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29 MAR '17 PM 3:37

#8850

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: Aaron Kingel / Grande Custom Homes
ADDRESS: 14242 Sarah Ann Stephens Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-363-4946
ALTERNATE PHONE: 704-999-6898
E-MAIL: aaron@grandebuilders.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Dan Ward
ADDRESS: 14242 Sarah Ann Stephens
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 561-889-6696
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 013-221-18
STREET ADDRESS: 14242 Sarah Ann Stephens Dr.
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell
LOT #: 1

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 Pool House

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
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
☐ BEDROOM ☐ BATHROOM ☐ KITCH ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ POR ☒ OTHER Pool House

ADDITION/RENOVATION TYPE DETACHED
☐ DETACHED GARAGE ☐ DETACHED GARAGE WI L HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK IER

File

*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

3/29/17
Date

* Please charge account
X43382

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

O.K. TO UES FOR A Pool House Addition.

PAGE 03/03
OFFICE DEPOT #2718
7048921771
03/29/2017 02:37

14242 SARAH ANN STEPHENS DRIVE

NMFS NO MONUMENT FOUND OR SET
R/W RIGHT OF WAY
B/C BACK OF CURB
P.D.E. PUBLIC DRAINAGE EASEMENT
MAG SURVEY NAIL
PROPOSED SEPTIC LINES
PROPOSED WELL

HATCHED AREA = DRIVEWAY EASEMENT

NOTES & REFERENCES:

SUBJECT PARCEL
N/F
JONATHAN M CATE
LOT 4, MB 43 PG 79
DB 19053 PG 43
TAX PARCEL #01322118

C4	950.01	124.48	1
C5	60.00	51.72	
C6	60.00	31.24	

F.E.M.A.– F.I.R.M. INFORMATION
COMMUNITY NUMBER: 370478 MAP NUMBER: 3710461000M
EFFECTIVE DATE: 09/02/2015 ZONE: X (OUT)

R Scott Kennedy for Michael Williams
Designed by Michael Williams and Assoc.

Scale 1"=60'
J. Scott Kennedy

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

File # 53948
Permit # 8368
Parcel # 013-221-18

N/F
MECKLENBURG COUNTY
DB. 16203 PG 754

S23°39'56"W 30.2' 617.87' #4b (F)

PRESERVED OPEN SPACE

POOL HOUSE
POOL
PROPOSED HOUSE
DRIVEWAY
AREA
136,843 sq. ft.
3.187 acres
LOT 3
LOT 1
MAG (F)
NMFS
20'-40' DRIVEWAY EASEMENT
20' DRIVEWAY EASEMENT
NAIL (F) IN TRANSFORMER PAD
N86°49'51"W 440.64'
275.21' (TOTAL)
S39°50'38"W 87.68'
Existing

MECKLENBURG COUNTY
Health Department

E. Winiers Mabry, MD
Director

(704) 432-3199

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

[illegible] Sarah Ann Stephens [illegible]
Number Street Town
(Or Parcel Number)

[illegible]
Property Owner (print name)

[signature]
Property Owner (signature)

3/29/17
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/29/17	**Amount:**	100.00
Receipt #:	105094	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X43382
Contractor: GRANDE CUSTOM HOMES
Attn:
Address: PO BOX 5309
Address:
City/State/Zip: CHARLOTTE, NC 28299

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14242 SARAH ANN STEPHENS DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
4,151.28	2,075.29				

374046

Please release the hold to build the pool house, but do not release the CO Hold for the main house until I receive the Consultant Letter. 4/3/17/JR Thanks, Jeremy

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30008544** GWS File #: **5344B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- The permitted system design requires a pressure manifold with varying tap diameters and/or pipe schedules. The contractor should review the specification detail provided by the system designer prior to bidding the project.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone REHS

Date Issued: 10/11/2016

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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Authorized Agent: Jeremy Michelone

Signature: [signature]

Date Issued: 10/11/2016

Owner/Legal Agent: J Scott Kennedy

Print Name

Signature: J. Scott Kennedy

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30008544** GWS File #: **5344B** Tax Parcel #: **013-221-18**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 10/11/2021

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 5 # Occupants: 10

Building Foundation: Crawl Space Water Supply: Other Springs

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	17	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 10/11/2016