1582A

MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7300

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ☑ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 21703143

STREET ADDRESS: 13830 Appling Ln

CITY: Charlotte

STATE: NC **ZIP:** 28278

SUBDIVISION NAME: Appling Ridge

LOT #: _____ **LOT SIZE (acres):** _____

TOWNSHIP:

☑ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☑ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ☑ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ 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 (SEPTIC) 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
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES	☑ NO
WASTE STORAGE	○ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES	☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 03/06/2015 ☐ N/A

12. PROPERTY OWNER:

NAME: Daniel Charles Griffith
ADDRESS: 13830 Appling Ln
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: 980-202-2748
MOBILE PHONE: 704.497.1718
FAX: _____
E-MAIL: lollygagr@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

DG (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

David C. Griffith

Property Owner's or Owner's Legal Representative Signature

02/12/2015

Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ 0 DATE FEE RECEIVED: 2/12/15

APPLICATION PROCESSED BY: BA

GWS FILE NUMBER ASSIGNED: 1582A

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

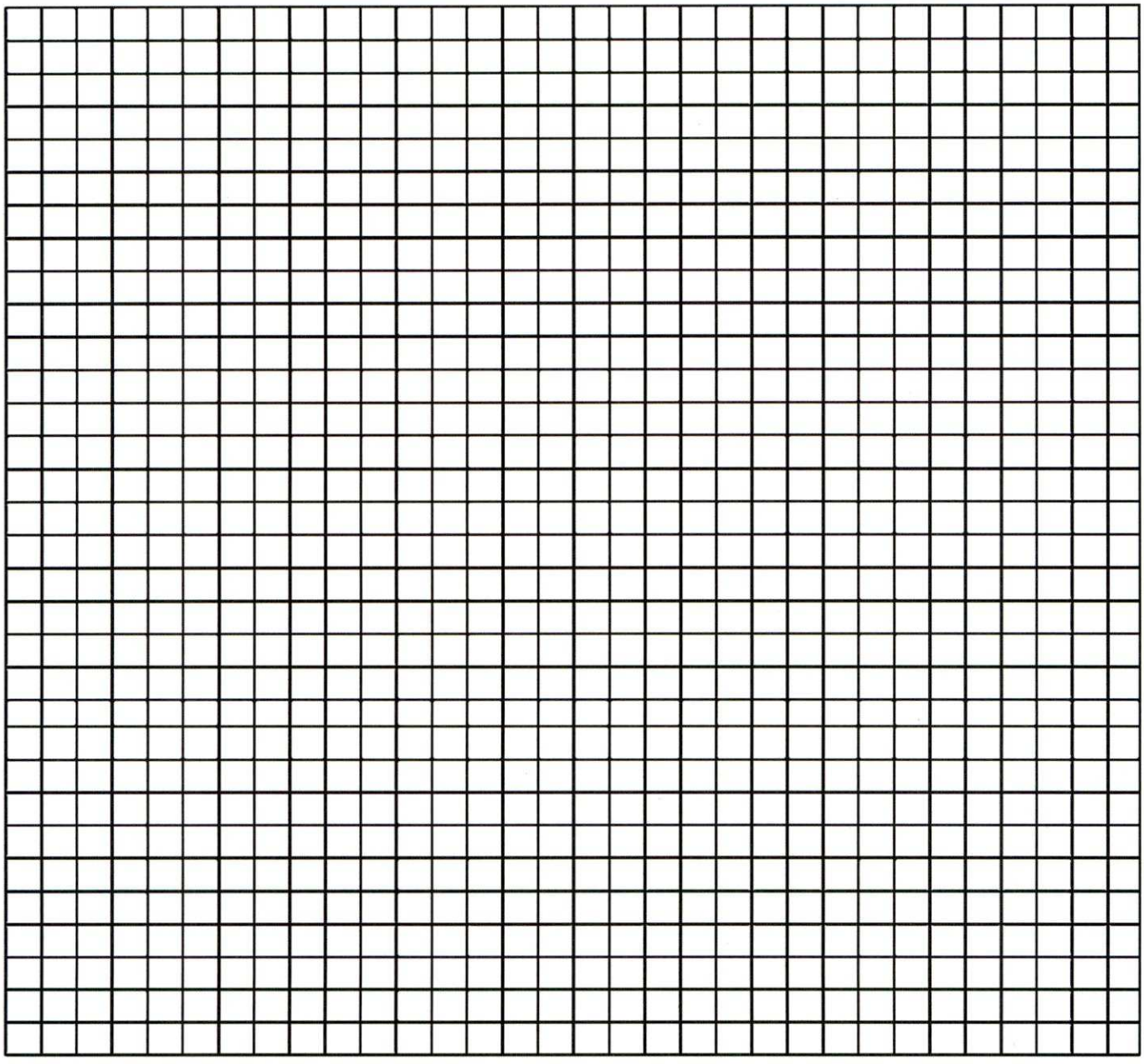
File #: _____

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 #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative 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: 12/15/10

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30007160** GWS File #: **8004B** Tax Parcel #: **199-381-57**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/13/2020

Type of Installation: Residential - Modified Plot Plan Lot Number: 13

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 2 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: N/A **System Classification:** Va

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	60	Depth of Media (in):	54	Distribution Device:	Pressure Manifold		

III. Repair System Type: Low Pressure Pipe (LPP) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.1	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	1	Trench Spacing (ft):	5	Absorption Area (ft^2):	1200	Total Trench Length (ft):	1200
Maximum Trench Depth (in):	12	Depth of Media (in):	8	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jacob Presley Owner/Legal Agent:_____
Print Name

Signature:_____ Signature:_____

Date Issued: 2/13/2015

MECKLENBURG COUNTY

E. Winters Mabry, MD
Director

Health Department

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

   13830 Appling Lane, Charlotte
   Number Street Town
   (Or Parcel Number)

Daniel C
Property Owner (print name)

David Charles Griffith
Property Owner (signature)

02/12/2015
Date

To view a High Resolution & Color copy of this fax:

1. Go to www.hellofax.com/HighRes

2. Enter Access Code: 781231bf3a