FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

Paid 200 7/3/01 CK # 3977 RP

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4682B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~4732102~~ PO 004-321-02

STREET ADDRESS: Ranson Rd. Huntersville

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

- [ ] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [X] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 2946

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
  - [ ] ON SLAB
  - [X] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [ ] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [ ] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [ ] NO	DESIGNATED WETLANDS	[ ] YES [ ] NO
EASTMENTS OR RIGHT-OF-WAYS	[X] YES [ ] NO		

PROPERTY OWNER:

NAME: Ranson Joe B
(LAST) (FIRST) (MI)

ADDRESS: 14309 Ranson Rd.

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) ~~992-0681~~ 875-6635

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Sharp Mike M.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704 992-0681 (h)

704-386-6318 (w)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/1/75 Deed Book 0110 pg 171

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Mike M Sharp DATE: 7-01-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

DATE: 8/3/2001

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: HUNT

File# 4682B

009-321-02

PARCEL NUMBER

14825 Ranson Rd

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

n/a

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	_____ APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	_____ APPROVED	____NOT APPROVED
4. COMERCIAL 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:

new single family

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 FORMAS OBSOLETE
___ NEW ADDRESS
REVISED 1/91

SIGNED: _____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 009-321-02
Lot #: N/A
File #: 4682B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Joe B. Ranson
Applicant: Mike M. Sharpe
Address: 14309 Ranson Rd., Huntersville
Date Evaluated: 7/23/01
Proposed Facility: *residence*
Design Flow (.1949): 480gpd
Property Size: Approx. I.0 acre inv.
Location of Site: Ranson Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (In:)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (In:)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	>48	N/A	NONE	PS, IV
		4-48	SBK/C	FI/SEXP/S/P					.3GAI/FT^2/DAY
2	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESSS	>48	N/A	NONE	PS, IV
		3-48	SBK/C	FI/SEXP/S/P					.3GAL/FT^{2}DAY
3	LS, 8	0-5	CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	>41	N/A	NONE	PS, IV
		5-41	SBK/C	FI/SEXP/S/P					.3GAL/FT^{2}DAY
4	LS, 8	0-2	GR/CL	FR/SEXP/SS/SP	>26" TO SOIL WETNESS	26	N/A	NONE	US, IV
		2-20	SBK/C	FI/SEXP/S/P					.15GAL/FT^{2}DAY
		20-26	SBK/CL	FR/SEXP/SS/SP					
5	LS, 8	0-2	GR/CL	FR/SEXP/SS/SP	>24" TO SOIL WETNESS	24	N/A	NONE	US, IV
		2-12	SBK/C	FI/SEXP/S/P					.15GAL/FT^2/DAY
		12-24	SBK/CL	FR/SEXP/SS/SP					
6	LS, 8	0-3	GR/CL	FR/SEXP/SS/SP	>37" TO SOILWETNESS	37	N/A	NONE	PS, IV
		3-29	SBK/C	FI/SEXP/S/P					.3GAL/FT^{2}DAY
		29-37	SBK/CL	FR/SEXP/SS/SP					
7	LS, 6	0-2	GR/CL	FR/SEXP/SS/SP	>36" TO SOILWETNESS	36	N/A	NONE	PS, IV
		2-24	SBK/C	FI/SEXP/S/P					.3GAL/FT^{2}DAY
		24-36	SBK/CL	FR/SEXP/SS/SP					
8	LS, 5	0-2	GR/CL	FR/SEXP/SS/SP	>35" TO SOIL WETNESS	35	N/A	NONE	PS, IV
		2-29	SBK/C	FI/SEXP/S/P					.3GAL/FT^{2}DAY
		29-35	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GAL/FT^{2}DAY	.3GAL/FT^2/DAY

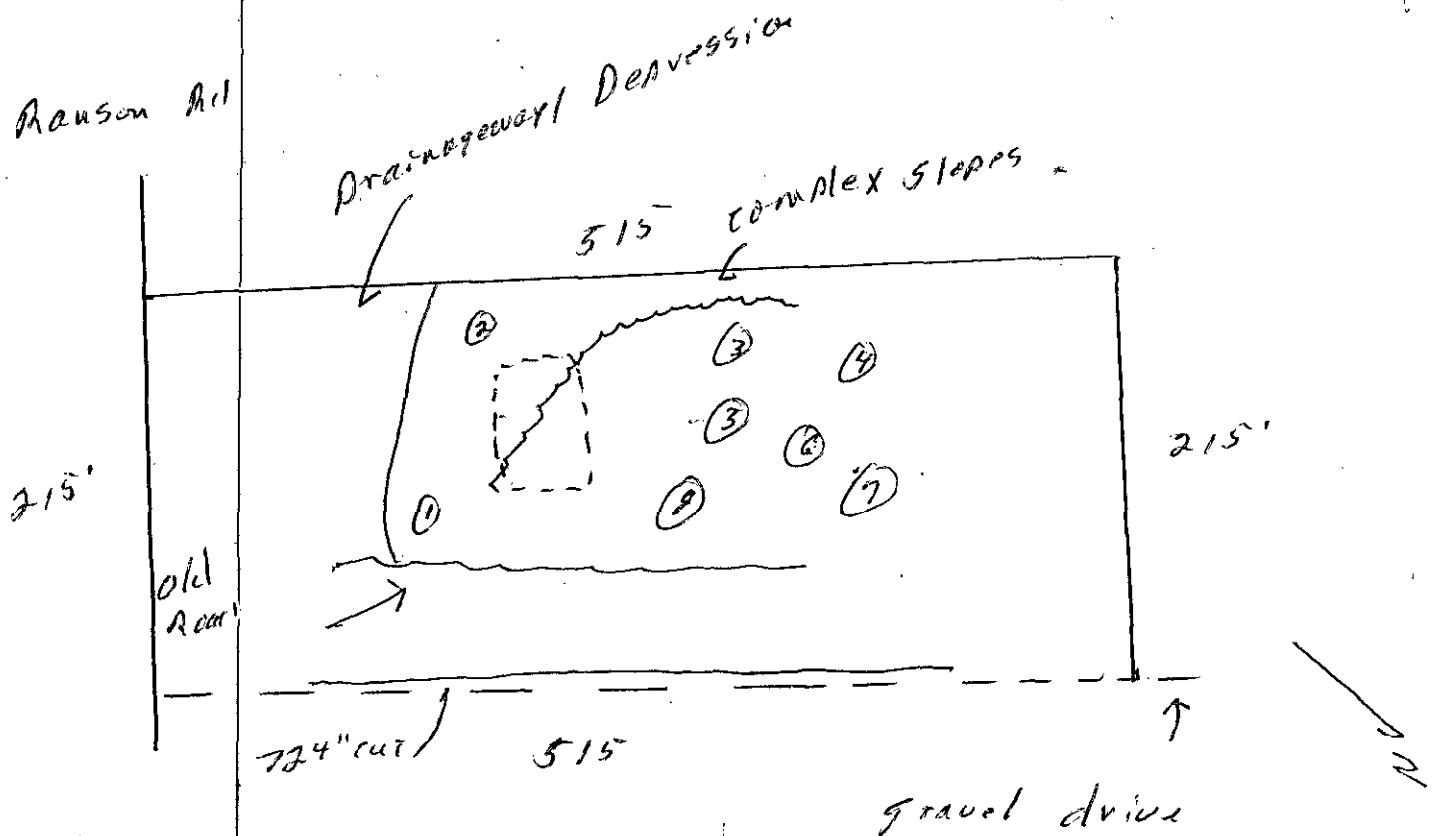
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. MARLIN, LSS, 7/23/01 W. R. Marlin
Others Present:

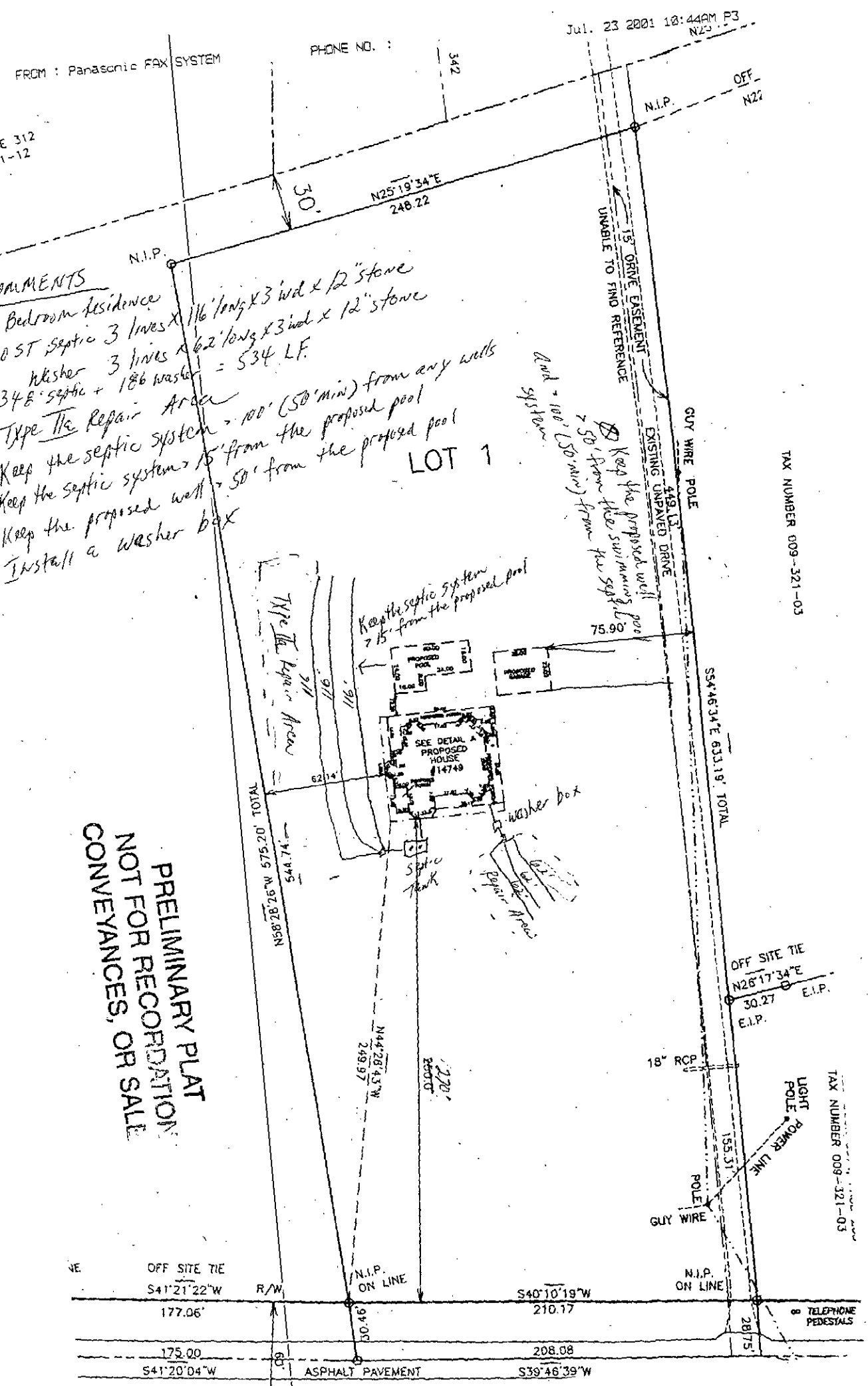
FILE # 46028

COMMENTS 100% Repair, Mg sulfate

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	





COMMENTS

Bedroom residence
OST Septic 3 lines x 116' long x 3' wid x 12" stone
Washer 3 lines x 62' long x 3' wid x 12" stone
348' Septic + 186 Washer = 534 L.F.
Type IIa Repair Area
Keep the septic system > 100' (50' min) from any wells
Keep the septic system > 15' from the proposed pool
Keep the proposed well > 50' from the proposed pool
Install a washer box

PRELIMINARY PLAT
NOT FOR RECORDATION
CONVEYANCES, OR SALE

Permit Number: 4682B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: PO 00932102

The 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.

Basement	___ Yes	✓ No	___ Partial Basement

Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1610 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	536 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep the septic system > 15' from the proposed pool. Keep the septic system >100' (50' min) from any wells.

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-P ___ IWWS-93-2 ___ IWWS-94-1

1610 Absorption Area (Sq ft) 536 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Phillip S. Walker RS. 7/26/01
DEHNR Authorized Agent — Date

x Mike Sharp 7/26/01
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

NC 8

FEE: 300
DATE: 8/29/01

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 7/26/01

PERMIT NO: 4682B
PARCEL NO: 009 321 02

JOB LOCATION ADDRESS: 14825 Ranson Rd
PROPERTY OWNER: Joe B. Ranson (pros buyer Mike Sharpe)
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phil A Walker DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4682B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

x Mike Sharp 7/26/01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

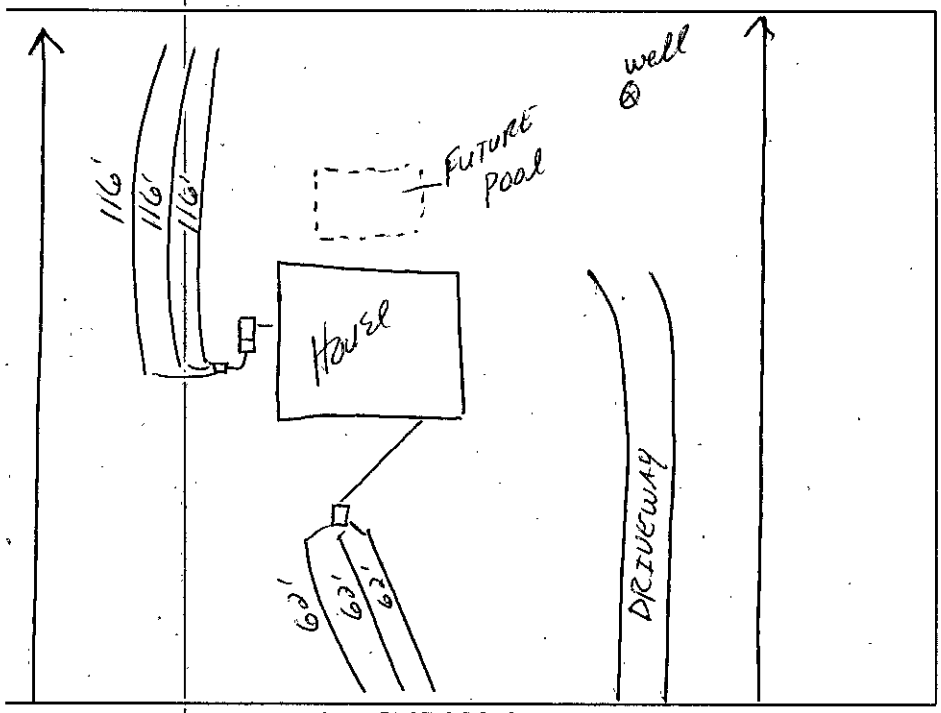
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4682B DATE: 3/8/02

TC: 009-321-02 PE X

SERIAL Nº 18856

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 7/01/01. All work shall be completed on or before 4/8/02, 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
RANSON ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 535' feet

Number of Lines (3x116')(3x60')

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Mike Sharp

LOCATION OF PROPERTY 14825 Ranson Road

Comments: Four Bedroom Residence

Install 3 lines x 116' x 3' x 12" Stone for Septic System

Install 3 lines x 60' x 3' x 12" Stone for Washer system

Type II Conventional System

Jenny P. Mehlin RS
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4682B DATE: 3/15/02

TC: 009-321-02 P/ L CRT

SERIAL Nº 18839

Name of Owner Mike Sharp Juris.:

Address of Property 14825 Ranson Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 3 3 at 60' @ 111, 120, 120

Cover Depth 12"

Water Supply Source well

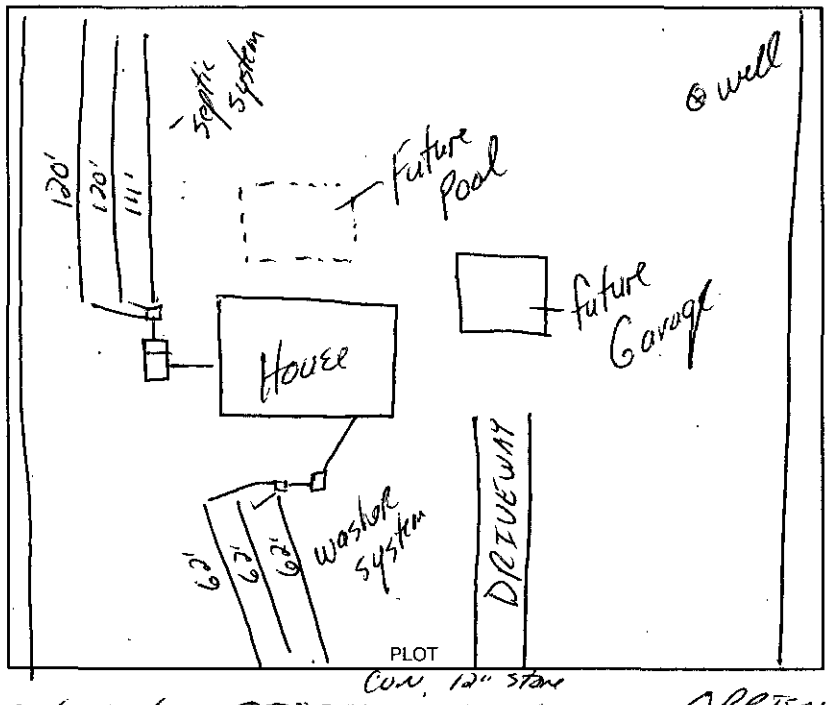
Distance to Water Source >100'

Excavation Inspected 3/15/02

Tank(s) Inspected 3/15/02

Wash Line Inspected 3/15/02

High Water Alarm Inspected NA



Design 1500 ST, 1053 SFT Septic System, 558 SFT washer system CTR# ORRISON

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- [X] installed or constructed
- [ ] in accordance with the permit issued
- [X] altered or repaired
- [X] as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

- [ ] Certificate of Completion
- [X] 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Four Bedroom System

3 lines x (111, 120, 120) septic system, 3 lines x 60' washer system

Type II Conventional System

Tammy P. Mecklin R.S.
Environmental Health Specialist

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

4682B

MECKLENBURG COUNTY HEALTH DEPARTMENT

App # 7204

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: JC Builders Inc.
ADDRESS: 3514 McKee Rd.
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 704 543-3742
ALTERNATE PHONE: 704 309-2872
E-MAIL: JCARR@JCBuilders.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: William Egan
ADDRESS: 14825 Rawson Rd.
CITY: Montezuma
STATE: NC ZIP: 27078
PHONE: 908-461-2061
ALTERNATE PHONE:
E-MAIL: Began157@MSN.com

JOB LOCATION INFORMATION
TAX PARCEL #: 009 32115
STREET ADDRESS: 14825 Rawson Rd.
CITY: Charlotte
STATE: NC ZIP: 28278 27078

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: 3-4
NUMBER OF OCCUPANTS: 3

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 JC Builders 12/8/14 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

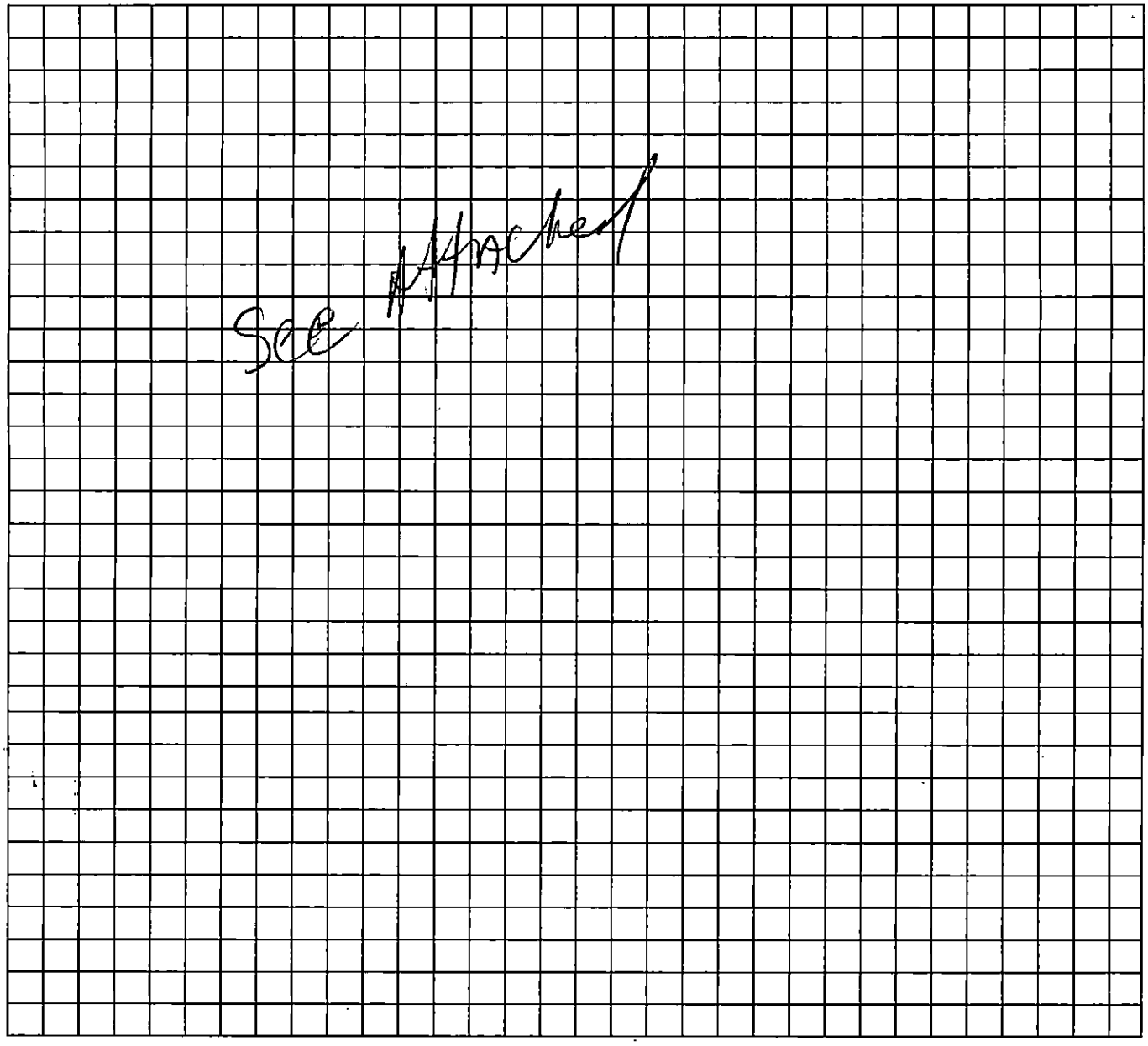
Revised on: 01/03/11

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: 14825 Ranson Rd. Tax Parcel #: 00932115



*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

O.K. TO USE FOR A DETACHED GARAGE

REHS Signature — Date 12/16/14

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

WDC

* SHADED AREAS FOR DEPARTMENT USE ONLY. DATA FORMS OF CHARLOTTE, INC. 81083*

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 14825 STREET NAME Ranson Rd. (AV,RD,ST, etc)

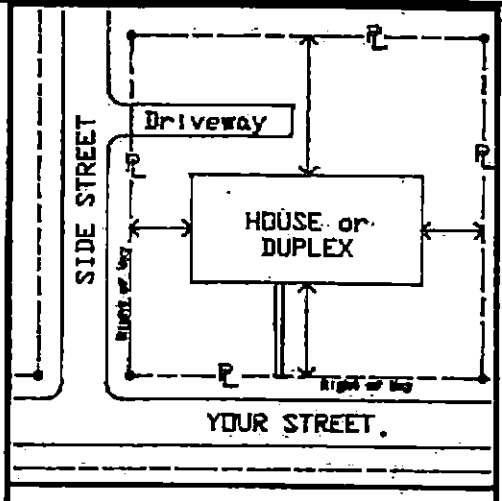
SUITE/UNIT(S):

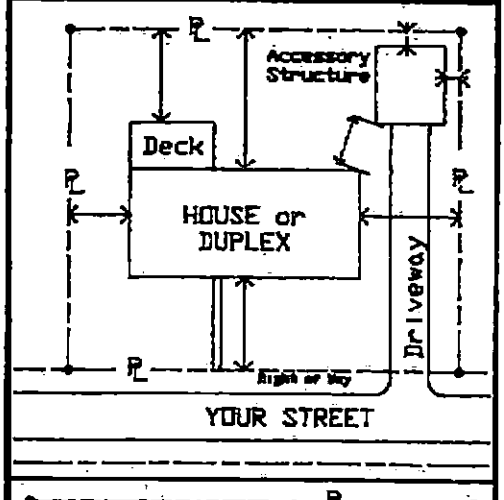
PERMIT # B2125099

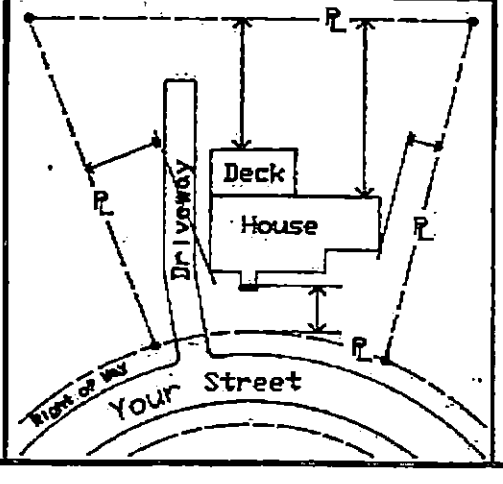
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☑ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 00932115 JOB #

EXAMPLES / PLOT PLAN





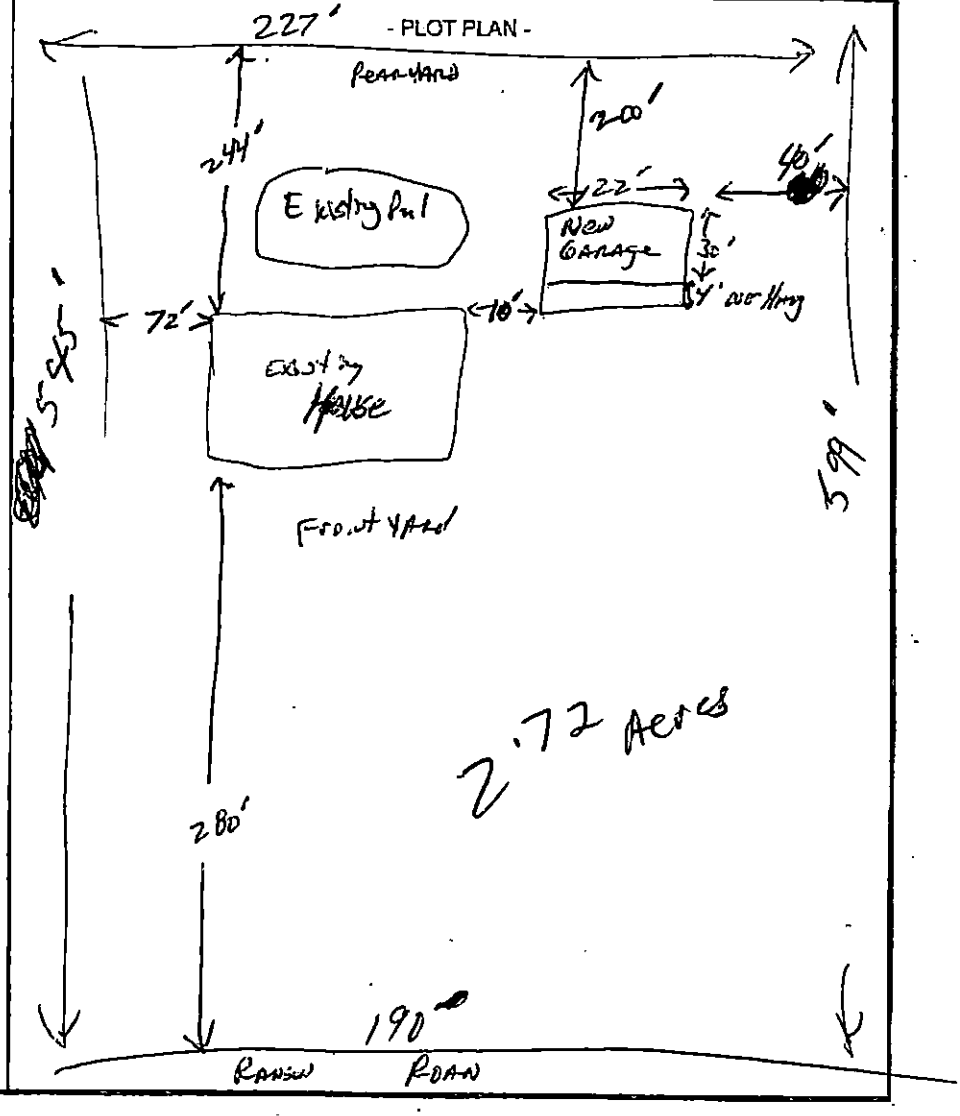


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

JcBuilders 12/1/14 James Carr 08 12/6/14

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/08/14
Receipt #: 91862
Check / Auth #: CHARGE
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X43597
Contractor: J C BUILDERS INC
Attn:
Address: 3514 MCKEE RD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14825 Ranson Rd		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					