SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 SF 8/04/20 Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

6880B

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11500

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

JOB LOCATION INFORMATION
TAX PARCEL #: 13903313
STREET ADDRESS: 8305 Slippery Creek LANE
CITY: Mint Hill
STATE: NC ZIP: 28227

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Anthony + Sandra Foster
ADDRESS: 8305 Slippery Creek Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 202 841 3009
ALTERNATE PHONE:
E-MAIL:

SUBDIVISION OR MOBILE HOME PARK NAME: Stone Bridge Subdivision
LOT #: 12

WATER SUPPLY: City water
● 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 Office + theatre Room + Workout 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.

JC Builders Inc 8/4/20
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

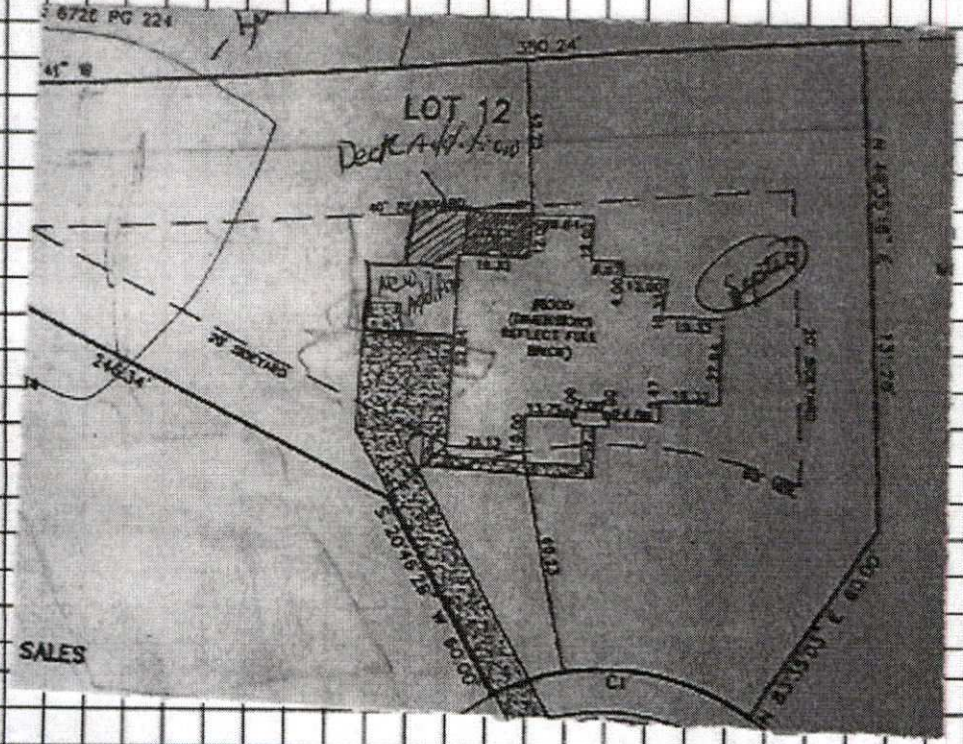
* Approved. Proposed addition is >100 ft off the Septic drain fields. 8/5/20
-Braedon Shelton

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: 8305 Skipper Creek Ln 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.
- 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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

File # 6880B

✓ T. THOMASON
1-4-07

Design Specifics

Daily Design Flow:	480 GPD – 4 bedroom house
Septic Tank Size:	1500 gallons (2 compartments)
Pump Tank Size:	1000 gallons (one piece)
Effluent Loading Rate:	Design = 0.3 GPD per sq. ft.
Supply Length and Diameter:	Approx. 200 ft. of 2 in. Sch. 40 PVC (please see note at the bottom of this page.)
Number and Size of Laterals:	(6) 1 1/4 inch x varying lengths (1) at 30 feet, (2) at 45 feet (3) at 50 feet
Hole Size:	5/32 inch
Hole Spacing:	1 per panel = ~~59~~ 60 total
Number of Panels:	~~59~~ 60
Dosing Volume:	216 ~~212.40~~ gallons per dose
Flow Rate Through System:	24.6 ~~24.19~~ gallons per minute
Elevation Head:	19 feet (may vary, please see note at the bottom of this page)
Pressure Head:	2 feet
Pump Requirements:	26.19 GPM at 21 Feet TDH (2 GPM added for vapor lock)
Depth of Water Pumped:	10.11" check with individual tank manufacturer (1 cu. Ft. of water equals 7.5 gal.)
Pump Run:	8.78 minutes
Check Valve:	Yes
Vapor Lock Hole:	Yes

* Please note that supply line and elevation head measurements are approximate. It is the contractor's responsibility to confirm these values based upon the actual house and plumbing location. If there is a discrepancy, contact the system designer prior to beginning construction.

File 6880B

PPBPS Design Worksheet				File #:	6880B
				Tax #:	139-033-13
System Requirements				Address:	8305 Slippery Creek Lane
Design Flow	480	gpd			Charlotte, NC 28227
LTAR	0.300	gpd/ft.^2		Consultant:	Larry Thompson
Linear footage	533	ft. (conventional)		Phone:	704-301-4881
Linear footage	267	ft. (50% Reduction)			
				Reviewed By:	T. THOMASON
Design Layout				Date:	1-4-07
Laterals	Length (ft)	# Panels			
Line # 1	30	~~6~~ 7	* 7 PANELS REQUIRED FOR A 30 FT. LINE		
Line # 2	45	10			
Line # 3	45	10			
Line # 4	50	11			
Line # 5	50	11			
Line # 6	50	11			
Totals	270	~~59~~ 60			
Absorption Area					
Length (ft)	Width (ft)	Area (ft^2)			
270	3	810			
System Pressure Head	2	ft.	Value selected by system designer (must be between 2-5 ft.)		
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)		
Flow Rate per Orifice	0.41	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)		
Total System Flow Rate	X 24.19	gpm	Total number of panels required multiplied by the orifice flow rate		24.6 GP.
System Dose Volume	X 212.40	gal.	Total number of panels required multiplied by 3.6 gal./panel		216 GAL
Pump Run Time	8.78	min.	System dose volume divided by the total system flow rate		
Pump Tank Drawdown	X 10.11	in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch		10.29 "

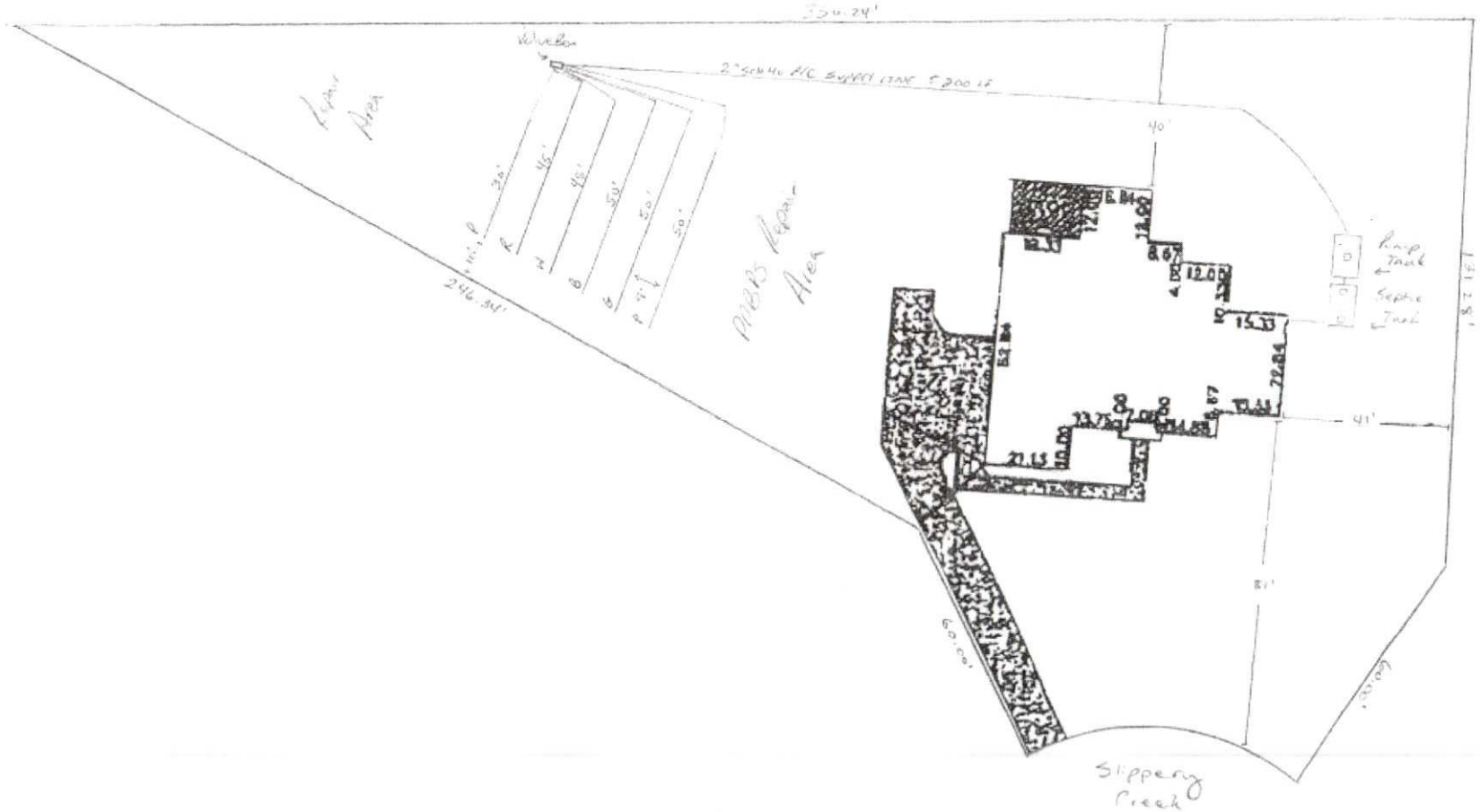
Comments:

1. Install system using 3 ft. wide trenches.
2. Install drainlines on 9 ft. centers, level, and on contour.
3. System design requires effluent pump for distribution.
4. 100% repair area (PPBPS) required for property.

T & J Panels
Linear Feet
50
60
70
80
90
100

File
6850B

Stonebridge at Point Hill
LOT 12
Scale 1" = 30'



MECKLENBURG COUNTY
Health Department

E. Winters 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 James Carr is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

8305 Slippery Creek Ln Mint Hill NC 28227
Number Street Town
(Or Parcel Number)

Anthony Foster
Property Owner (print name)

Property Owner (signature)

Aug 4, 2020
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/04/20
Receipt #: 123430
Check / Auth #: VISA 056032
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: JAMES CARR
Attn:
Address: 3514 MCKEE RD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 8305 SLIPPERY CREEK LN		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Bill To:

JAMES CARR

Single Payment

Transaction Date:	08/04/2020 9:09 AM Pacific Time
Pay Method:	VISA **********7015
Approval #:	056032
Trace Number:	e8cd1ad7-567b-43b8-a620-e0c9fd4f6cd5
Amount:	$100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.