

5918 LAKE RD

13709827

8/13/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

COPY

Service Request/ Work Order

Log No:_____ Section:_____ Hazard? ( )Yes ( ) No

Date: 7-8-05 Parcel:_____

Requesting Person: Melinda Phone: 65545

Address:_____

Property Concerned: Facility Name: Michael Smith

Address:_____ City:_____ Zip:_____

Service Requested: ck location of septic tank to proposed location of pool

Assigned To: DREW / TREVOR **Taken By:**_____

Date	Activity Report
	~~PER~~ FILE # 17493
7/11/05	- SITE VISIT TO PROPERTY.
	- APPROVAL GRANTED TO CONSTRUCT SWIMMING POOL IN REAR YARD AS SHOWN ON THE "PROPOSED PLOT PLAN".
	- SEPTIC LOCATED AT RIGHT SIDE OF HOUSE & IN FRONT YARD.
	(TCT)

NOTIFICATION ~~OF FINAL~~ DISPOSTION TO REQUESTING PERSON:

_____ / 7/11/05 WRITTEN___ VERBAL ✓

Environmentalists Signature Date

Reviewed By:_____ /_____ Recall date_____

Section Head's Signature Date

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION APPROVAL

Street Address of Pool Installation: 5918 Lake Road

City: Mint Hill State: NC Zip: 28227

Subdivision: Lot Number:

Owner: Mr. & Mrs. Michael Smith Home Phone: 704-201-1415

Mailing Address: s/a/a Work Phone:

City: State: Zip:

Contractor: Hudson Pool & Spa, Inc Phone: 704-535-3455

Contractor's Mailing Address: PO Box 1825

City: Indian Trail State: NC Zip: 28079

Type water supply: [ ] Municipal water [✓] Community water supply [ ] Private well

Type sewage disposal: [ ] Municipal sewer [ ] Community sewer [✓] Septic tank system

Are any wells or septic tank systems located within 200 feet of the proposed pool location? [ ] Yes [✓] No

Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool. Show the location of the fence that will protect the pool; indicate size off openings through the fence. Show the flow of backwash/discharge water from the pool. (Plot may be drawn on back of this page.)

[signature], (owner of the property) (agent for the owner of the property) on which the pool is to be installed, acknowledge completion of this application and the scale drawing detailing the pool installation and certify the application is complete and accurate. I hereby authorize agents of the Mecklenburg County Health Department to enter onto the property listed above as the "Street Address of Pool Installation" for the processing of this request and to conduct a final inspection of the pool when construction is completed, as evidenced by its ability to hold water. I understand that the pool must be protected by a fence or similar barrier and that all openings through the barrier must be equipped with self-closing, positive latching gates. If signing as the agent for the owner, I have informed the owner of these requirements.

Signed: [signature]

Date/Title: Owner

By signing in this block, the contractor authorizes the processing fee for this request to be charged to the Building Standards Contractor Account. [signature]

This area for MCHD use only:

Amount Paid: $ 75.00 [ ] Cash [ ] Check No. Date: 7-8-05 By: mab

[✓] Contractor Charge: X 35882

Request No.: Parcel: 137-098-27 Territory: EHS: DREW / TREVOR

Approved by: [signature] TREVOR THOMASON Date 7/11/05 CRT:

Disapproved by: Date Notify Date:

Final/Fencing Inspection By: Date:

Signature on the "Approved by" line above by an employee of the Mecklenburg County Health Department indicates Health Department approval of this application and the accompanying plot plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier within 30 days of the pool holding water.

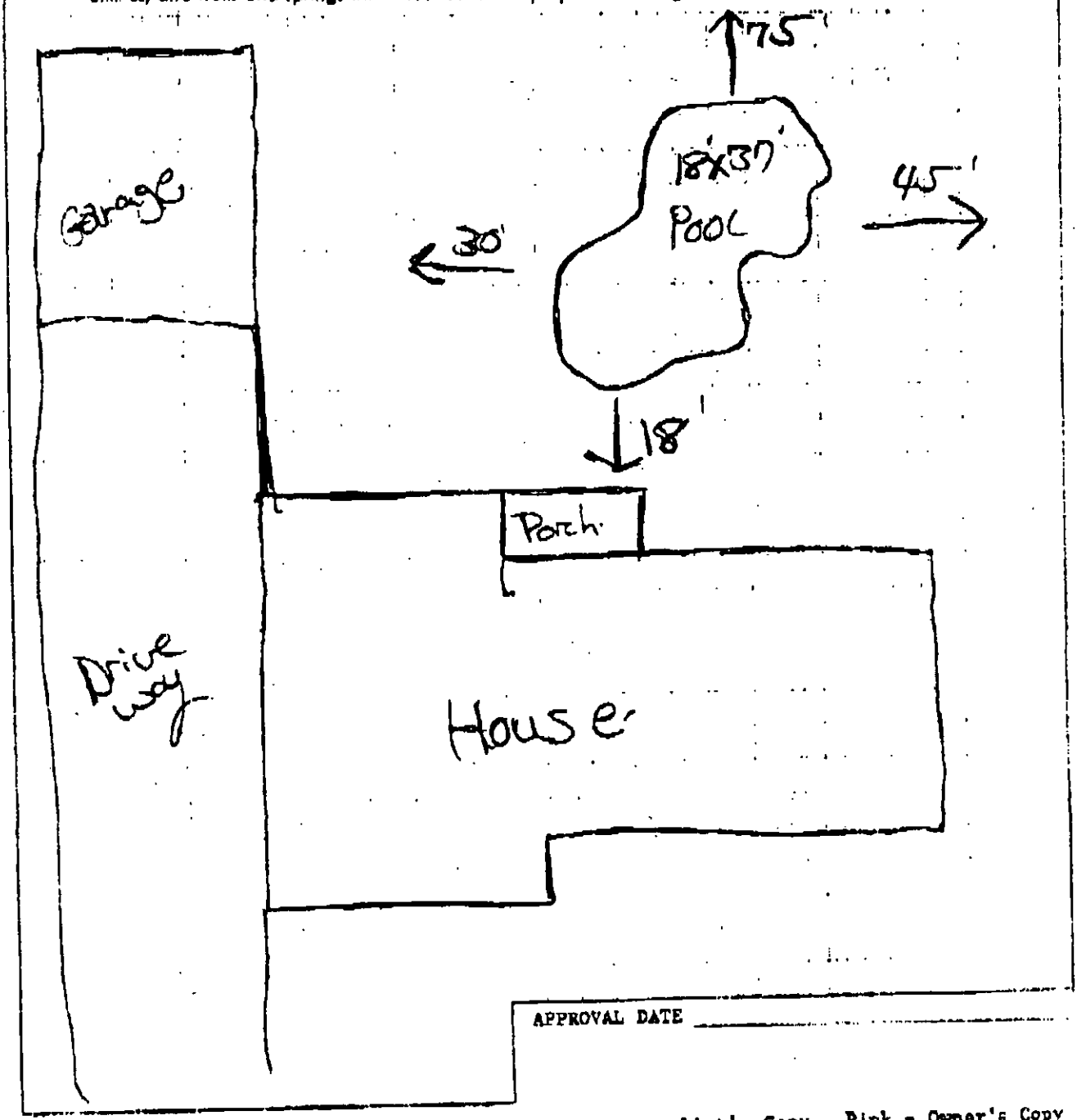
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: Smith

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

FEE: 160.00
DATE: 5-5-05
CRT[ ]

pd

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

AES

GWS – UES.APP 01/05

FILE#: 17493

LD

Drew

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Michael Smith
ADDRESS: 5918 Lake Rd
CITY: Charlotte
STATE: N.C ZIP: 28227
PHONE: 704-573-1057
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: Michael Smith
ADDRESS: 5918 Lake Rd
CITY: Charlotte
STATE: N.C ZIP: 28227
PHONE: 704-573-1057
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 137-098-29
STREET ADDRESS: 5918 Lake Rd
CITY: Charlotte N.C
STATE: NC N.C ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 10 + 11 BL 1981

TOWNSHIP:

- ☑ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☐ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☑ OTHER 'SPRINGS' (O) — city water

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION 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.

Michael Smith — Owner's/Agent's Signature
5-5-05 — Date

*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 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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

5-10-05 OK TO USE

EHS Signature — 5-10-05 Date

PROPOSED PLOT PLAN

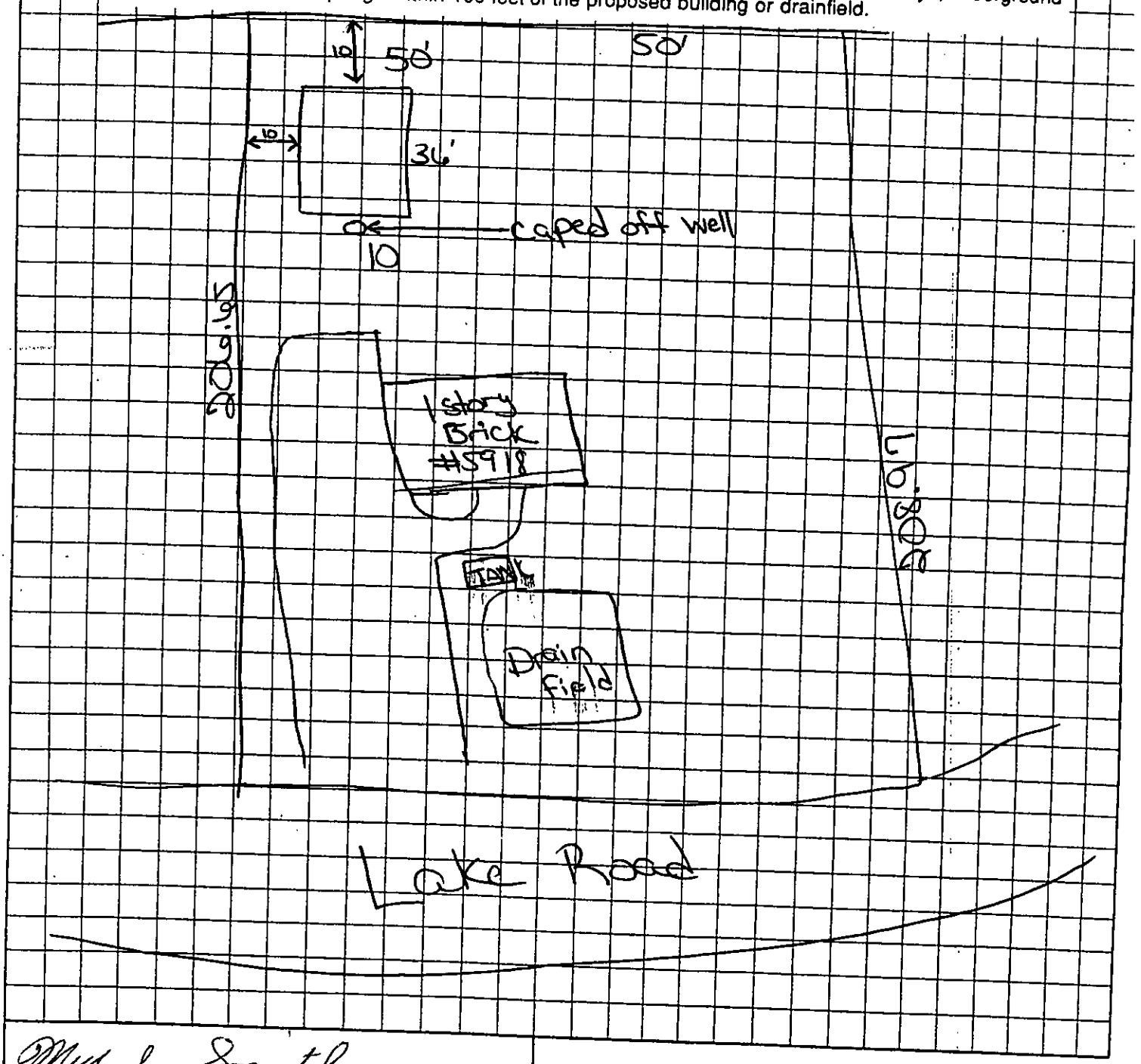
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1793

TC: 137-098-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Michael Smith
OWNER/AGENT SIGNATURE

DATE 5-5-05

APPROVAL DATE _____

White - Health Department's Copy

44283 A NC Hwy. 24/27/73 East
Albemarle, NC 28001
Phone: 704 474-7850
Fax: 704 474-7850

Derry's Well Drilling, Inc.

Fax

To: Trevor **From:** Derry L. Huneycutt

Fax: **Date:** 5/5/05

Phone: **Pages:** 2 incl. cover

Re: well abandonment record **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Derry's Well Drilling
WELL CONTRACTOR CERTIFICATION # 2663

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mint Hill County Mecklenburg
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: S M Smith + Sons Grading

4. ADDRESS: 5918 Lake Rd. Charlotte, NC 28227-5523

5. TOPOGRAPHY: draw ~~slope~~ hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 300 DIAMETER 6 "

7. CASING REMOVED:

feet	diameter
0	6 3/8

8. DISINFECTION: 1-lb.
(Amount of 70% hypochlorite used:)

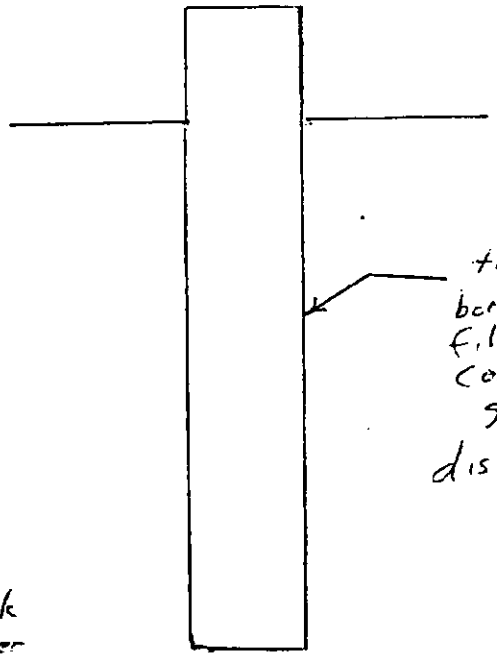
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement _____
gallons of water _____	gallons of water _____

Other
Type material concrete grout 3000#
Amount 3 yds.

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Concrete grout was poured from top via mixer truck
Utilized relief pipe to help expel standing water

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 4/26/05

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well David Burr Date 5/2/05

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99

Drew 17493

GWS – RES. APP 12/04

[redacted]

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

[redacted]

FILE # 17493

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 137-098-27
STREET ADDRESS: 5918 LAKE RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28227-5523
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES ☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☐ NO
DESIGNATED WETLANDS ☐ YES ☐ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☐ NO

PROPERTY OWNER:
NAME: S. M. SMITH & SONS GRADING
ADDRESS: 5918 LAKE RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28227-5523
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: DERRY'S WELL DRILLING, INC.
ADDRESS: 44283-A NC HWY 24/27/73E
CITY: ALBEMARLE
STATE: NC ZIP: 28001-9706
HOME PHONE: WORK PHONE: 704-982-3070
MOBILE PHONE: 704-985-6135 FAX: 704-982-2821

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 / / Date

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 4/11/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

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

DERRY'S WELL DRILLING, INC.

704-982-3070
FAX: 704-982-2821

FAX: 704-336-6894

TO: MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SER.

FROM: DERRY'S WELL DRILLING, INC.
44283-A NC HWY 24/27/73 EAST
ALBEMARLE, NC 28001-9706

DATE: 04/11/2005

NUMBER OF PAGES: (2) including cover

MEMO: ABANDONMENT of WELL

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17 493 DATE: 5-9-03

TC: 137-098-27 ☒ L ☒ CRT

SERIAL 19194

Name of Owner MICHAEL SMITH Juris.: _____

Address of Property 5918 LAKE ROAD

Inspection Data:

Tank Material EXISTING WASH LINE

Total Length of Drainfield _____

Number of Lines 1 @ 12'X32'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source >50

Excavation Inspected 5-13-03

Tank(s) Inspected —

Wash Line Inspected 5-13-03

High Water Alarm Inspected —

SEE ALTERATION PERMIT

PLOT

Design ALTERATION TO WASH LINE, 12' X 32', 18" STONE CTR# HOME OWNER

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ 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. 1990 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/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

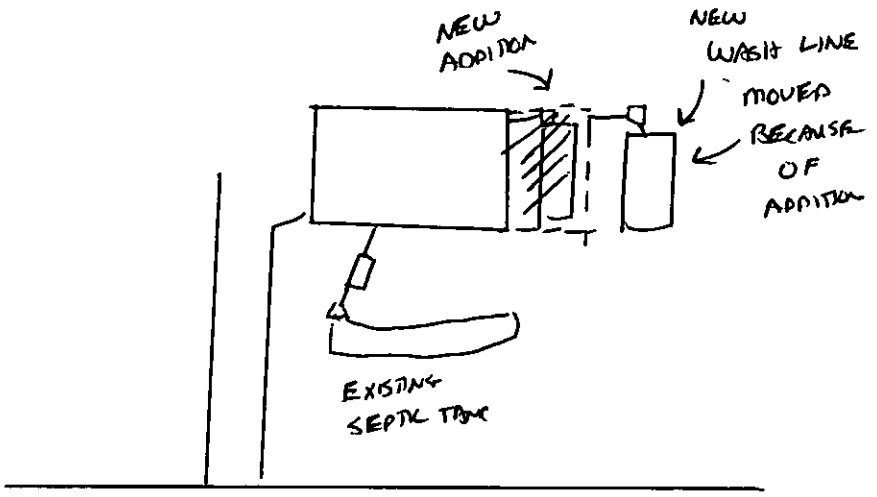
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12493 DATE: 5-9-03

TC: 137-095-27 ☒ L

SERIAL 19238

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 5-6-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines: WASH LINE

Trench Width 12' X 32' feet

Trench Walls Scored and Porous YES

Total Line Length 18" feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER MICHAEL SMITH

LOCATION OF PROPERTY 5918 LAKE ROAD

Comments: (1) NEW WASH LINE TO BE INSTALLED, ALTERED DUE TO NEW ADDITION.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS LO
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/8/03 PERMIT NO: 17453
PARCEL NO: 137-058-22

JOB LOCATION ADDRESS: 5815 LAKE ROAD
PROPERTY OWNER: MICHAEL SMITH
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: 5/8/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 17453, 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. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

K. Marshall Smith — May 12 '03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

FEE: 300.00 YKA
DATE: 5/5/03
CK. 143

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DREW

FILE #: 17493

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-098-27

STREET ADDRESS: 5918 LAKE ROAD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1981

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
X HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS X 7 MINT HILL

HEATED SQUARE FOOTAGE: 1600

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB ___ WITH BASEMENT /NO PLUMBING
X CRAWL SPACE

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: MOVE EXISTING MASTER BEDROOM/BATH TO NEW ADDITION, ADD 10X12 DINNG ROOM @ REAR CORNER.

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: ~~XXXXXX~~ SMITH, MICHEAL
(LAST) (FIRST) (MI)

ADDRESS: 5819 LAKE Rd.

CITY: CHAR. STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 201-3387

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1981

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Micheal Smith DATE: May 6 '03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

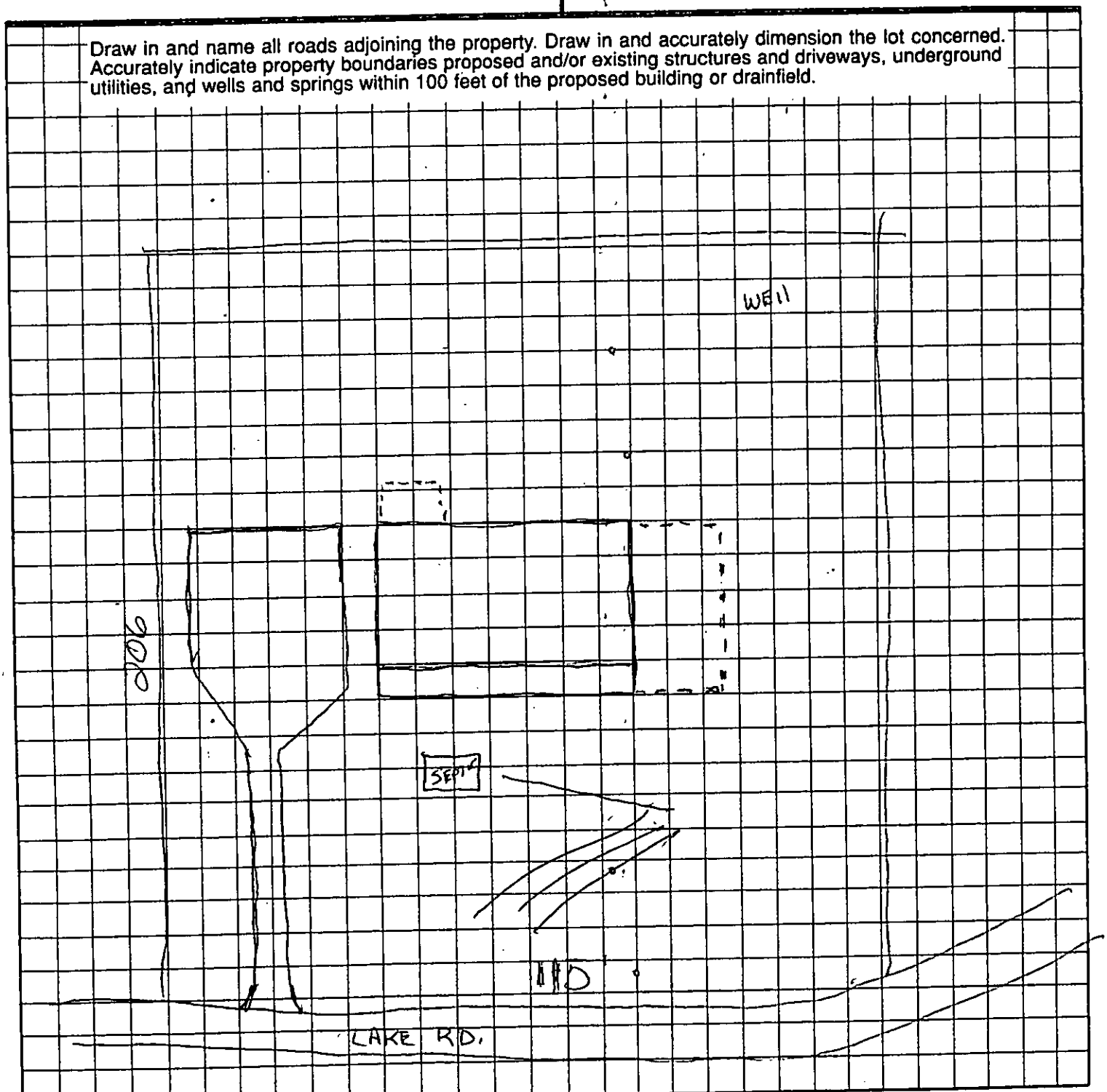
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17493

TC: 137-098-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Michael Smith
OWNER/AGENT SIGNATURE

DATE May 6 '09

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy