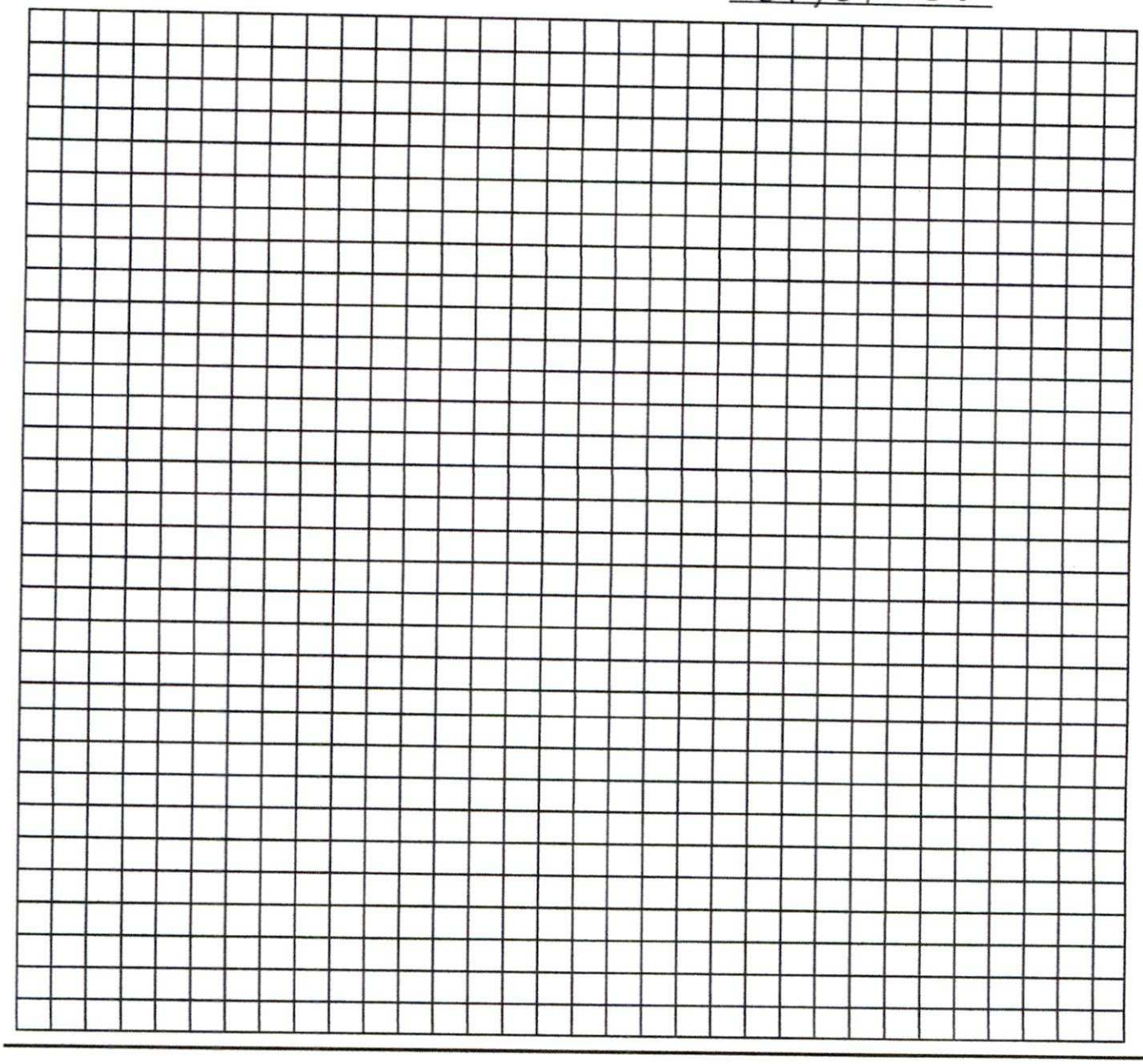
10/8/24

File #: 3210B

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: 6257 Branch Mill Circle Tax Parcel #: 04909238



*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

REHS Signature

10/8/24
Date

#See attached drawing

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
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

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

6257 Branch Hill Circle Charlotte
Number Street Town
(Or Parcel Number)

James Machiels
Property Owner (Print Name)

Property Owner (Signature)

9-25-24
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/01/24	**Amount:**	100.00
Receipt #:	151077	**Tendered:**	100.00
Check / Auth #:	MC 272831	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: ST. JOHN COREY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 6257 BRANCH HILL CR	1	100.00	100.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				2,737.50	

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 3210 B

Assigned Inspector: Braedon S

☐ 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: PO 7131123 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ 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:

3210B 14034

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: Corey St John
ADDRESS: 4700 old Salisbury Concord Rd
CITY: Cannapolis
STATE: NC ZIP: 28083
PHONE: 704-787-1275
ALTERNATE PHONE: _____
E-MAIL: Corey@sjent.biz

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: James Machiels
ADDRESS: 6257 Branch Hill Circle
CITY: Charlotte
STATE: NC ZIP: 28213
PHONE: 980-229-8205
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 04909238
STREET ADDRESS: 6257 Branch Hill Circle
CITY: Charlotte
STATE: NC **ZIP:** 28213

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: 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.

_____ 9-21-23
Owner's/Agent's Signature Date

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

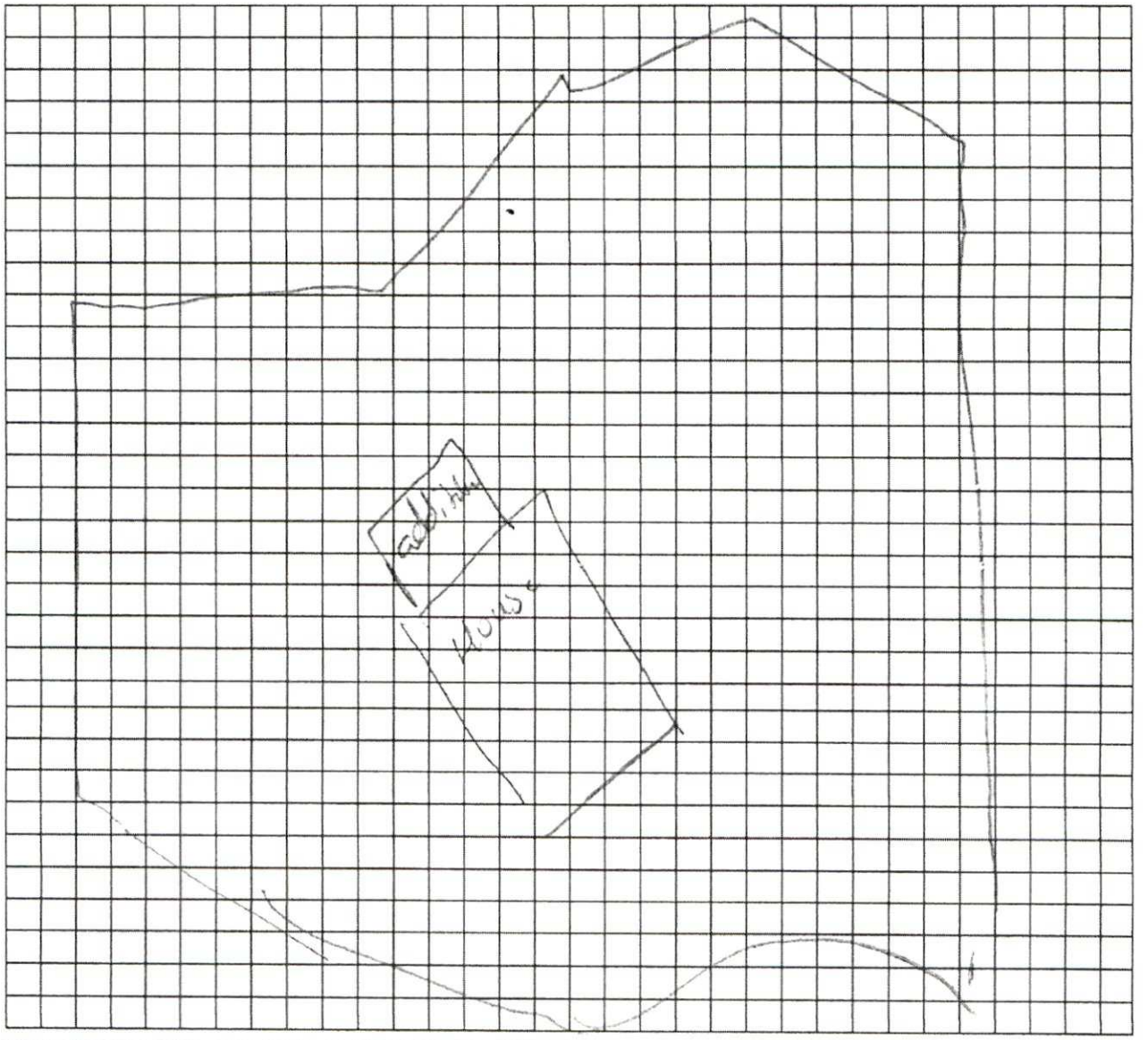
Revised on: 01/03/11

File #: 32103

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: 6257 Branch Hill Circle Tax Parcel #: 04909238



*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

Not approved, Proposed addition encroaches on top of drain line.

Brandon Shubo 8/15/23
REHS Signature Date

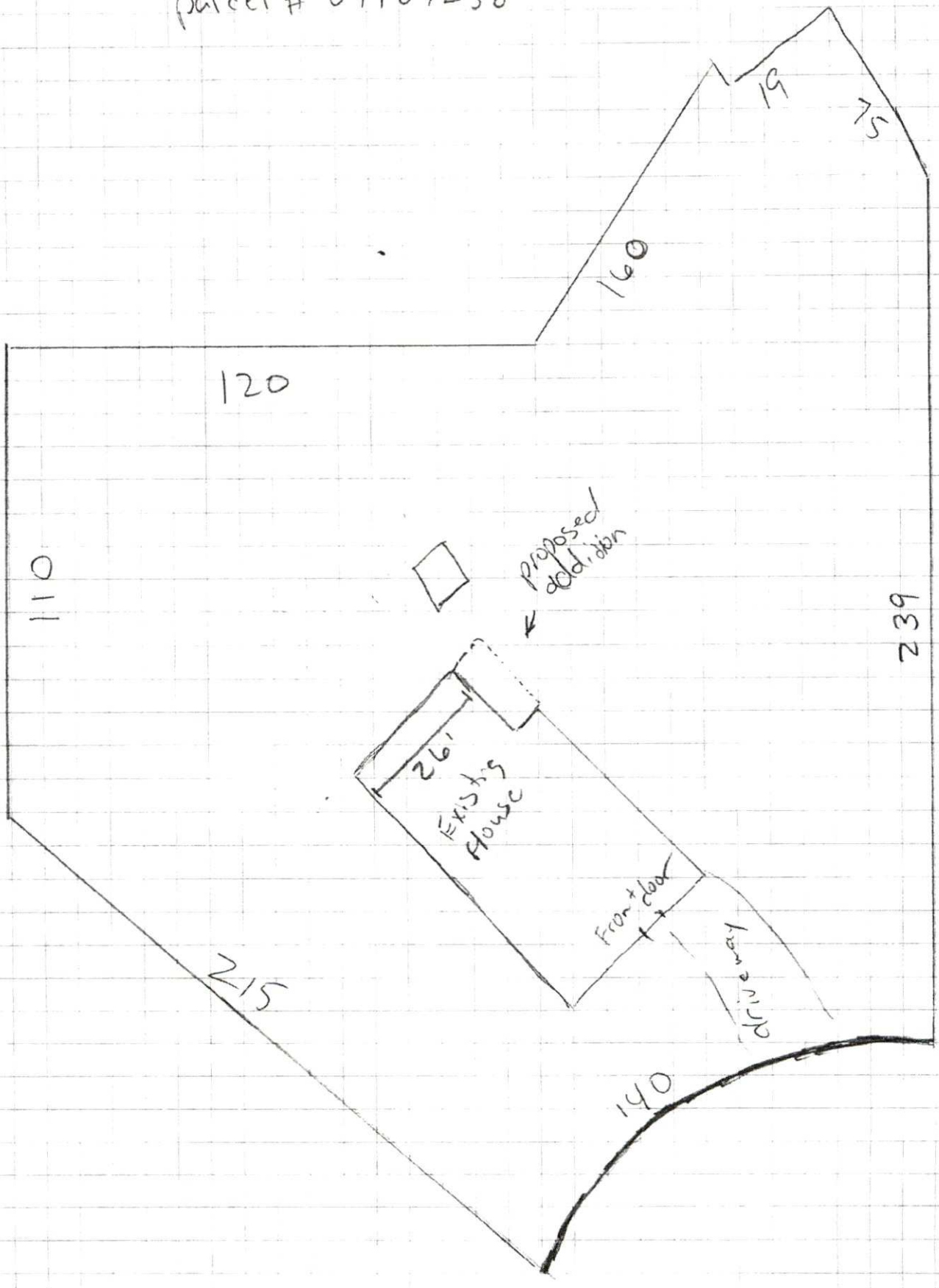
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

Update: Approved, moved the addition to other side of the house. Will meet the setback requirements ≥5' off septic -Brandon Shubo 8/29/23

6257 Branch Hill Ct.
Charlotte NC 28213

parcel # 04909238



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/31/23	**Amount:**	100.00
Receipt #:	143708	**Tendered:**	100.00
Check / Auth #:	MC 097617	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: ST. JOHN, COREY
Attn:
Address: 4700 OLD SALISBURY CONCORD RD
Address:
City/State/Zip: KANNAPOLIS, NC 28083

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6257 BRANCH HILL CR		1	100.00	100.00

----------Outstanding Balances----------

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

3210B / 14034

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: Corey St John
ADDRESS: 4700 old Salisbury Concord Rd
CITY: Kannapolis
STATE: NC ZIP: 28083
PHONE: 704-787-1275
ALTERNATE PHONE:
E-MAIL: corey@sjent.biz

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

JOB LOCATION INFORMATION
TAX PARCEL #: 04909238
STREET ADDRESS: 57 Branch Hill Circle
CITY: Charlotte
STATE: NC ZIP: 28213

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: 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

adding on to existing Bedroom

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

7-28-23
Date

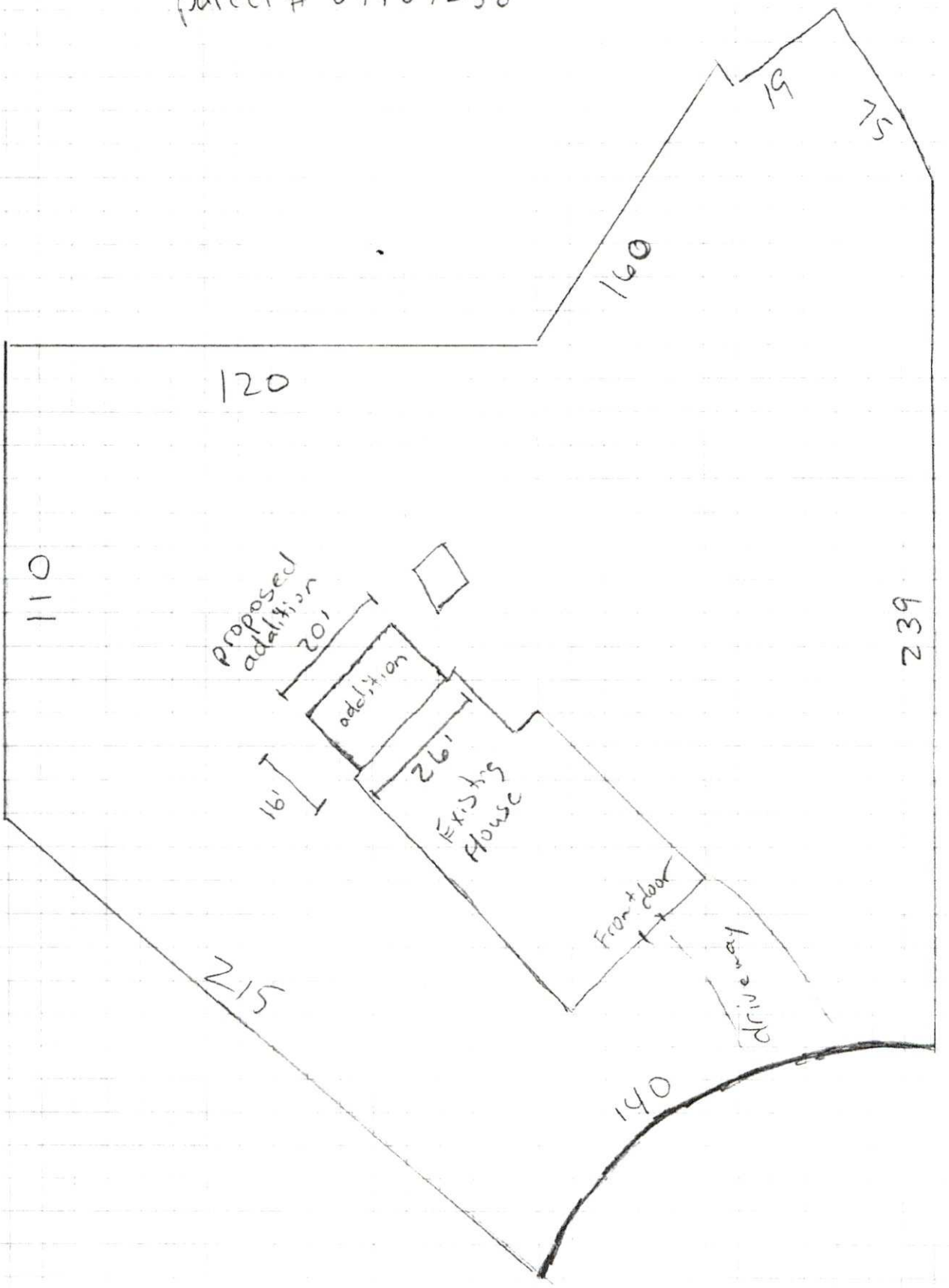
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

6257 Branch Hill Ct.
Charlotte NC 28213

parcel # 04909238



MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

August 15th, 2023

James Machiels
6257 Branch Hill Cr
Charlotte, NC 28213

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 6257 Branch Hill Cr
Health Department File Number: **3210B**

Dear Property Owner or Owner's Agent:

On August 9th, 2023 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

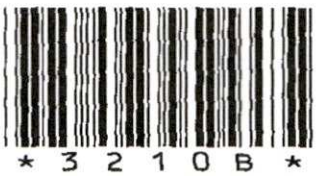
Based on the information provided in the application, dated July 31st, 2023, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
  Proposed addition to the house is encroaching on the existing septic drain line. Unable to meet five foot setback requirement.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance, please contact our office at (980) 314-1680.

Sincerely,

Braedon Shelton, REHS
Environmental Specialist



6257 BRANCH HILL CR

04909238

1/2/2008

duponbj

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

repair

$40 Approved $40

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

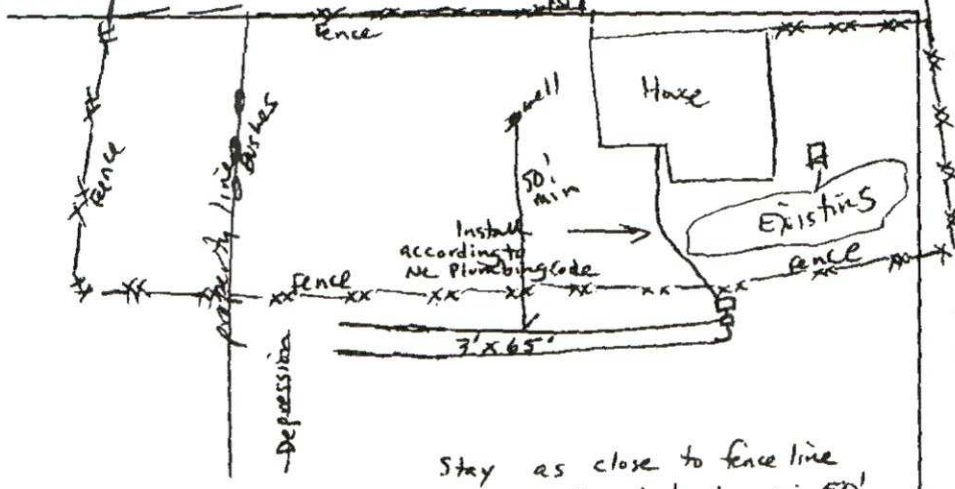
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3210B DATE: 7-28-94

TC: 049-092-38 ☐ L

SERIAL Nº 15771

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 6-16-94. All work shall be completed on or before 8-26-94, 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 washer box with sanitary tee gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 133' feet

Number of Lines 2 at 65' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

NAME OF OWNER Lori Malijenorsky

LOCATION OF PROPERTY 6257 Branch Hill Circle

Comments: Do not disturb existing septic tank system. Keep min 50' from well with sewage treatment & disposal system. Washing machine wastewater only.

T. Walker for S. Daniel 7/29/94
Division or Section Head

Susan Patterson
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400B

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

FILE: 3210B DATE: 9/12/94

TC: 049 092 38 ☐ L ☐ CRT

SERIAL Nº 14281

Name of Owner Lori Malijenorsky Juris.:

Address of Property 6257 Branch Hill Cir

Inspection Data:

Tank Material –

Total Length of Drainfield 133'

Number of Lines 2 @ 67'

Cover Depth 12

Water Supply Source well

Distance to Water Source 350

Excavation Inspected 9/12/94

Tank(s) Inspected –

Wash Line Inspected 9/12/94

High Water Alarm Inspected –

PLOT

Design: 1994, Repair Jack Stewart CTR#

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 .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 .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: Repair to washer line OD < 1984

JNewell for SDaniel Thilo S. Walker R.S.
Environmentalist

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

3210B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6440

[] 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:

PERSON FILING APPLICATION:
NAME: Malijenovsky (last) Lori (first) A (mi)
ADDRESS: 6257 Branch hill Circle PHONE: (704) 596-0489
CITY: Charlotte, NC STATE: ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 049-092-38
STREET ADDRESS: 6257 Branchhill Circle
ZONING:

PROPERTY OWNER:
NAME: Malijenovsky (last) Lori / Stephane (first) (mi)
ADDRESS: 6257 Branch hill Circle PHONE: (704) 596-0489
CITY: Charlotte STATE: NC ZIPCODE: 28213

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

LOT NUMBER: 20 | 21 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[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)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] 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: X Lori Malijenovsky Date: X 6/16/94

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.

... Repair permit issued for washing machine wastewater treatment + disposal system

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

Susan Patterson 7-26-94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

3210B

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Bruce D. & Audrey P. Campbell

MAILING ADDRESS 310 South Barton St., Johnson City Tenn. 37604

OCCUPANT _____

LOCATION 6257 Branch Hill Circle, Charlotte 28213

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel #049-092-38

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number (704) 336-5568.

[ ] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[X] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by June 26, 1994, appropriate legal action will be taken.

Notice Issued May 25, 1994 (Date) Signed Salim M. Habeebulah, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)