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

OK TO Release Hold For INTERIOR RENOVATION.

(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 VP 2/5/20 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 ☐ _____

2030A
#11035
5 FEB '20 PM12:42

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: Eric Craven
ADDRESS: 136 Kirby Ave
CITY: Millers Creek
STATE: NC ZIP: 28651
PHONE: 704-871-6681
ALTERNATE PHONE: 336-927-4406
E-MAIL: Ecravenconstruction@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Abigail Jennings/Randolph Lewis
ADDRESS: 19631 S. Main St.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-763-1338
ALTERNATE PHONE:
E-MAIL: Rainydaylewis@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 015-021-18
STREET ADDRESS: 7225 Bud Henderson 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: 4
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

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.

Eric Craven — Owner's/Agent's Signature
1-29-2020 — Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

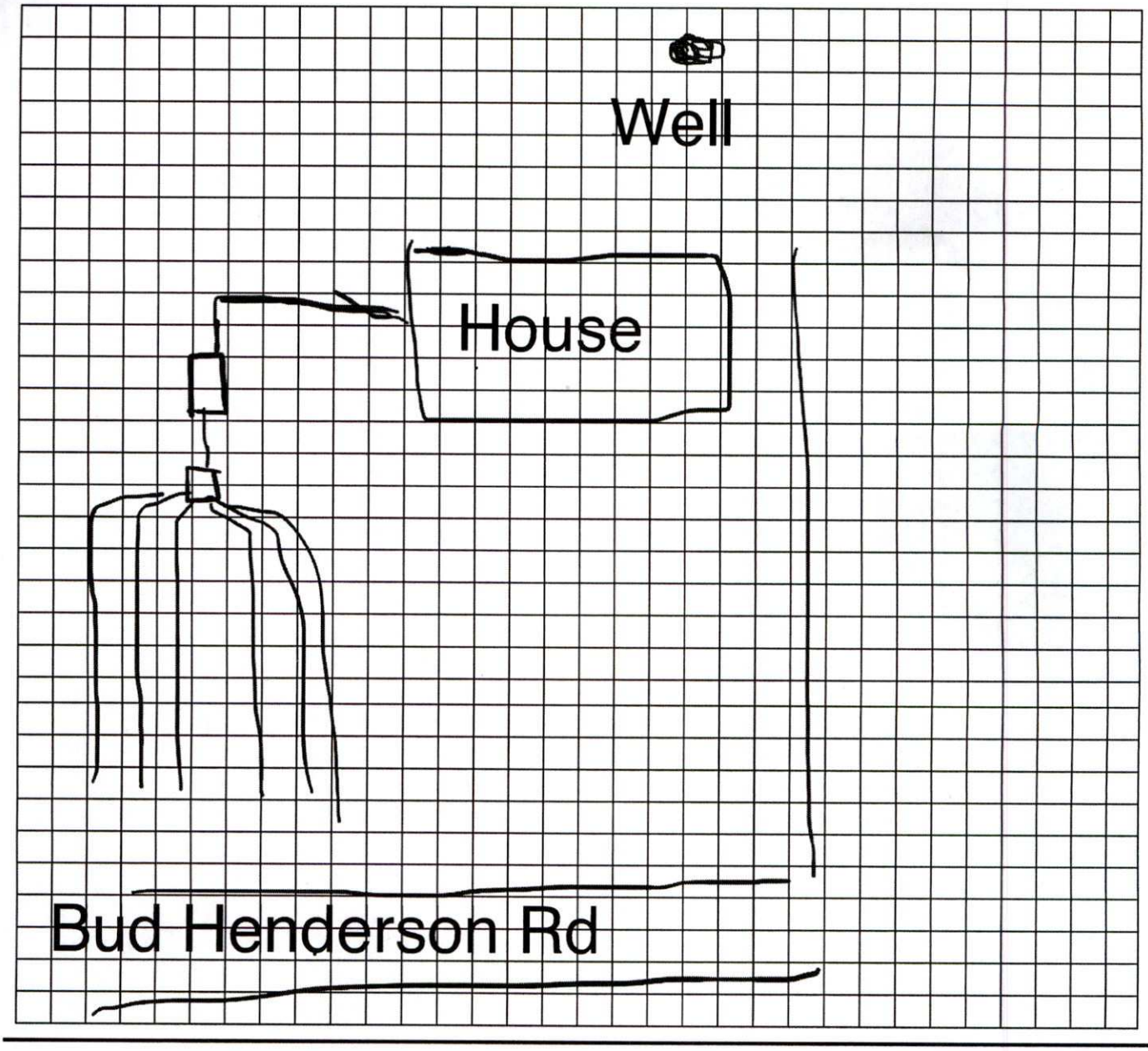
Revised on: 03/27/19

File #: _____

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: 7225 Bud Henderson Rd. 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

OK TO USE FOR AN INTERIOR RENOVATION

REHS Signature 2/10/20 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

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

7225 Bud Henderson Rd. Huntersville
Number Street Town
(Or Parcel Number)

Abigail Jennings
Property Owner (print name)

Property Owner (signature)

2/3/20
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/05/20
Receipt #: 120547
Check / Auth #: VISA 03277C
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ERIC CRAVEN
Attn:
Address: 136 KIRBY AVE
Address:
City/State/Zip: MILLERS CREEK, NC 28651

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 19631 S MAIN ST		1	100.00	100.00

Mecklenburg
Environmental Health
3205 Freedom Drive
Charlotte, NC, 28208
Phone: (980) 314-1651
02/05/20 13:19

Sale

Merchant ID: 153629
Sequence #: 001
Card Type : VISA
Auth Code: 03277C
Acct. No: **********5344

Amount : 100.00

APPROVED

Payment taken over the phone

Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Thank You Very Much!

Merchant Copy

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

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

C of A (s) No. 2030-A

Date Issued 10-17-86 **Serial** 8963 T. C. No. 015-021-18

V CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Harris (LAST) Calvin (FIRST) (MIDDLE)

Location of Property 7225 Bud Henderson Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 540' Number of Lines 6

Depth of Filter Material 12" Cover Depth 12"-21"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 10-17-86 (DATE) Tank Inspected 10-17-86 (DATE)

Nitrification Field Inspected 10-17-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~[illegible]~~ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments 1986, 1500ST, CON, 1620SFT, 12", cecil

D. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

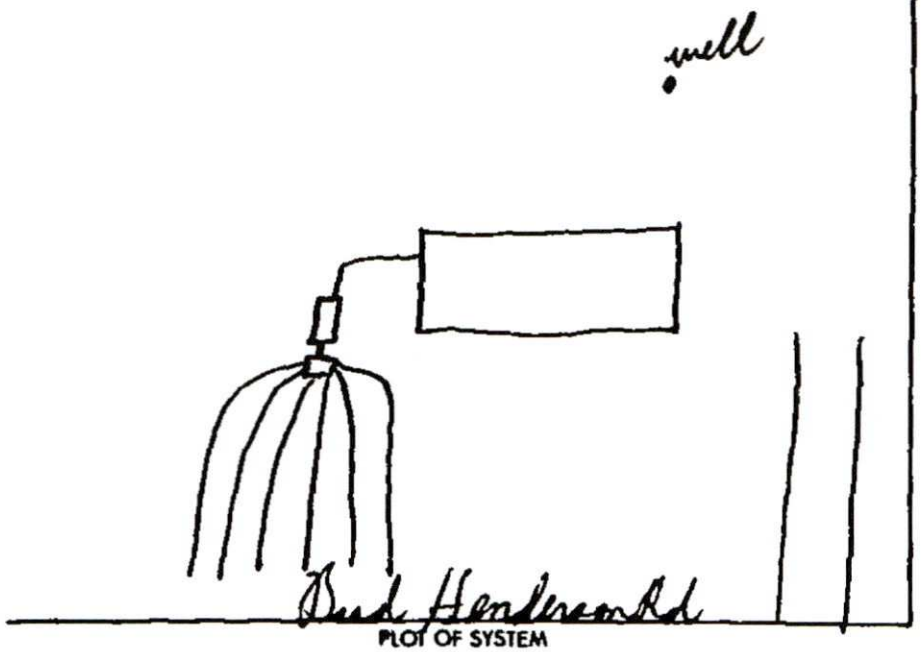
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2030-A DATE: 10-9-86

TC: 015-021-18 fb l

SERIAL Nº 10376

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-30-86. All work shall be completed on or before 11-9-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 540 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Calvin Harris (Ralph Higgins)

LOCATION OF PROPERTY 7225 Bud Henderson Rd.

Comments: 6 lines 3'X90'X12" stone

John R Alverson
Division or Section Head

B. R. Ferguson
Environmentalist

*If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 2030A
TC: _____
SERIAL: № 10808
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 7225 Bud Henderson Road (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 015-021-18
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Ralph (FIRST) _____ (MIDDLE) Skipper (LAST)
⑨ MAILING ADDRESS: Rt. 4, Box 150 (7225 Bud Henderson Rd)
⑩ CITY: Huntersville ⑪ STATE: N. C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) _____ ⑭ (HOME) 875-1090

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☒ yes ☐ no
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Realty Executives Realty
Bill Blythe - agent for owner
399-4848
Date: 5/30/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 36 months from the date of issuance.

B. R. Ferguson — Environmentalist — 10-10-86 — Date
Sylvia R. Daniel — Director or Authorized Section Head — 10-10-86 — Date

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