MECKLENBURG COUNTY
HEALTH DEPARTMENT

93063 App# 7804

1 OCT '15 PM12:44

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: ALBERT BUTTRISS
ADDRESS: 1153 WILLHAVEN DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28211
PHONE: 704 - 701 - 6784
ALTERNATE PHONE:
E-MAIL: bbuttriss@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 18511113
STREET ADDRESS: 1153 WILLHAVEN DR.
CITY: CHARLOTTE NC
STATE: NC ZIP: 28211

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

10/1/2015
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

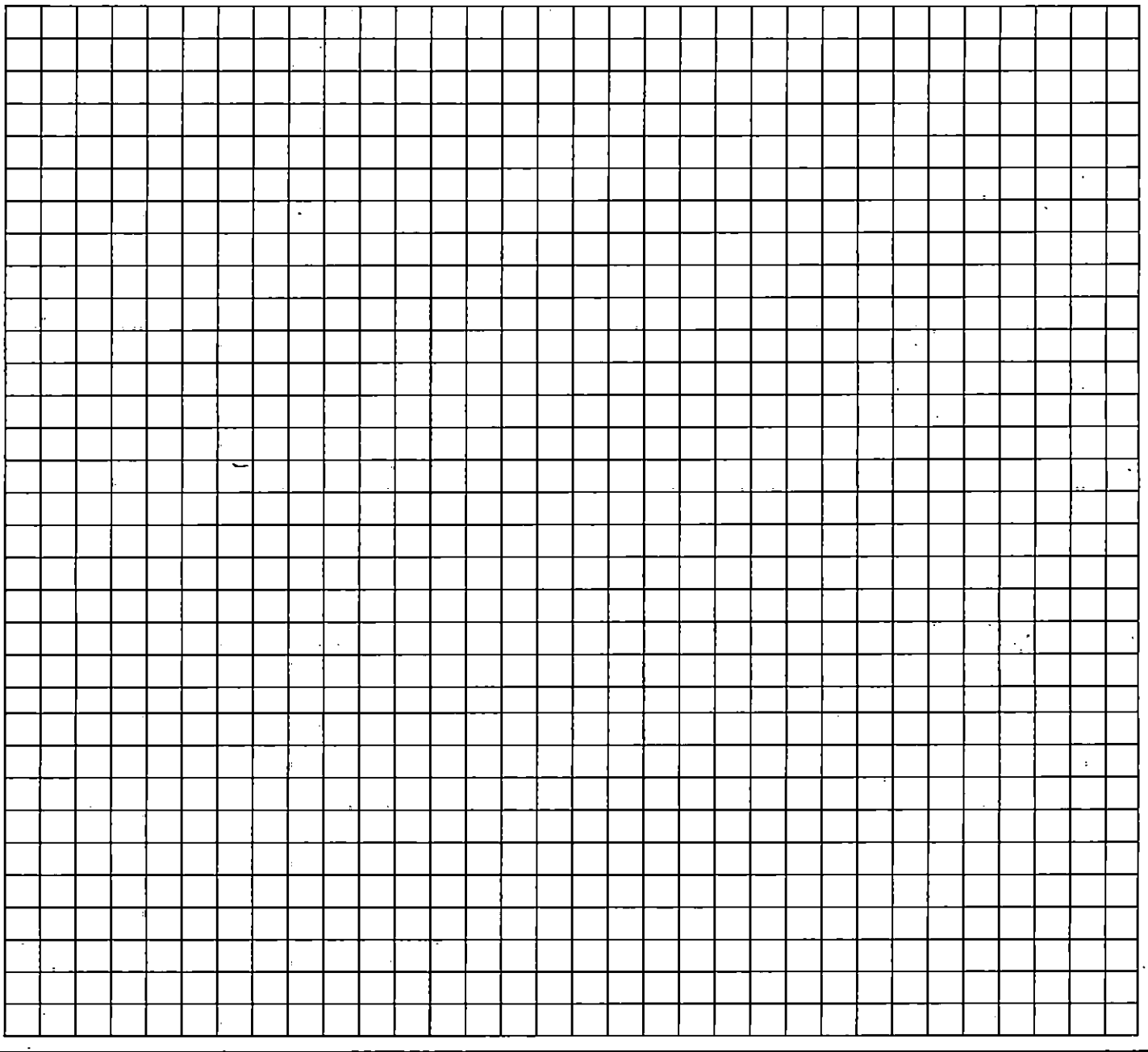
Revised on: 01/03/11

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: _____ Tax Parcel #: _____



*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:

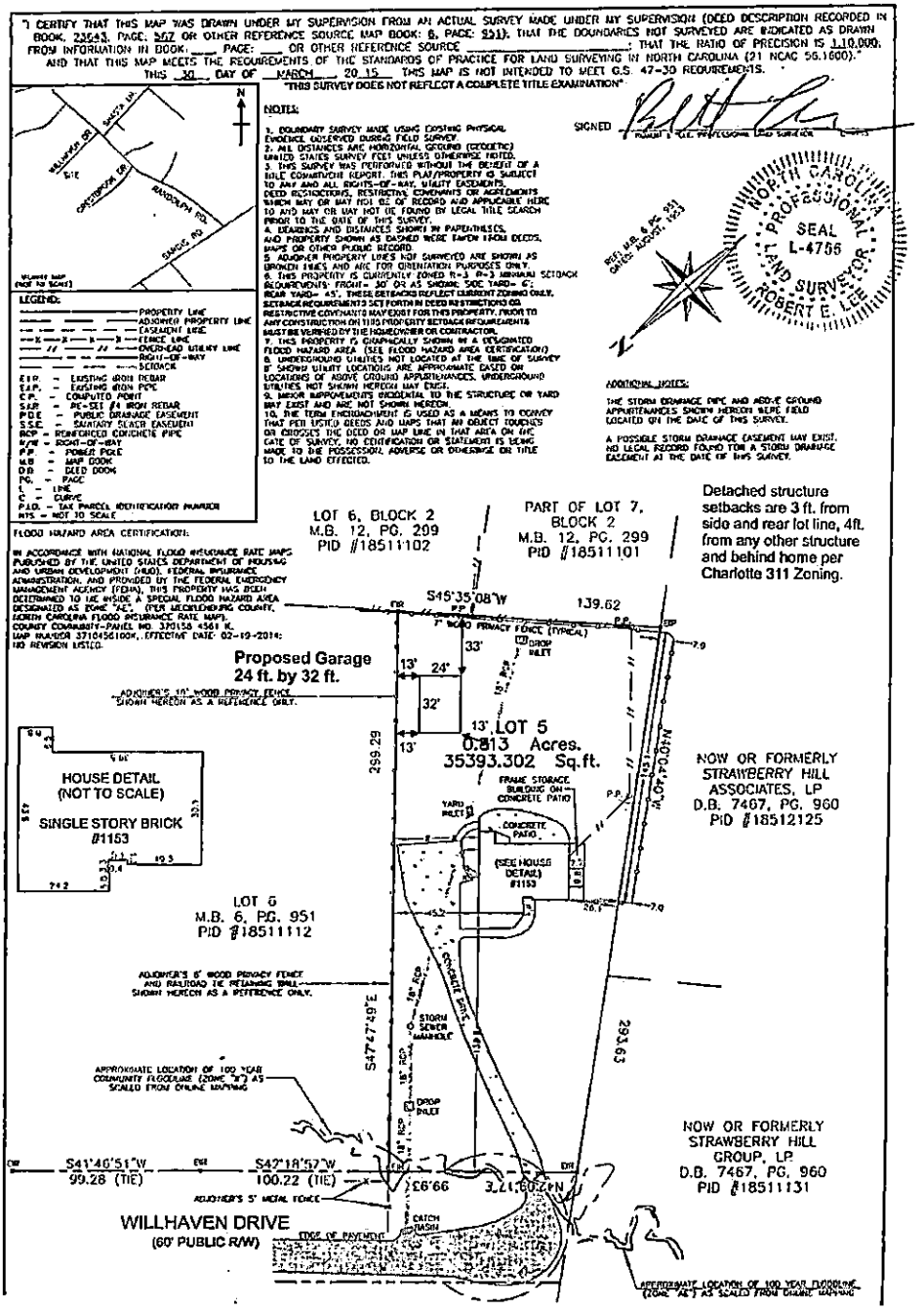
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approved as noted.
Jacob Presley
REHS Signature
10-2-15
Date

The septic system is in front of house, tank near steps and sidewalk

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


I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK, 23543, PAGE, 567 OR OTHER REFERENCE SOURCE MAP BOOK: 6, PAGE: 951); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK: ___ PAGE: ___ OR OTHER REFERENCE SOURCE ___; THAT THE RATIO OF PRECISION IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600)." THIS 30 DAY OF MARCH, 20 15. THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 REQUIREMENTS.
"THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINATION"
SIGNED
NOTES:
1. BOUNDARY SURVEY MADE USING EXISTING PHYSICAL EVIDENCE OBSERVED DURING FIELD SURVEY.
2. ALL DISTANCES ARE HORIZONTAL GROUND (GEODETIC) UNLESS OTHERWISE NOTED.
3. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE COMMITMENT/REPORT. THIS PLAT/PROPERTY IS SUBJECT TO ANY AND ALL RIGHTS-OF-WAY, UTILITY EASEMENTS, DEED RESTRICTIONS, RESTRICTIVE COVENANTS OR AGREEMENTS WHICH MAY OR MAY NOT BE OF RECORD AND APPLICABLE HERE TO AND MAY OR MAY NOT BE FOUND BY LEGAL TITLE SEARCH PRIOR TO THE DATE OF THIS SURVEY.
4. BEARINGS AND DISTANCES SHOWN IN PARENTHESES, AND PROPERTY SHOWN AS DASHED WERE TAKEN FROM DEEDS, MAPS OR OTHER PUBLIC RECORD.
5. ADJOINER PROPERTY LINES NOT SURVEYED ARE SHOWN AS BROKEN LINES AND ARE FOR ORIENTATION PURPOSES ONLY.
6. THIS PROPERTY IS CURRENTLY ZONED R-3 (R-3 MINIMUM SETBACK REQUIREMENTS: FRONT= 30' OR AS SHOWN; SIDE YARD= 6'; REAR YARD= 45'. THESE SETBACKS REFLECT CURRENT ZONING ONLY. SETBACK REQUIREMENTS SET FORTH IN DEED RESTRICTIONS OR RESTRICTIVE COVENANTS MAY EXIST FOR THIS PROPERTY. PRIOR TO ANY CONSTRUCTION ON THIS PROPERTY SETBACK REQUIREMENTS MUST BE VERIFIED BY THE HOMEOWNER OR CONTRACTOR.
7. THIS PROPERTY IS GRAPHICALLY SHOWN IN A DESIGNATED FLOOD HAZARD AREA (SEE FLOOD HAZARD AREA CERTIFICATION)
8. UNDERGROUND UTILITIES NOT LOCATED AT THE TIME OF SURVEY.
9. SHOWN UTILITY LOCATIONS ARE APPROXIMATE BASED ON LOCATIONS OF ABOVE GROUND APPURTENANCES. UNDERGROUND UTILITIES NOT SHOWN HEREON MAY EXIST.
10. MINOR IMPROVEMENTS INCIDENTAL TO THE STRUCTURE OR YARD MAY EXIST AND ARE NOT SHOWN HEREON.
11. THE TERM ENCROACHMENT IS USED AS A MEANS TO CONVEY THAT PER LISTED DEEDS AND MAPS THAT AN OBJECT TOUCHES OR CROSSES THE DEED OR MAP LINE IN THAT AREA ON THE DATE OF SURVEY. NO DEFINITION OR STATEMENT IS BEING MADE TO THE POSSESSORY, ADVERSE OR OTHERWISE OR TITLE TO THE LAND EFFECTED.
WILLMAR MAP (NOT TO SCALE)
WELLSPRING DR
SANDY LN
SITE
CHESTERTOWN DR
RANDOLPH RD
SANDY RD
LEGEND:
PROPERTY LINE
ADJOINER PROPERTY LINE
EASEMENT LINE
FENCE LINE
OVERHEAD UTILITY LINE
RIGHT-OF-WAY
SETBACK
E.I.P. - EXISTING IRON REBAR
E.I.P. - EXISTING IRON PIPE
C.P. - COMPUTED POINT
S.I.R. - RE-SET #4 IRON REBAR
P.D.E. - PUBLIC DRAINAGE EASEMENT
S.S.E. - SANITARY SEWER EASEMENT
RCP - REINFORCED CONCRETE PIPE
R/W - RIGHT-OF-WAY
P.P. - POWER POLE
M.B. - MAP BOOK
D.B. - DEED BOOK
PG. - PAGE
L - LINE
C - CURVE
P.I.D. - TAX PARCEL IDENTIFICATION NUMBER
N.T.S. - NOT TO SCALE
FLOOD HAZARD AREA CERTIFICATION:
IN ACCORDANCE WITH NATIONAL FLOOD INSURANCE RATE MAPS PUBLISHED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), FEDERAL INSURANCE ADMINISTRATION, AND PROVIDED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), THIS PROPERTY HAS BEEN DETERMINED TO LIE INSIDE A SPECIAL FLOOD HAZARD AREA DESIGNATED AS ZONE "AE". (PER MECKLENBURG COUNTY, NORTH CAROLINA FLOOD INSURANCE RATE MAP). COUNTY COMMUNITY-PANEL NO. 370158 4561 K. MAP NUMBER 3710456100K, EFFECTIVE DATE: 02-19-2014; NO REVISION LISTED.
ADDITIONAL NOTES:
THE STORM DRAINAGE PIPE AND ABOVE GROUND APPURTENANCES SHOWN HEREON WERE FIELD LOCATED ON THE DATE OF THIS SURVEY.
A POSSIBLE STORM DRAINAGE EASEMENT MAY EXIST. NO LEGAL RECORD FOUND FOR A STORM DRAINAGE EASEMENT AT THE DATE OF THIS SURVEY.
REF. M.B. 6, PG. 951 DATED: AUGUST, 1979
NORTH CAROLINA PROFESSIONAL SEAL L-4756 LAND SURVEYOR ROBERT E. LEE
LOT 6, BLOCK 2 M.B. 12, PG. 299 PID #18511102
PART OF LOT 7, BLOCK 2 M.B. 12, PG. 299 PID #18511101
Detached structure setbacks are 3 ft. from side and rear lot line, 4ft. from any other structure and behind home per Charlotte 311 Zoning.
S45°35'08"W 139.62
7' WOOD PRIVACY FENCE (TYPICAL)
DROP INLET
Proposed Garage 24 ft. by 32 ft.
13' 24' 32' 13'
ADJOINER'S 10' WOOD PRIVACY FENCE SHOWN HEREON AS A REFERENCE ONLY.
LOT 5 0.813 Acres. 35393.302 Sq.ft.
299.29
HOUSE DETAIL (NOT TO SCALE) SINGLE STORY BRICK #1153
NOW OR FORMERLY STRAWBERRY HILL ASSOCIATES, LP D.B. 7467, PG. 960 PID #18512125
FRAME STORAGE BUILDING ON CONCRETE PATIO
YARD INLET
CONCRETE PATIO
(SEE HOUSE DETAIL #1153)
LOT 6 M.B. 6, PG. 951 PID #18511112
ADJOINER'S 6' WOOD PRIVACY FENCE AND RAILROAD TIE RETAINING WALL SHOWN HEREON AS A REFERENCE ONLY.
S47°47'49"E
CONCRETE DITCH
STORM SEWER MANHOLE
18" RCP
APPROXIMATE LOCATION OF 100 YEAR COMMUNITY FLOODPLAIN (ZONE "AE") AS SCALED FROM ONLINE MAPPING
DROP INLET
S41°46'51"W 99.28 (TIE)
S47°18'57"W 100.22 (TIE)
NOW OR FORMERLY STRAWBERRY HILL GROUP, LP D.B. 7467, PG. 960 PID #18511131
ADJOINER'S 5' METAL FENCE
WILLHAVEN DRIVE (60' PUBLIC R/W)
EDGE OF PAVEMENT
CATCH BASIN
APPROXIMATE LOCATION OF 100 YEAR FLOODLINE (ZONE "AE") AS SCALED FROM ONLINE MAPPING

UPS Tracking
1Z 1-473956151 9

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/01/15	**Amount:**	100.00
Receipt #:	96276	**Tendered:**	100.00
Check / Auth #:	VISA 001609	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: BUTTRISS, ALBERT JR
Attn:
Address: 1153 WILLHAVEN DR
Address:
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 1153 WILLHAVEN DR		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	370.00				

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
ALBERT BUTTRISS JR

Bill To:

ALBERT BUTTRISS JR
1153 WILLHAVEN DR

Charlotte, NC 28211

Single Payment

Transaction Date: 10/01/2015 8:44 AM Pacific Time
Pay Method: VISA **********4319
Approval #: 001609
Trace Number: 07a75f81-4d39-415f-ba31-affc2bb42ec9
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☒ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 LE 10/1/15 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

4306 B ~~A306B~~ #9944

10 OCT '18 AM11:00

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: Albert Buttriss
ADDRESS: 1153 Willhaven Drive
CITY: Charlotte
STATE: NC ZIP: 28211
PHONE: 704-701-6784
ALTERNATE PHONE:
E-MAIL: bbuttriss@mac.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Albert Buttriss
ADDRESS: 1153 Willhaven Drive
CITY: Charlotte
STATE: NC ZIP: 28211
PHONE: 704-701-6784
ALTERNATE PHONE:
E-MAIL: bbuttriss@mac.com

JOB LOCATION INFORMATION
TAX PARCEL #: 18511113
STREET ADDRESS: 1153 Willhaven Drive
CITY: Charlotte
STATE: NC ZIP: 28211

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: 2
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 replacement residence

*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

2018-10-9
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

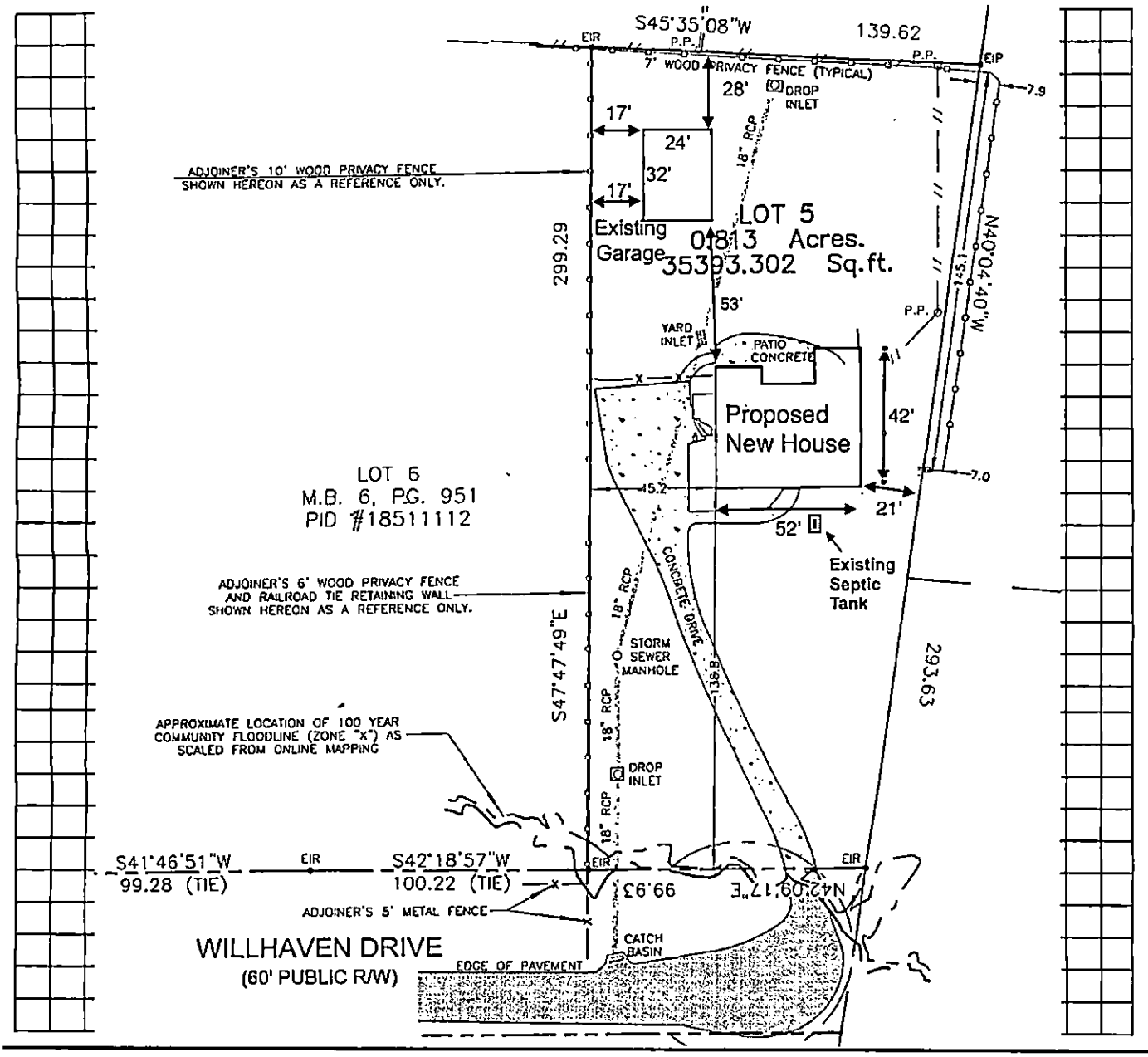
Revised on: 4/20/17

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: 1153 Willhaven Drive Tax Parcel #: 18511113



"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

Approved/OK to replace house - Detached garage is not to be used as a bedroom. House needs to be 5ft of tank.

REHS Signature Date 10-15-18

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/10/18	**Amount:**	100.00
Receipt #:	113363	**Tendered:**	100.00
Check / Auth #:	VISA 010223	**Returned:**	0.00
Received By:	ABDUSAL		

Account Information

Account #:	200000
Contractor:	BUTTRISS, ALBERT
Attn:	
Address:	1153 WILLHAVEN DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 1153 WILLHAVEN DR		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
ALBERT BUTTRISS

Bill To:

ALBERT BUTTRISS
1153 WILLHAVEN DR.

Charlotte, NC 28211

Single Payment

Transaction Date: 10/10/2018 10:06 AM Pacific Time
Pay Method: VISA **********1597
Approval #: 010223
Trace Number: e811dcc3-dd39-4664-87ec-771833f958e8
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.