MECKLENBURG COUNTY
HEALTH DEPARTMENT

1888A #8766

14 FEB '17 PM 3:38

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: SCOTT GARNER
ADDRESS: 1718 EAST BLVD
CITY: CHARLOTTE
STATE: NC ZIP: 28203
PHONE: (704) 333-1051
ALTERNATE PHONE: (704) 451-7857
E-MAIL: SCOTT@GARNER-BROWN.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: HUNTERSVILLE FIRE DEPARTMENT
ADDRESS: 110 S OLD STATESVILLE RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: (704) 815-3563
ALTERNATE PHONE: (704) 609-0448
E-MAIL: mauten@huntersvillefd.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00902204
STREET ADDRESS: 15600 BEATTIES FORD RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078

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:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: FIRE STATION
EMPLOYEES PER SHIFT: 4
OF SHIFTS: 2.0

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 DAY ROOM

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.

Scott Garner
Owner's/Agent's Signature

2·13·17
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

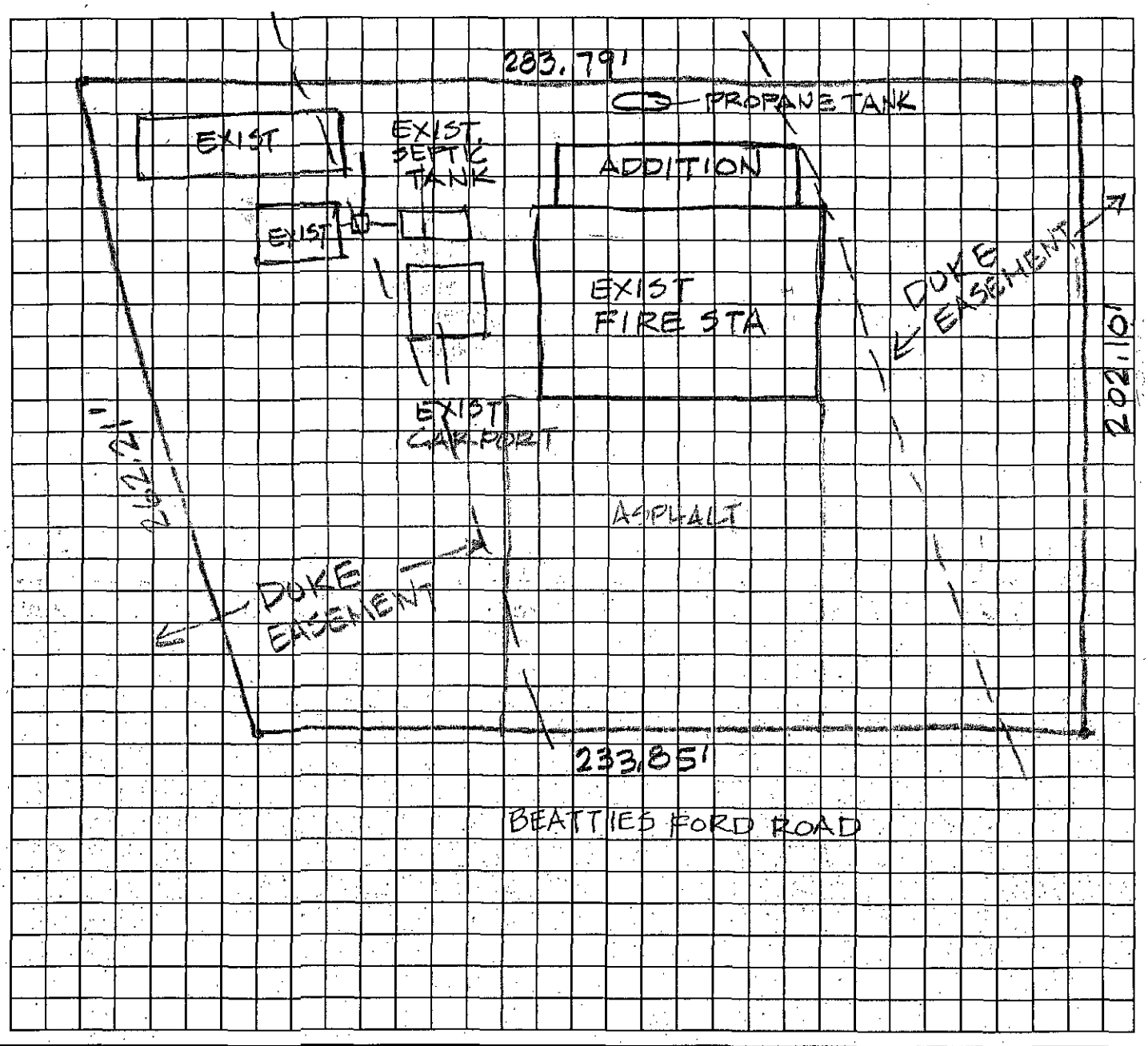
Revised on: 01/03/11

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: 15600 BEATTIES FORD RD HUNTERSVIL Tax Parcel #: 00902204



*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

OK TO USES TO ADD Sleeping Rooms & A Day Room For The Fire Hall

REHS Signature Date

Tracy Mack REHS 2/20/17

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

Huntersville Fire Department
P.O Box 471

Huntersville, North Carolina 28070
704-875-3563 Fax 704-948-8597

February 10, 2017

Jeremy Michelone,

The Huntersville Fire Department will not be adding additional staff to fire station 2 as was confirmed at the inception of planning for this project in May of 2016. The staffing will remain the same and is being reconfirmed as of this writing.
Please let me know should you have any additional questions.

Regards,

Mark Auten

Mark Auten
Deputy Fire Chief
Huntersville Fire Department

Notarized by: Beverly P. Brown
on: February 10, 2017

My Commission expires: December 20, 2019

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/14/17	**Amount:**	100.00
Receipt #:	103901	**Tendered:**	100.00
Check / Auth #:	CHECK 8590	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: GARNER BROWN ARCHITECT PA
Attn:
Address: 1718 EAST BLVD
Address:
City/State/Zip: CHARLOTTE, NC 28203

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15600 BEATTIES FORD RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	20.00				



15600 BEATTIES FORD RD

00902204

7/13/2007

duponbj

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

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

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7888A Permit #: 2140 Tax Parcel #: 009-022-04

Property Owner: CLEAD FIRE & RESCUE

Job Location Address: 15600 BATTLES FORD ROAD

City: HENDERSONVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/5/07 Contractor Name: WELL CHRISTENSBURY

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: EXIST. gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 4/5/07

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 240 feet

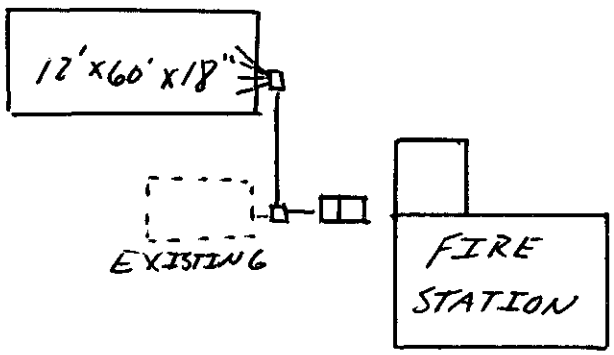
# of Lines: 4 @ 60 feet

Depth of Media: 18 inches (Type) STONE

Depth of Cover: 18 inches

Distribution Device: D-130X

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

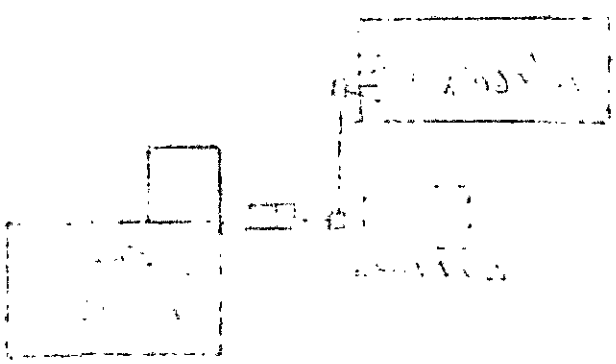
Distance from Water Supply Source: >100' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: II CONVENTIONAL SYSTEM

DENR Authorized Agent: Jeremy Micholas, R.S. Signature: Jeremy Micholas, R.S.



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

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7888A Permit #: _____ Tax Parcel #: 005-022-04

Property Owner: GILEAD FIRE DEPT. (FIRE & RESCUE)

Job Location Address: 15600 Beatties FORD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 4/4/07

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before ASAP, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 12 feet

Total line length: 240 feet

# of Lines: 4 @ 60 feet

Depth of Media: 18 inches (Type) STONE

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

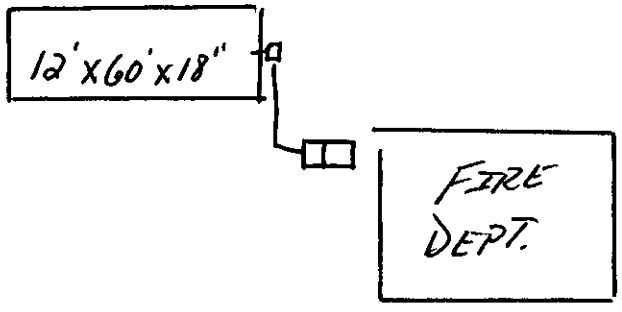
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

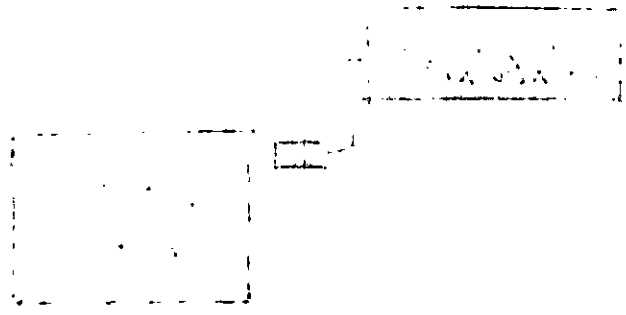
Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II Conventional System

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson, R.S.



EHS 05

Reviewer KR

7089 A County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	*Is System design consistent with soil/site conditions?*										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 REPAIR

Commercial

FILE NUMBER: 7888A

Revised On: January 3, 2007

APPLICATION NUMBER: 2140

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A ~~RESIDENTIAL SITE~~ IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 009-022-04
STREET ADDRESS: 15600 Brothers Ford Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: 1967
LOT #: LOT SIZE (acres):
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☑ OTHER Fire Station
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 2-3 Fireman on Duty
NUMBER OF OCCUPANTS: limited
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ ~~N/A~~
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☑ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ ~~NO~~
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ ~~NO~~	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ ~~NO~~
EASEMENTS OR RIGHT-OF-WAYS	☑ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ ~~NO~~

10. PROPERTY OWNER:
NAME: Gilead Fire & Rescue
ADDRESS: 15600 Brothers Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704-875-6266
MOBILE PHONE: FAX: 704-875-6659

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS: Same.
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? MARCH 1967
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Gary E. Reagan Asst Chief 4/4/2007
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

TW 3/31/92 0096339 Project # 07699633 R460

Pd. 25.00 Cash 11-29-91 HB3

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)

FILE: 7888 A

TC: 009-022-04

SERIAL: №0020070

☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 15600 (STREET NO.) BEATTIES FORD (STREET) RD. ② FILE:

③ JURISDICTION: HUNTERSVILLE ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: GILEAD VOL. FIRE DEPT. (FIRST) CHIEF RICKY D. (MIDDLE) REAGAN (LAST)

⑨ MAILING ADDRESS: 15600 BEATTIES FORD RD

⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 336 3765 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) BUILDING ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms?

㉓ Maximum occupancy?

㉔ Basement? ☐ yes ☐ no

㉑ ☐ Business or place of public assembly

㉕ Type? VOLUNTEER FIRE DEPT.

㉖ Maximum number of employees?

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Robert E. Bolen 523-0628

Date: 11-29-91

IMPROVEMENT PERMIT

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 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Use existing system ✓

Philo L. Walker, 12/4/91
Environmentalist Date

Kelly Randall, 12-5-91
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County Health Dept.
Environmental Health Division
700 N. Tryon Street
Charlotte, NC 28202

Mecklenburg County also offers environmental health services in Spanish

PID: 085-06-[illegible]
11-27-91
MG

PLAN REVIEW FOR ON-SITE WASTEWATER SYSTEM

SERIAL: NE-[illegible]

PIN: [illegible]

PUBLIC WATER SUPPLY

① ADDRESS: [illegible] ② FILE:

③ SUBDIVISION: ④ LOT: ⑤ BLOCK:

⑥ SUBDIVISION: ⑦ TAX PARCEL NO.:

⑧ NAME: (OWNER) (APPLICANT) (BUILDER)

⑨ MAILING ADDRESS:

⑩ CITY: ⑪ STATE: ⑫ ZIP:

⑬ PHONE: (WORK) (HOME)

This request is for a(n):

⑭ ☐ New permit

⑮ ☐ Repair or alteration permit

⑯ ☐ Other (specify)

⑰ ☐ Authorization to modify between existing

Property will serve:

⑱ ☐ Residence ⑲ ☐ Mobile home

⑳ Number of bedrooms?

㉑ ☐ Business or place of public assembly

㉒ Type?

㉓ Maximum number of employees?

㉔ Maximum number of seats?

㉕ Source and: ☐ yes ☐ no

㉖ Maximum occupancy?

㉗ Water supply from (present or proposed):

A. ☒ Individual well

B. ☐ Municipal system

C. ☐ Community well

D. ☐ Community system

㉘ The undersigned owner of the property described above as the SUBJECT PROPERTY has read the foregoing application, acknowledges that [illegible] and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed [illegible] Date 11-27-91

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the location contained in this document. This approval is granted in accordance with the provisions of the Rules For Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the restrictions and requirements.

No work shall be conducted on the septic tank system until an installation Construction, Alteration and/or Repair permit is issued by this Department.

This permit is not transferable and shall become null and void 60 months from the date of issuance.

[illegible]
Environmentalist Date

[illegible]
Director or Authorized Representative Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized person as given by law.

TW

Pd 25.00
CASH
11-29-91
HB

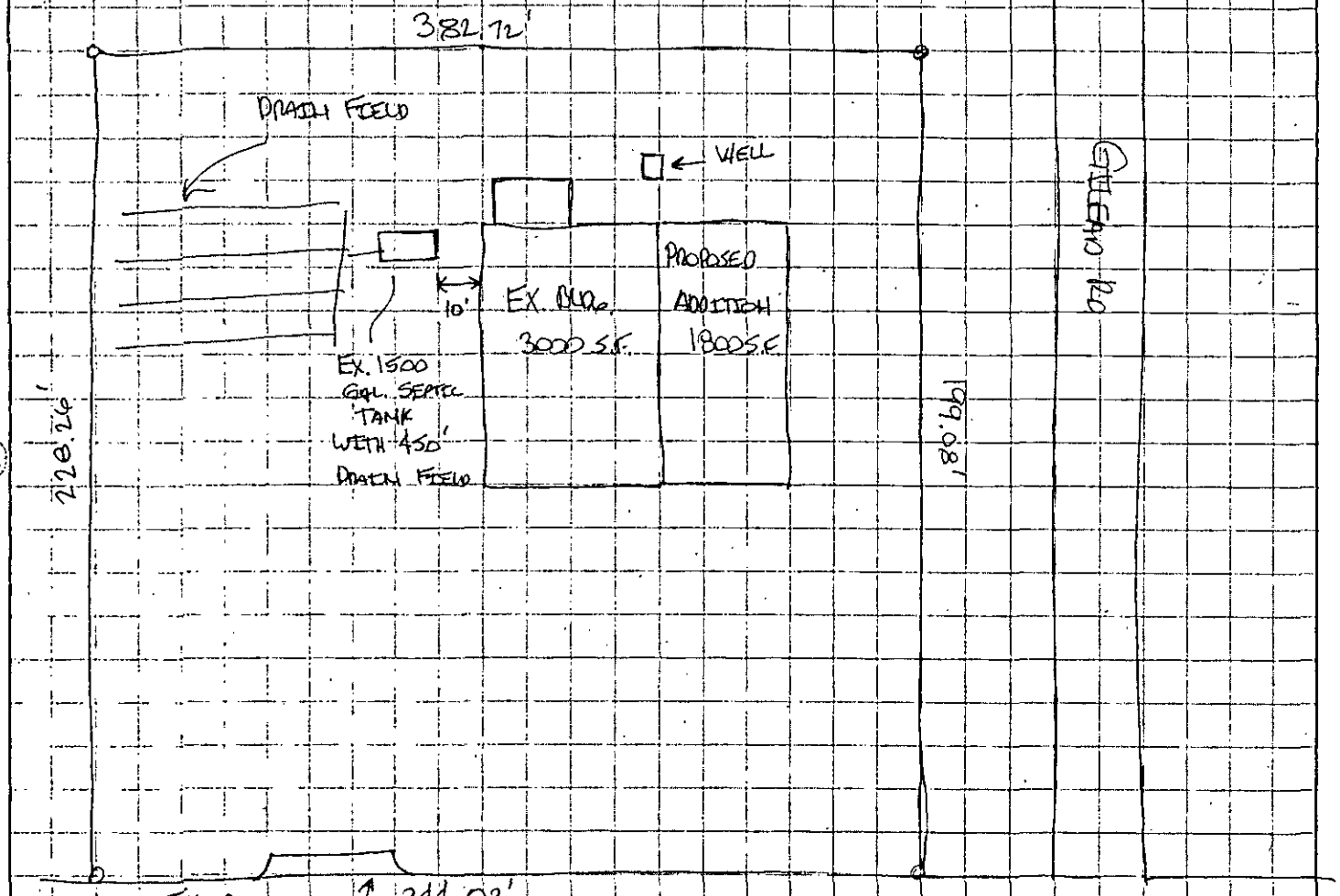
PROPOSED PLOT PLAN

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

FILE: 7888 A

TC: 009-022-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 12/4/91 RSW

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy