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 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 LE 5/30/17 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. ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9023B 8961
30 MAY '17 PM12:17

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: 139-034-01
STREET ADDRESS: 7837 Deerbridge Street
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Stonebridge
LOT #: 82 LOT SIZE (acres): 0.87
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: 2,621
NUMBER OF BEDROOMS: 3
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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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? 3/12/15 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 6/2/17 ☐ N/A

12. PROPERTY OWNER:
NAME: Live Well Homes, LLC
ADDRESS: 501 Springcrest Drive
CITY: Fort Mill
STATE: S.C. ZIP: 29715
WORK PHONE:
MOBILE PHONE: (704) 201-8905
FAX:
E-MAIL: kbell@livewellhomes.net

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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

CA (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.

Property Owner's or Owner's Legal Representative Signature — Date: 5/30/17

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: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

to be supplied by Wendell Beverly

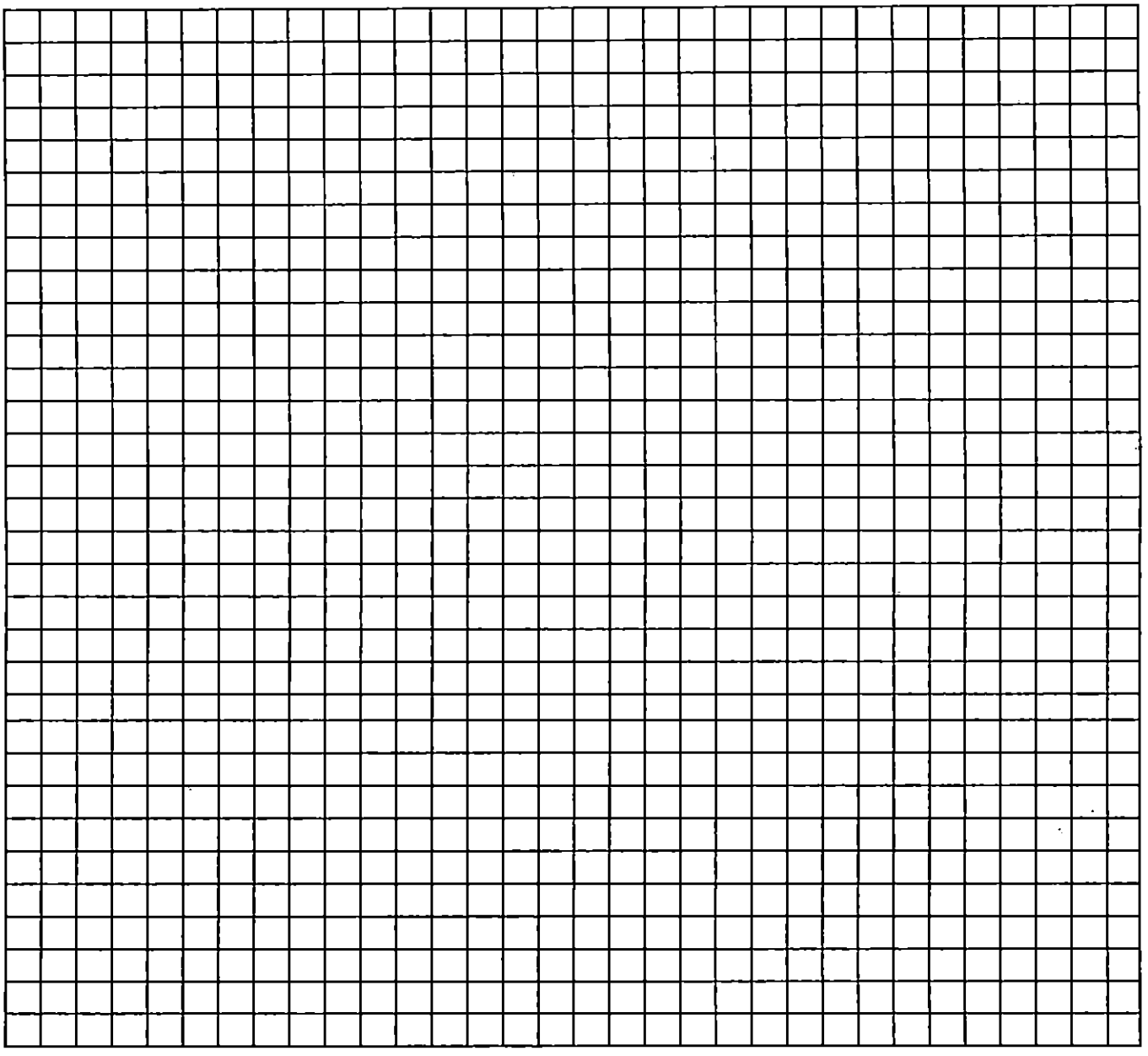
File #: _____

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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/30/17	**Amount:**	100.00
Receipt #:	106086	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: LIVE WELL HOME,LLC
Attn:
Address: 501 SPRINGCREST DRIVE
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 7837 DEERBRIDGE STREET		1	100.00	100.00

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

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

FEE: 200.00
DATE: 6/30/2017

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9023B

PERMIT NUMBER: 30008961

PARCEL NUMBER: 13903401

JOB LOCATION INFORMATION

ADDRESS: 7837 DEERBRIDGE ST

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: LIVE WELL HOMES, LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 6/5/2017

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008961, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30008961** GWS File #: **9023B** Tax Parcel #: **139-034-01**

- 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):** 6/5/2022

Type of Installation: Residential - Modified Plot Plan Lot Number: 82

Structure Type: HOUSE Size (ft^2): 2621 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: April Bumgarner Owner/Legal Agent: _____
Print Name

Signature: April Bumgarner Signature: _____

Date Issued: 6/5/2017

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30008961** GWS File #: **9023B**

IV. Permit Conditions/Comments:

- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: April Bumgarner

Signature: April Bumgarner

Date Issued: 6/5/2017

Owner/Legal Agent: _____
Print Name

Signature: _____

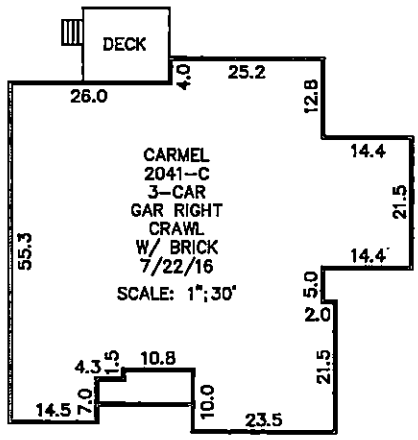


VICINITY MAP

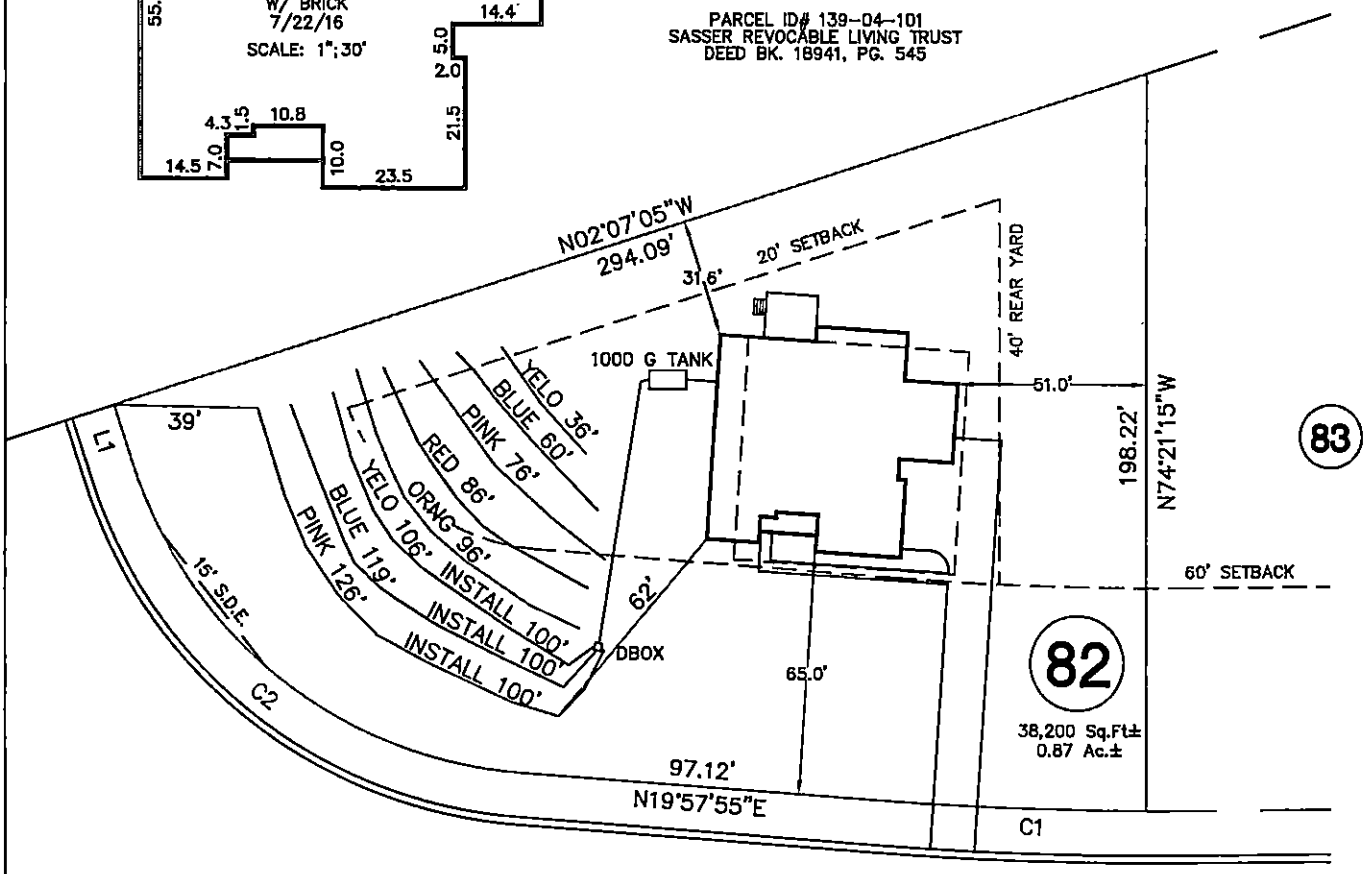
MB. 50 PG. 512

LINE TABLE		
LINE	LENGTH	BEARING
L1	16.12	N87°53'41"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S17°48'20"W	73.11	73.13	970.00
C2	S53°55'48"W	134.08	142.27	120.00



PARCEL ID# 139-04-101
SASSER REVOCABLE LIVING TRUST
DEED BK. 18941, PG. 545



#7849 DEERBRIDGE STREET

60' PUBLIC R/W

REV. #	DATE	COMMENT
REV. #1	8/4/16	SHIFTED LEFT 5'

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

B

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

50 0 50
SCALE: 1" = 50'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842

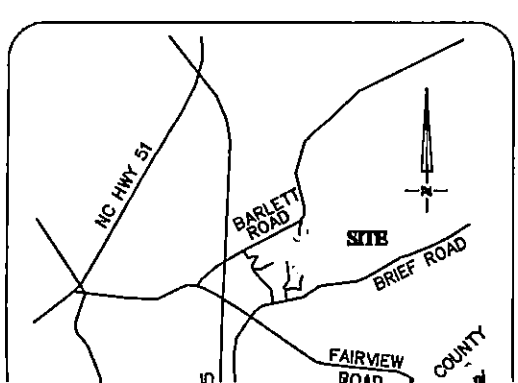
HOUSE LOCATION PLOT PLAN
FOR

LOT 82, STONEBRIDGE, PHASE 2 MAP 3
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: LIVEWELL HOMES

MAP BOOK 50 PAGE 512 DEED REFERENCE

DRAWN BY: ERG | DATE: JULY 28, 2016



NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

FIGURE 1. SITE PLAN & SEPTIC LAYOUT. LAYOUT BY S&FS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9023B Permit #: 8961 Tax Parcel #: 139-034-01

Property Owner: LiveWell Homes

Job Location Address: 7837 Deerbridge St

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 6-30-17 Contractor Name: RCS

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture J+S STB-97-NC 12-5-16 Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 302 feet

# of Lines: 3 @ 1-98', 2-102' feet

Depth of Media: 12 inches (Type) IQ4

Depth of Cover: 18 inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 6-9-17

Excavation Inspected: 6-9-17

Pump & Controls Inspected: NA

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

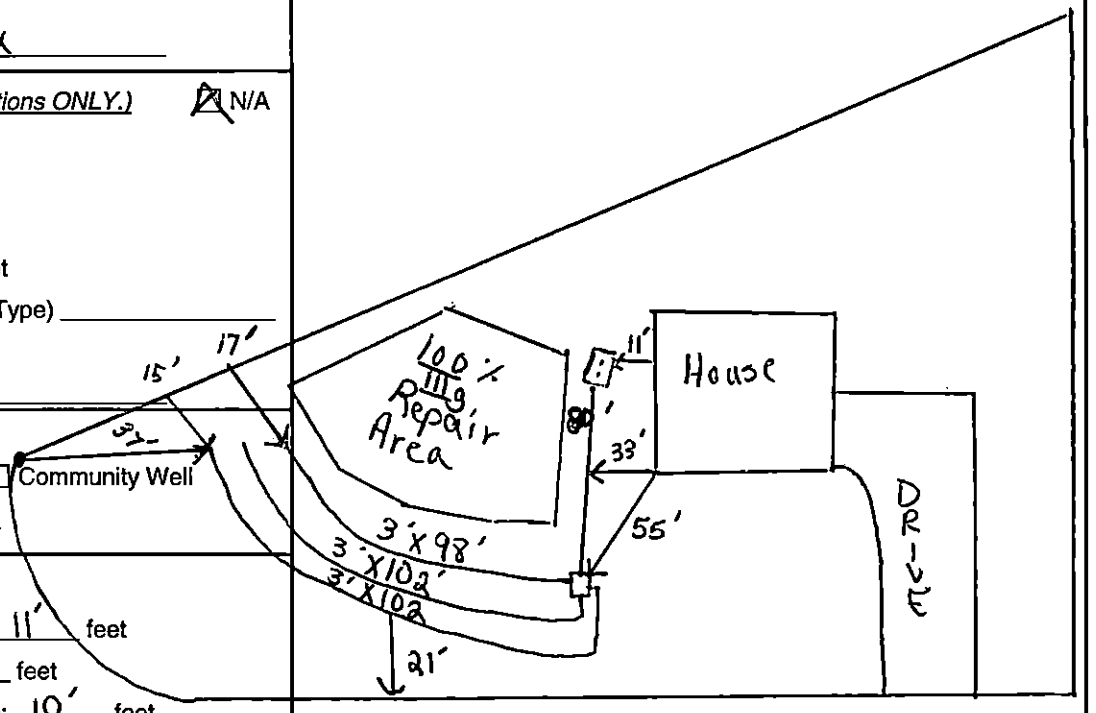
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 11' feet

Distance from Property Line: 15' feet

Distance from Water Supply Source: 10' 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: III g | IQ4 | g | NA | NA

DHHS Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 9023B Permit #: 8961 Tax Parcel #: 139-034-01

Property Owner: Live Well Homes

Job Location Address: 7837 Deerbridge St

City: Mint Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 6-30-17

Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 9023B **App #** 8961 **Tax Parcel #** 139-034-01

Property Owner: Live Well Homes

Job Location Address: 7837 Deerbridge St

City: Mint Hill **State: NC Zip Code:** 28227

1. **Does System design match facility, flow & wastewater characteristics?**

   ☑ **YES** ☐ **NO**

   Comments:

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ **YES** ☐ **NO**

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ **YES** ☐ **NO**

   Comments:

*** If "NO" is checked for any of the above the existing permit may need to be revoked.**

Permission is hereby given to ☑ **install** ☐ **alter** ☐ **repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. System shall not be installed while soils are in wet condition.**

April Barnegame — **Authorized Agent**

6-7-17 — **Date**

RCS — **Others Present**

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/16	**Amount:**	200.00
Receipt #:	101593	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 501 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 7837 DEERBRIDGE STREET		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
9,140.73					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/16	**Amount:**	200.00
Receipt #:	101592	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X44709
Contractor: LIVE WELL HOMES LLC
Attn:
Address: 501 SPRINGCREST DR
Address:
City/State/Zip: FORT MILL, SC 29715

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 7837 DEERBRIDGE STREET		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
8,940.73					

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom Accepted Septic System using gravity distribution for lot 82 of Stonebridge Subdivision
7837 Deerbridge Street, Mint Hill

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan---------- 5

Septic Tank Diagram---------- 6

Calculations---------- 7

May 31, 2017
Design By: W. Overby

GWS Septic System Design Review

GWS File #:	**Approved**	**Disapproved**
Design Review:	☑	☐
Field Review: ABB	☑	☐

*Pr[illegible] are not considered "APPROVED" until both sections above are [illegible] and indicate an APPROVED status.

CWS Group Chassis Design Review

CWS Life: _____ Abbotsbury Direct Drive

☐ ☐

D _____ ☐ ☐

☐

Stonebridge Lot 82
Accepted Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.3 gpd/ft.^{2}	
TOTAL AREA TRENCH BOTTOM:	900	sf
TOTAL LATERAL LENGTH:	300	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	lf
SUPPLY LINE LENGTH:	0	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	N/A	
RECOMMENDED PUMP:	N/A	

**Pump tank draw down based on a volume basis of 29 gallons per inch. Draw down may vary among pump tank manufacturers.*

Stonebridge Lot 82

Layout for a 3 bedroom home **MAY 2017**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LINE LENGTH	DESIGN LENGTH
TBM		2.1			100.0		
INSTR. 1			102.1				
			REPAIR				
1	Yellow			2.10	100.0	36	36
2	Blue			3.30	98.8	60	36
3	Pink			4.50	97.6	76	76
4	Red			6.00	96.1	86	76
5	Orange			7.10	95.0	96	76
			SYSTEM				
6	Yellow			7.80	94.3	106	100
7	Blue			8.70	93.4	119	100
8	Pink			9.40	92.7	126	100

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPT	25%	GRAVITY	30
REPAIR	300	0.300	ACCEPT	25%	GRAVITY	30

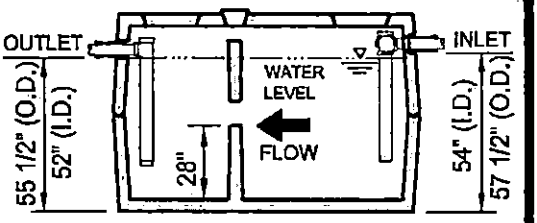
Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

© 2008 Details Provided by APPIAN Consulting Engineers www.appianengineers.com

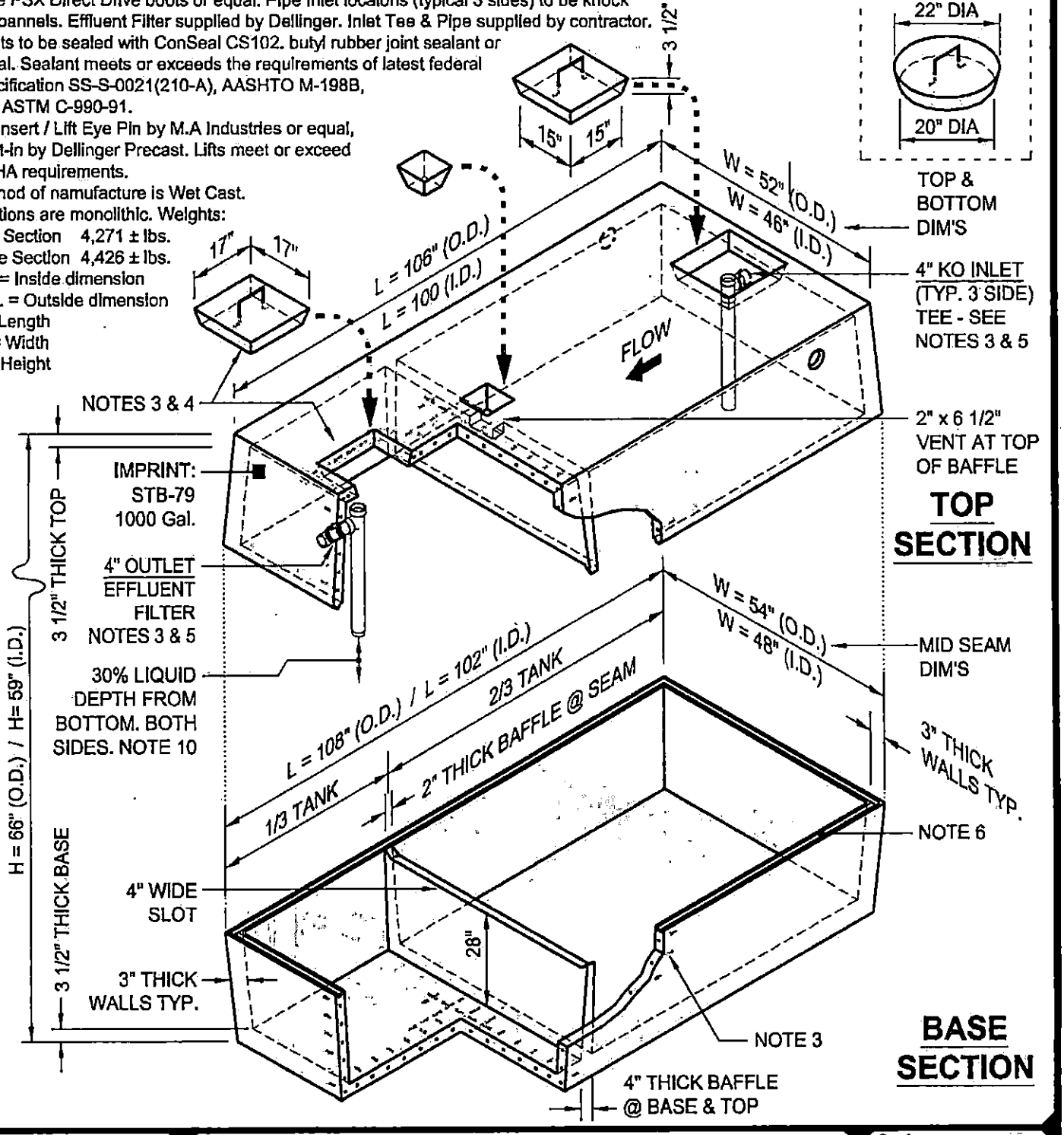
GENERAL NOTES:

1. Design specifications conform to latest ASTM C1227 specifications "Precast Concrete Water and Wastewater Structures"
2. Concrete compressive strength 4,000 psi minimum.
3. Steel reinforcing design to conform to the requirements of ASTM C890 specifications for "Structural Design Loading for Water and Wastewater Structures" and shall utilize grade 60 re-bars conforming to the requirements of ASTM A615 or WWF conforming to the requirements of ASTM A185 or both. Place Additional reinforcing at all openings.
4. Optional Cast Iron casting with 24" dia. access in top section per NCDOT standards or optional 20" round EZ set lid or as otherwise specified. Supplied by either Dellinger Precast or customer. To be field adjusted using approved methods by contractor.
5. Pipe penetration locations as per job requirements. Pipe inlet and outlet locations to have PSX Direct Drive boots or equal. Pipe inlet locations (typical 3 sides) to be knock out pannels. Effluent Filter supplied by Dellinger. Inlet Tee & Pipe supplied by contractor.
6. Joints to be sealed with ConSeal CS102. butyl rubber joint sealant or equal. Sealant meets or exceeds the requirements of latest federal specification SS-S-0021(210-A), AASHTO M-198B, and ASTM C-990-91.
7. Lift Insert / Lift Eye Pin by M.A Industries or equal, Cast-In by Dellinger Precast. Lifts meet or exceed OSHA requirements.
8. Method of namufacture is Wet Cast.
9. Sections are monolithic. Weights:
   Top Section 4,271 ± lbs.
   Base Section 4,426 ± lbs.
10. I.D. = Inside dimension
    O.D. = Outside dimension
    L = Length
    W = Width
    H = Height



ELEVATION

OPTIONAL ROUND LID
22" DIA
20" DIA



TOP SECTION

BASE SECTION

DELLINGER PRECAST

4531 North Hwy 16 ▪ Denver, N.C. 28037 ▪ Phone: 800-948-1666 ▪ 704-483-2868 ▪ Fax: 704-483-2363

1,000 Gallon (Mid Seam) SEPTIC TANK

Scale: Not To Scale

Revision Date: February 2008

Detail # ST-1,000-MS

CALCULATIONS

Location Stonebridge

Project Number 13-1025

Lot No: 82

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.3 $^{gal}/_{ft^2 day}$

Innovative? (YES OR NO) yes

Supply Line Length 0 ft.

Supply Line Volume 0 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute 0.00 $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 0 gal.

Dosing Volume 0.00 gal.

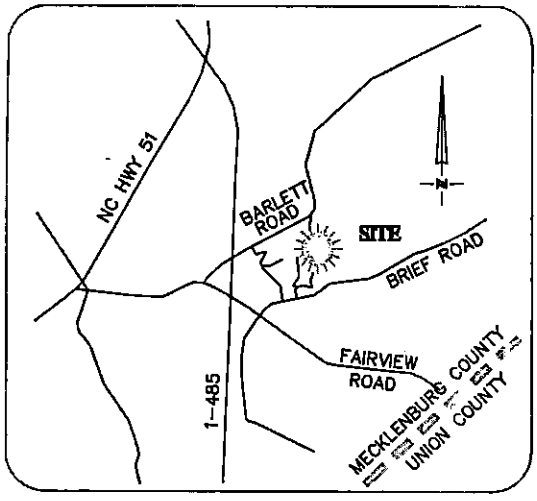
Tank Draw Down 0.0 in.
Generic Draw Down of 29 gal.per in.

Pump Run Time 0.00 minutes

Elevation Head 0 ft.
Pressure Head 0 ft.
Friction Factor 0 ft./100 ft. *(From the interpolater.)*
Friction Head 0.00 ft.
Total Dynamic Head (+15%) 0.00 ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
26	1.37
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.4	3.39
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42



VICINITY MAP
Not To Scale

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

FIGURE 1. SITE PLAN & SEPTIC LAYOUT. LAYOUT BY S&FS

LINE TABLE		
LINE	LENGTH	BEARING
L1	16.12	N87°53'41"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S17°48'20"W	73.11	73.13	970.00
C2	S53°55'48"W	134.08	142.27	120.00

MB. 50 PG. 512

DECK
26.0
4.0
25.2
12.8
14.4
21.5
14.4
5.0
2.0
21.5
23.5
10.0
10.8
1.5
4.3
7.0
14.5
55.3

CARMEL
2041-C
3-CAR
GAR RIGHT
CRAWL
W/ BRICK
7/22/16
SCALE: 1";30'

PARCEL ID# 139-04-101
SASSER REVOCABLE LIVING TRUST
DEED BK. 18941, PG. 545

N02°07'05"W
294.09'
31.6'
20' SETBACK
40' REAR YARD
1000 G TANK
51.0'
198.22'
N74°21'15"W
60' SETBACK
39'
L1
YELO 36'
BLUE 60'
PINK 76'
RED 86'
ORNG 96'
YELO 106'
BLUE 11
PINK

83

Ellis, Loretta

From: Cindy Hafer <chafer@livewellhomes.net>
Sent: Wednesday, August 24, 2016 2:04 PM
To: Ellis, Loretta
Subject: 7837 Deerbridge Street
Attachments: ST82 2041 Carmel Elev C Brick SL Garage w Carriage Crawl- Sealed.pdf

Hello Ms. Loretta, I have submitted for permit for this lot. Please take the $400 fee from our Live Well account X44709. Thanks, have a great week!

Thank you,

Cindy Hafer
Permit Coordinator
Live Well Homes, LLC
chafer@livewellhomes.net
803-984-6611

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

June 1, 2017

Live Well Homes, LLC
PO Box 1345
Fort Mill SC 29716

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(Specify Permit ID/owner's name/property location/site legal description):
300007078/ Live Well Homes/7837 Deerbridge St Mint Hill NC 28227/ Tax ID # 139-034-01

I, Chris Robusto, voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8/14/07 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

June 1, 2017

Live Well Homes, LLC
PO Box 1345
Fort Mill SC 29716

RE: **Notice of Intent to Revoke Improvement Permit**

To Whom It May Concern:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system located at **7837 Deerbridge ST**, File # 9023B for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **300007078** conditions. As a result of this inspection, the Department has determined the following violations:

The number of bedrooms has changed from 5 bedroom to 3 bedroom.

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is January 6, 2016. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

April Bumgarner

April B Bumgarner, R.E.H.S.
Environmental Health Specialist
704-512-9831

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

June 1, 2017

Live Well Homes, LLC
PO Box 1345
Fort Mill SC 29716

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(Specify Permit ID/owner's name/property location/site legal description):
300007078/ Live Well Homes/7837 Deerbridge St Mint Hill NC 28227/ Tax ID # 139-034-01

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8/14/07 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

9023B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

App # 7078

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:** Public Water line in front of lot

TAX PARCEL NUMBER: 139-034-01
STREET ADDRESS: 7849 Deerbridge Street
CITY: Mint Hill 7837
STATE: NC ZIP: 28227
SUBDIVISION NAME: Stonebridge
LOT #: 82 LOT SIZE (acres): .877 AC
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 _____
HEATED SQUARE FOOTAGE: 3,000 sF
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: Single family typical
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT 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 _____
CMU As-Built plan attached

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 No preference

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?** Sept/Oct 2014 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Pedus Charlotte Housing LLC
ADDRESS: 3563 Phillips Highway - MAC
CITY: Z 3058-060 CLA-ORE
STATE: FL ZIP: 32207 Jacksonville
HOME PHONE: —
WORK PHONE: 704-715-5282
MOBILE PHONE: —
FAX: —

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Paul Carty W/ Wells Fargo
ADDRESS: 301 South College Street
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: —
WORK PHONE: 704-715-5282
MOBILE PHONE: —
FAX: —

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

Revised on: 7/1/08

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.

_____ (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.

N/A (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.

Paul Catz
Property Owner's or Owner's Legal Representative Signature

09/19/14
Date

OFFICE USE ONLY

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

Record plat map

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

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

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

Revised on: 7/1/08