Kim Gantt

1634B

14 FEB '19 PM 12:43

#10175

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: Bob Wilson - Wilson Hill Construction
ADDRESS: 19701 Bethel Church Rd, Ste 103-162
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 400-0522
ALTERNATE PHONE: (803) 210-6876
E-MAIL: WilsonHillConstruction@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Todd Brown
ADDRESS: 15818 E Rocky River Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 00723109
STREET ADDRESS: 15818 E Rocky River Rd
CITY: Davidson
STATE: NC ZIP: 28036

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
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

02/14/2019
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: 15818 E Rocky River Rd, Davidson, NC 28036 Tax Parcel #: 00723109

SEE ATTACHED DRAWING

*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

_____

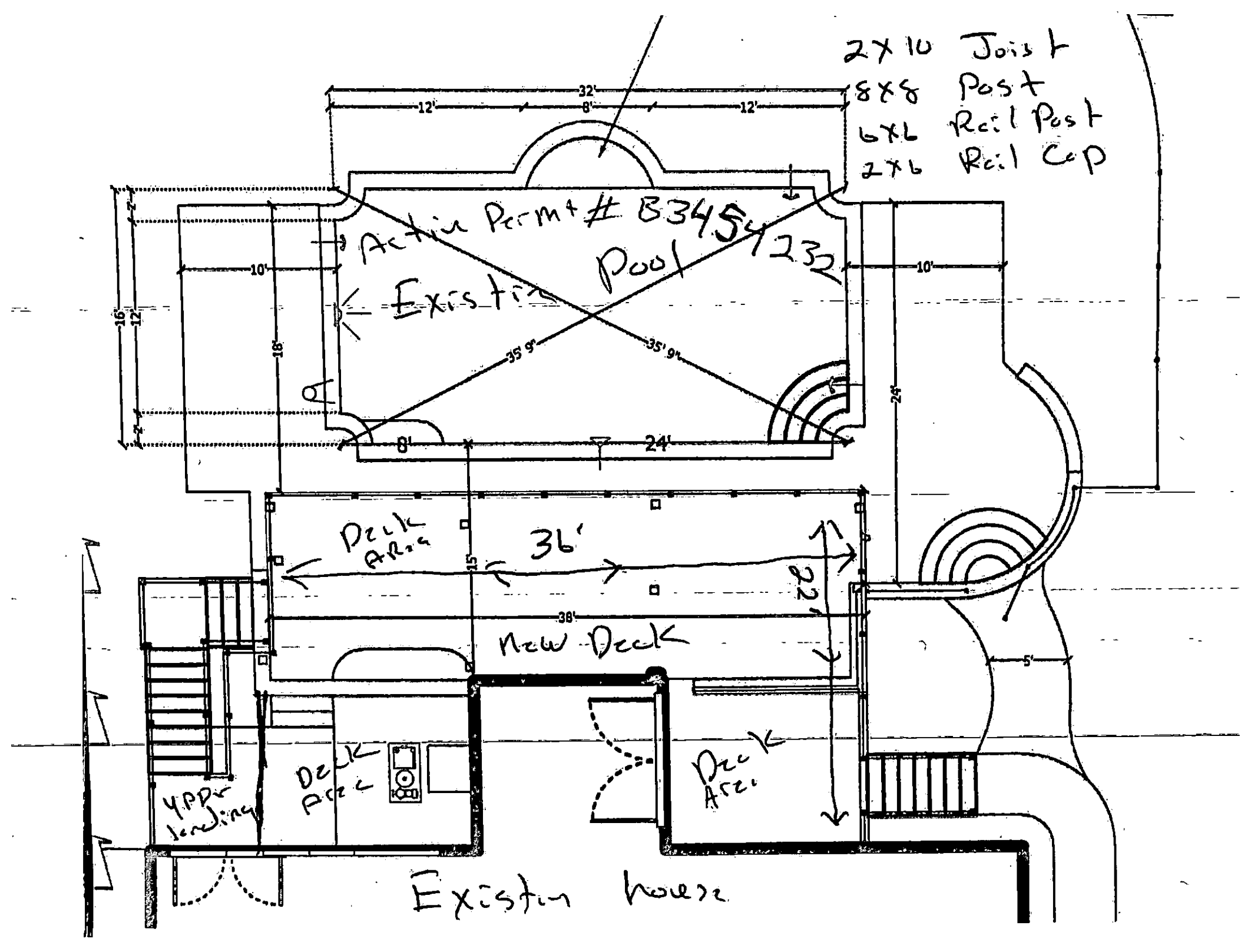
_____

REHS Signature _____ 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




2X10 Joist
8X8 Post
6X6 Rail Post
2X6 Rail Cap
32'
12'
8'
12'
Active Permit # B345423
Existing Pool
10'
10'
16'
12'
18'
35' 9"
35' 9"
24'
8'
24'
Deck Area
36'
15'
22'
38'
New Deck
5'
Upper landing
Deck Area
Deck Area
Existing house

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

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

15818 E Rocky River Rd, Davidson
Number Street Town
(Or parcel Number)

Todd Brown
Property Owner (print name)

Property Owner (signature)

2-14-2018
Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

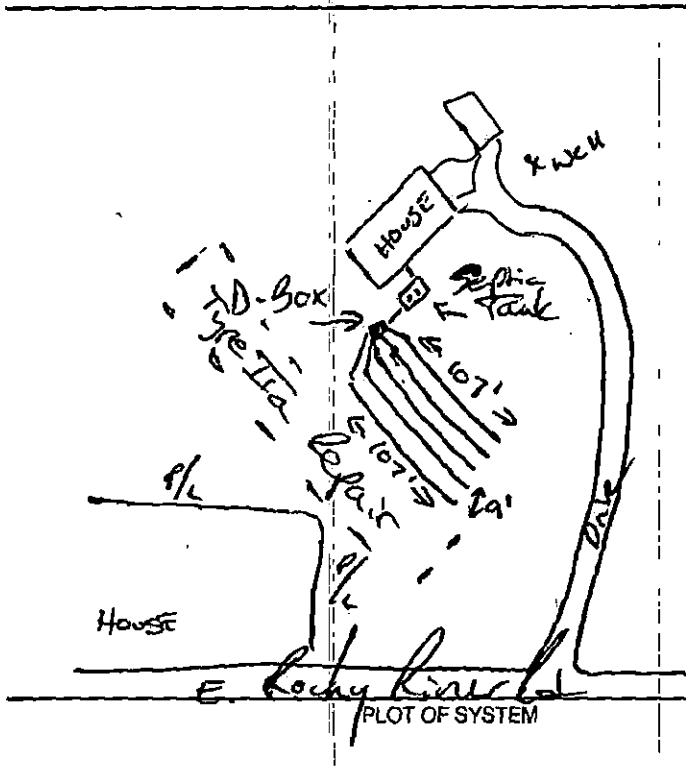
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1634 B DATE: 8-12-98

TC: 007-231-09 P9 L

SERIAL Nº 17581

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 9-17-96. All work shall be completed on or before 9-12-98, 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 _____ 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 535 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Todd R Brown

LOCATION OF PROPERTY 15818 East Rocky River Road

Comments: Typ. Tie 4 bedrooms
5) 3'w x 24" deep x 12" Stone x 107'L

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

Sent 2/19/15

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it back to 704-336-6894 or mail it to 700 N Tryon St, Suite 211, Charlotte NC 28202 or email it to: WellReg@MeckNC.gov

CONTACT INFORMATION	
NAME	Wilson Hill Construction LLC
MAILING ADDRESS	19701 Bethel Church Rd, Ste #103-162 Cornelius NC 28031
PHONE NUMBER	704-400-0522
EMAIL ADDRESS	WilsonHillConstruction@gmail.com
PERMITTING ADDRESS	15818 Rocky River Rd
REFUND AMOUNT	100.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

Signature _____ Date _____

CUSTOMER REFUND REQUEST FORM

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REFUND AMOUNT	100.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

There was an inspection for same thing a month ago for Superior Pools (permit #B3454232) We are replacing a deck between the home and underconstruction pool. We are not necessarily looking for a refund, just want the permit to be active so we can begin construction.

Signature

Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/14/19
Receipt #: 115162
Check / Auth #: CHARGE
Received By: ABDUSAI

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X54205
Contractor: WILSON HILL CONST LLC
Attn:
Address: 19701 BETHEL CHURCH ROAD
Address: SUITE 103-162
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15818 E ROCKY RIVER RD		1	100.00	100.00

Outstanding Balances

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