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13 OCT '22 AM 9:30

13424

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

APPLICATION TYPE: (X) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(X) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: YOSHIHISA SEKINUMA
ADDRESS: 4314 PIONEER CT
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 980-318-4081
ALTERNATE PHONE:
E-MAIL: IHSOY60956@GMAIL.COM

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

JOB LOCATION INFORMATION
TAX PARCEL #: 13717307
STREET ADDRESS: 4314 PIONEER CT
CITY: MINT HILL
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: BALLBRIDGE
LOT #:

WATER SUPPLY:
(X) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(X) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: (X) 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 (X) SUNROOM ( ) PORCH ( ) DECK ( ) OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
( ) DETACHED GARAGE ( ) DETACHED GARAGE WITH PLUMBING ( ) POOL HOUSE ( ) SHOP ( ) BARN
(X) 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.

Yoshihisa Sekinuma
Owner/Agent's Signature

10-12-2022
Date

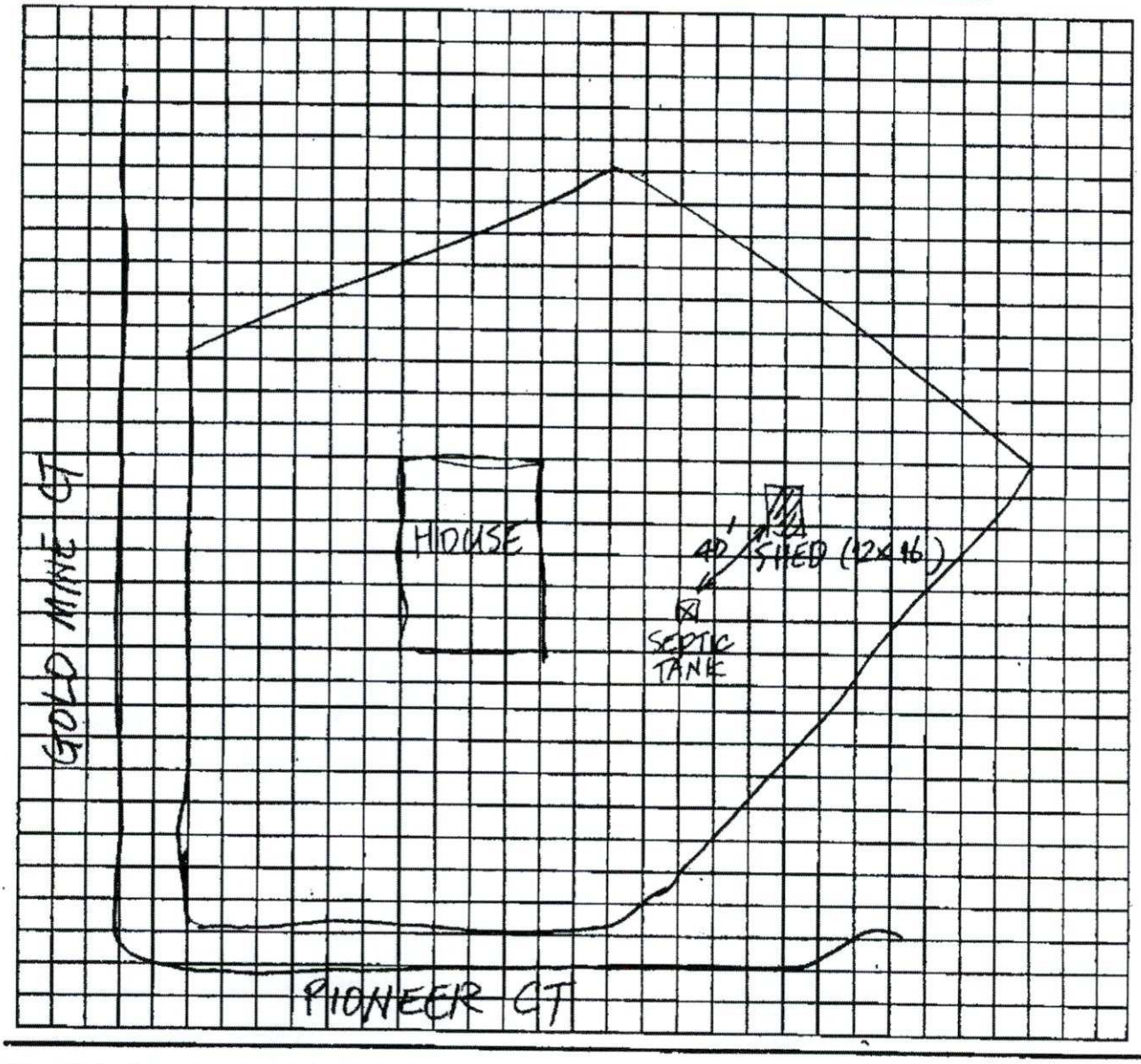
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 4314 PIONEER CT MINT HILL Tax Parcel #: 18717307



"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

Approved, meets setback requirements. Shed is also on cinder blocks

REHS Signature

10/20/22
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 N/A is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4314 PIONEER CT. MINT HILL .
Number Street Town
(Or Parcel Number)

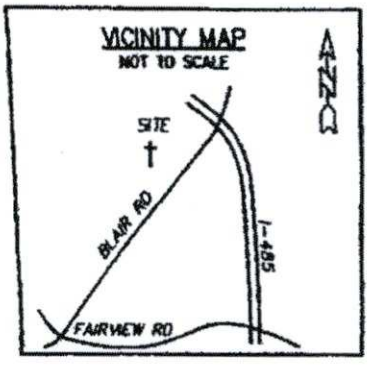
YOSHIHISA SEKINUMA
Property Owner (print name)

Property Owner (signature)

10-12-2022
Date

THIS IS TO CERTIFY THAT ON THE 8th DAY OF OCTOBER, 2013, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
PROFESSIONAL LAND SURVEYOR



NORTH PER MB 25/530

NORTH CAROLINA PROFESSIONAL SEAL L-2646 LAND SURVEYOR HUGH E. WHITE, JR.

LOT 14
MB 19/192

~NOW OR FORMERLY~
JOHN FRANKLIN PRESSLEY
AND PATTY PRESSLEY
9229 BLAIR RD
DB: 02282 PG: 165

EIP FOUND 0.4' FROM CORNER

S12°02'02"E 129.02

S32°53'28"W 124.62

N43°46'43"W 166.91

Septic Area

LOT 15A
0.692 ACRES

Shed (12'x16')

#4314
2 STORY VINYL
COMPOSITION ROOF

WOOD DECK

SEPTIC TANK

50' SETBACK PER PLAT

25' SETBACK PER PLAT

OLD GOLD MINE COURT
60' PUBLIC R/W

S81°08'04"E 36.73

N06°35'43"E 74.19

PIONEER COURT
60' PUBLIC R/W

LOT 17A
MB 25/530

NOTES:

1. PID 13717307

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710551300J, WITH A DATE OF IDENTIFICATION OF 03/02/2009.

LEGEND:

EIP = EXISTING IRON PIN
SIP = SET IRON PIN

CURVE TABLE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/13/22	**Amount:**	100.00
Receipt #:	138093	**Tendered:**	100.00
Check / Auth #:	VISA 06507D	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: JOSHIHISA SEKINUMA
Attn: USE EXISTING SYSTEM PERMIT
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4314 PIONEER CT	15331	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

Enter Account # or Customer Name Here:
YOSHIHISA SEKINUMA

Bill To:

YOSHIHISA SEKINUMA

Single Payment

Transaction Date: 10/13/2022 6:15 AM Pacific Time
Pay Method: VISA **********8728
Approval #: 06507D
Trace Number: f2343b2d-648e-423e-8fac-3ccb6bb92dbf
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.