File # 9220B

Permit # 8339

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

1 JUL '16 PM 2:00

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: GERARD J. REID
ADDRESS: 13844 FOXLYN TRAIL CT
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 704-562-4811
ALTERNATE PHONE: 704-367-5609
E-MAIL: greid@shelcollc.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 01942129
STREET ADDRESS: 15820 MAC WOOD 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: 2
NUMBER OF OCCUPANTS: 4

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 Rebuilding home

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

6/23/16
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

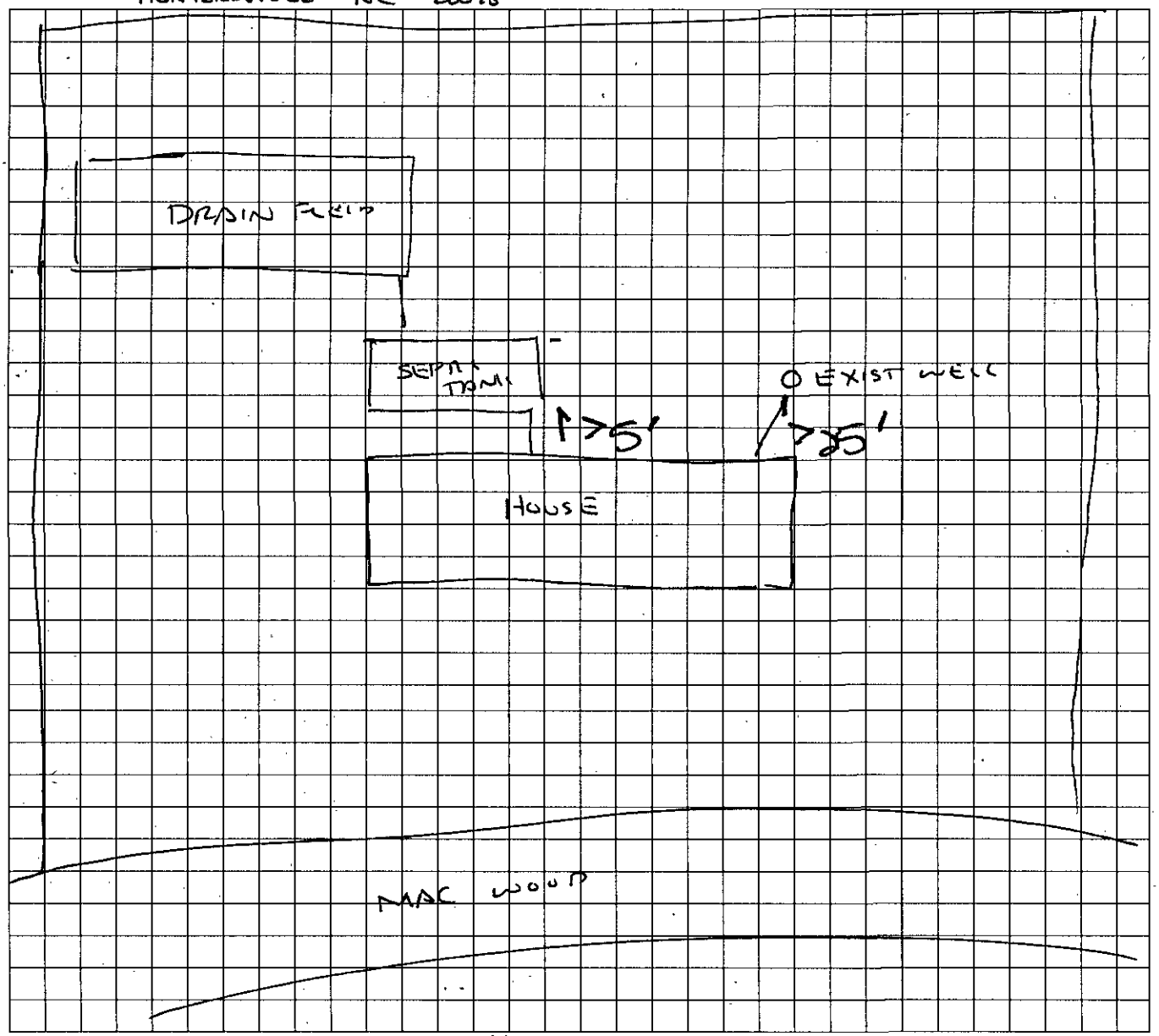
Revised on: 01/03/11

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: 15820 MAC WOOD RD HUNTERSVILLE NC 28078 Tax Parcel #: 01942129



*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

Project approved for 2-bedroom house. Must maintain 5' off septic tank & 25' off well.

REHS Signature Kim Barnett Date 7/19/16

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

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

15820 MAC WOOD HUNTERSVILLE
Number Street Town
(Or Parcel Number)

GERARD REID
Property Owner (print name)

Property Owner (signature)

6/28/16
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/01/16	**Amount:**	100.00
Receipt #:	100948	**Tendered:**	100.00
Check / Auth #:	CHECK 833	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: 200000
Contractor: GERARD J REID
Attn:
Address: 13844 FOXLYN TRAIL CT
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15820 MAC WOOD RD		1	100.00	100.00

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

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

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 7/1/16 RA 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. ☐ _____

File #9220B

Application # 7570

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)
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PERSON FILING APPLICATION:
NAME: GERARD J. REID
ADDRESS: 13844 FOXLYN TRAIL CT
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 704-562-4811
ALTERNATE PHONE:
E-MAIL: greid@shelcoLLC.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: GERARD & KAREN REID
ADDRESS: 15820 MAC WOOD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 704-562-4811
ALTERNATE PHONE:
E-MAIL: greid@shelcoLLC.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01942107
STREET ADDRESS: 15820 MAC WOOD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: N/A
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 RE BUILD EXIST HOME

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

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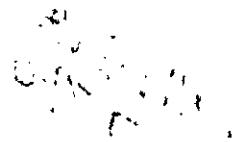
A. Reid
Owner's/Agent's Signature

6/11/15
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

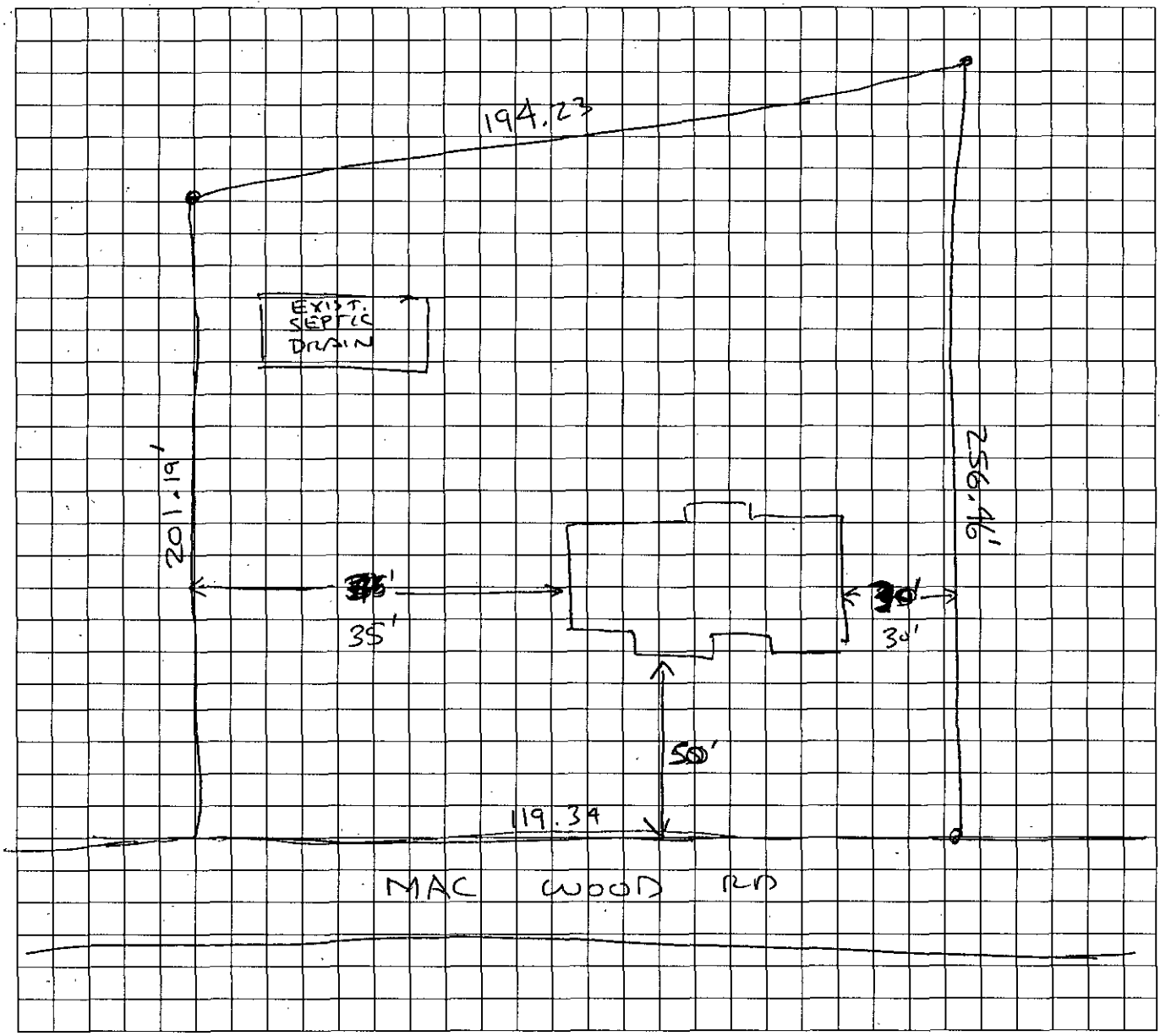


File #: _____

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: 15820 MAC WOOD RD Tax Parcel #: 019 42107



*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:

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- Addition/Renovation approval valid 1 year from issuance date
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_____

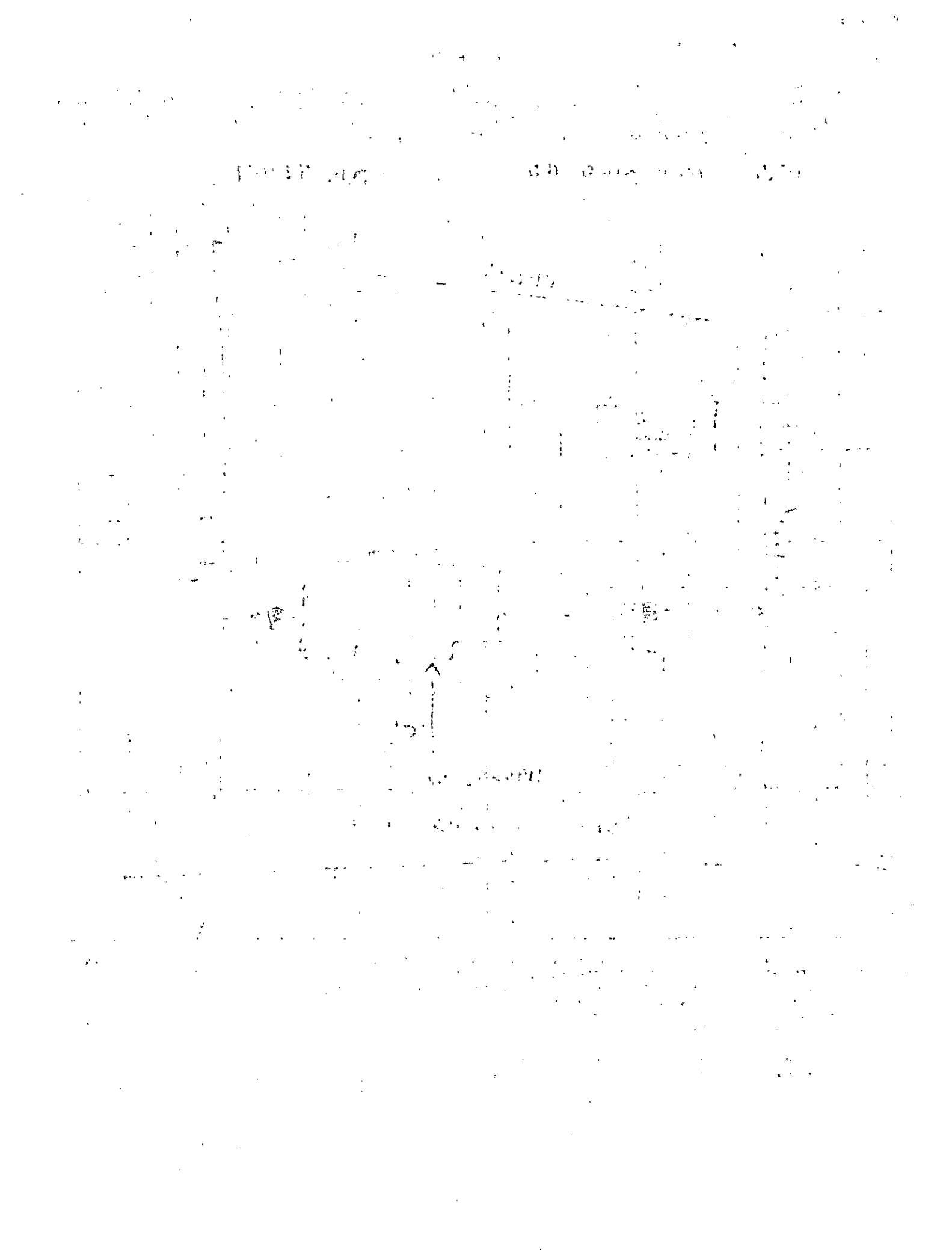
_____

_____ _____

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



Ellis, Loretta

From: Presley, Jacob
Sent: Thursday, June 30, 2016 9:42 AM
To: Ellis, Loretta
Cc: Michael, Jeremy
Subject: App 7572 - 15820 Mac Wood Rd

9770B

The applicants will be requesting a refund for this App. We haven't done any work on this one. It is ok to give them the refund.
Jeremy please remove the App 7572 from my list.

Thanks

Jacob Presley, LSS, REHS
Sr. Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services

Mobile (980) 721-2060
Office (704) 336-5440
Fax (704) 336-6894
CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/15/15	**Amount:**	100.00
Receipt #:	95065	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: NESTEL, MARK
Attn:
Address: 2320 CASCADE POINT BLVD., SUITTE 100
Address:
City/State/Zip: CHARLOTTE, NC 28208

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15820 MAC WOOD		1	100.00	100.00

Outstanding Balances

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

Ellis, Loretta

From: Buckner, Rhonda
Sent: Monday, June 22, 2015 3:22 PM
To: Ellis, Loretta
Subject: RE: Message from "RNP002673293916"

OK.

I just spoke with Mr. Reid and he said the garage application is no longer applicable. The new house application supersedes the garage application which they no long plan to build.

Let me know if you need anything else.

Rhonda

Rhonda W Buckner
Addressing and Land Records Manager
Mecklenburg County GIS
980-314-4605 Office
704-617-6034 Cell
704-336-7333 Fax
Rhonda.buckner@Mecklenburgcountync.gov

Please take a minute and rate my service http://checkbox.co.mecklenburg.nc.us/AddressingAndLandRecords.survey

-----Original Message-----
From: Buckner, Rhonda
Sent: Monday, June 22, 2015 3:09 PM
To: Ellis, Loretta
Subject: RE: Message from "RNP002673293916"

Hi Loretta,

The proposed plot plan submitted for the new house is going where the house that was 15820 Mac Wood Rd existed before it was torn down. The parcel number they are using is wrong. The shape and dimensions shown on the plot plan is for parcel ID 01942129 and not 01942130. I have updated the tax records to show the addresses on the new parcels. I have called Mr. Reid to see if I can determine where the garage is going but had to leave him a voice mail. I will let you know what I find out from him.

Let me know what else you might need at this time.

Thanks,
Rhonda

Rhonda W Buckner
Addressing and Land Records Manager
Mecklenburg County GIS
980-314-4605 Office
704-617-6034 Cell

704-336-7333 Fax
Rhonda.buckner@Mecklenburgcountync.gov

Please take a minute and rate my service http://checkbox.co.mecklenburg.nc.us/AddressingAndLandRecords.survey

-----Original Message-----
From: Ellis, Loretta
Sent: Monday, June 22, 2015 12:51 PM
To: Buckner, Rhonda
Subject: FW: Message from "RNP002673293916"

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
704-336-7291
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

-----Original Message-----
From: Ellis, Loretta
Sent: Monday, June 22, 2015 12:29 PM
To: Ellis, Loretta
Subject: Message from "RNP002673293916"

This E-mail was sent from "RNP002673293916" (Aficio MP C3501).

Scan Date: 06.22.2015 12:29:14 (-0400)
Queries to: donotreply@mecklenburg.nc.us