Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) LE @ 9/14/15 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 _____ 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. ☐ _____

☆ Please Expedite/ Time Sensitive due to upcoming closing ☆

COPY

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

Application # 7759

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 199-321-09
STREET ADDRESS: 9245 Sweetleaf Place
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary
LOT #: 185 LOT SIZE (acres): 8.3
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: ≈ 15,000
NUMBER OF BEDROOMS: 7
NUMBER OF OCCUPANTS: 2 until Kids are created
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 Whatever is best

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? 09/18/2015 ☐ N/A

12. PROPERTY OWNER:

NAME: Dwight Freeney
ADDRESS: 23001 Hawthorne Blvd #202
CITY: Torrance
STATE: CA ZIP: 90505
WORK PHONE: _____
MOBILE PHONE: _____ →
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Ryan Strickland
ADDRESS: 5322 Jan Drive
CITY: Mcleansville
STATE: NC ZIP: 27301
WORK PHONE: 336-862-2100 ☆
MOBILE PHONE: "
FAX: _____
E-MAIL: cdvantagehearing@yahoo.com

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.

RS (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. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature — Date: 9/10/15

See Addendum

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

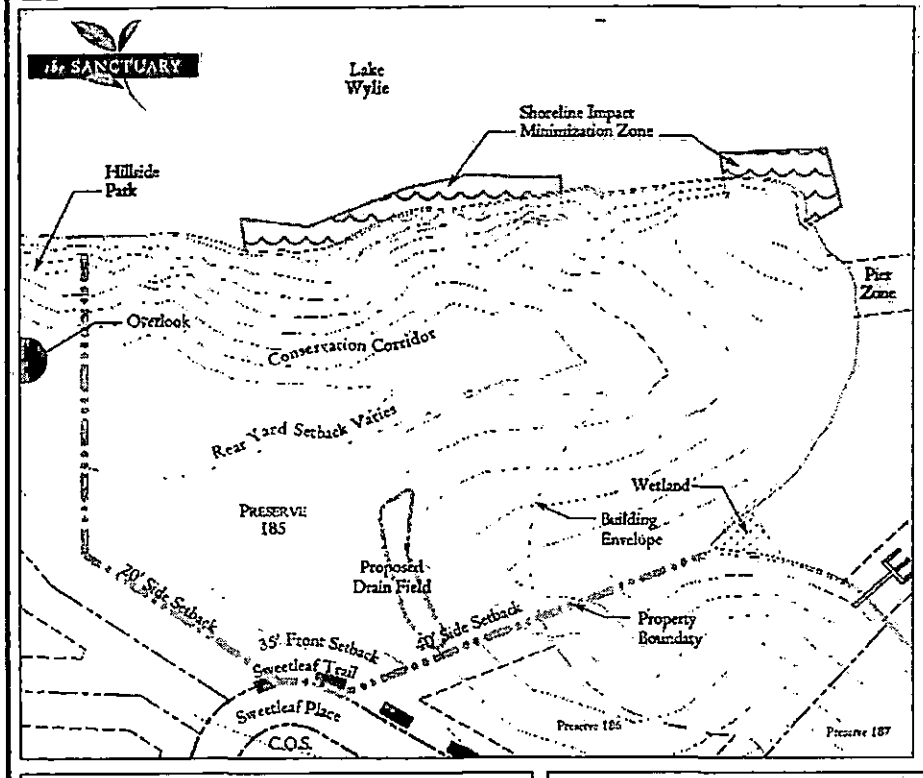
GWS FILE NUMBER ASSIGNED: _____

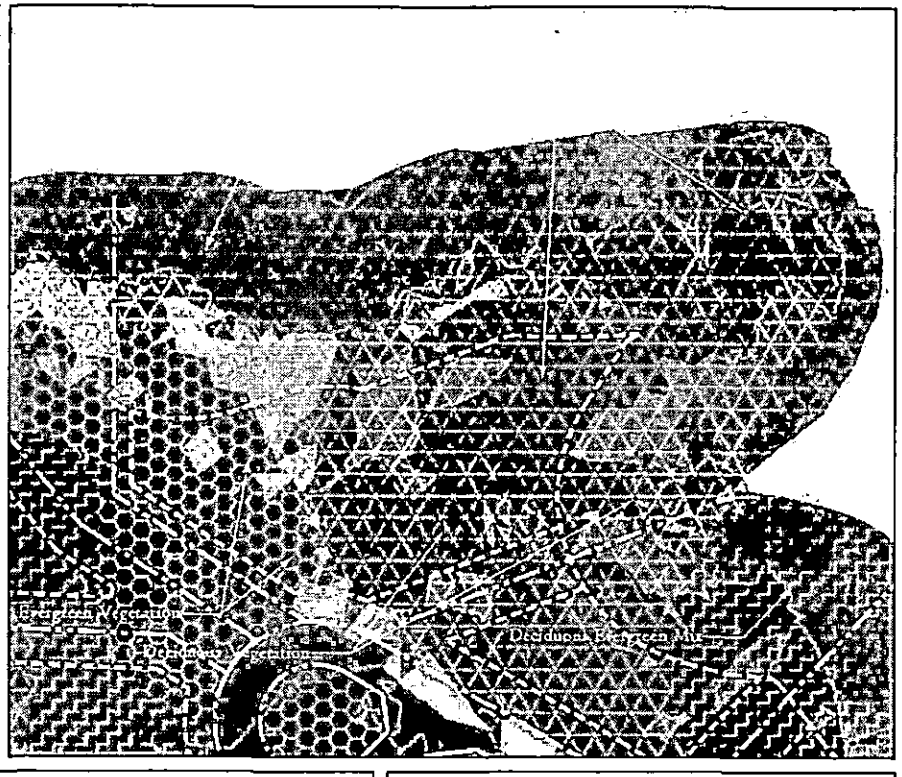
APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 12/15/10





Private Preserve 185

~~+/- 8.274 acres~~
(+/- 360,453 s.f.)

Site Improvement Criteria

Maximum Impervious Surface
12 Percent = +/- 43,252 Square Feet

Building Area
+/- 104,066 Square Feet

June 24, 2004

N

0 100 200 300
graphic scale

Notes

* No permanent stormwater treatment facilities are required, if:
  a) Total impervious area is less than or equal to 7% (+/- 25,230 s.f.)
  b) Total Denuded area is less than or equal to 15% (+/- 54,068 s.f.)
  c) Sq. footage subject to change based on final recorded plat.
* USGS topo shown (not field verified).
* 10' contours represented by darker dashed line.
* C.O.S. - Common Open Space
* Lot lines and setbacks subject to change.
* Refer to the Project Development Standards for additional information.
* Shoreline Impact Minimization Zone - No excavation or dredging may occur; no boat ramps may be constructed. Private docks are allowed if placement does not require dredging.
* Shoreline Environmental Designation - Private docks are allowed if placement does not require dredging.
* The drain field areas shown are intended to be approximate and have not been approved by the Mecklenburg County Health Department (MCHD). All information on the MCHD Improvement Permit will supercede this site illustration.
* All information is subject to change.
* We reserve the right to replace document with updated information.

*** NOT FOR CONSTRUCTION, SALES, RECORDATION, OR CONVEYANCES.**

Legend

Vegetation

- Deciduous Vegetation
- Evergreen Vegetation
- Deciduous Evergreen Mix
- Scattered Hardwoods

Slope

- 0 - 6%
- 6-14%
- 14-25%
- 25-35%
- 35% & Greater

Drain Field - Repair Area

Drain Field - Primary Area

File #: _____

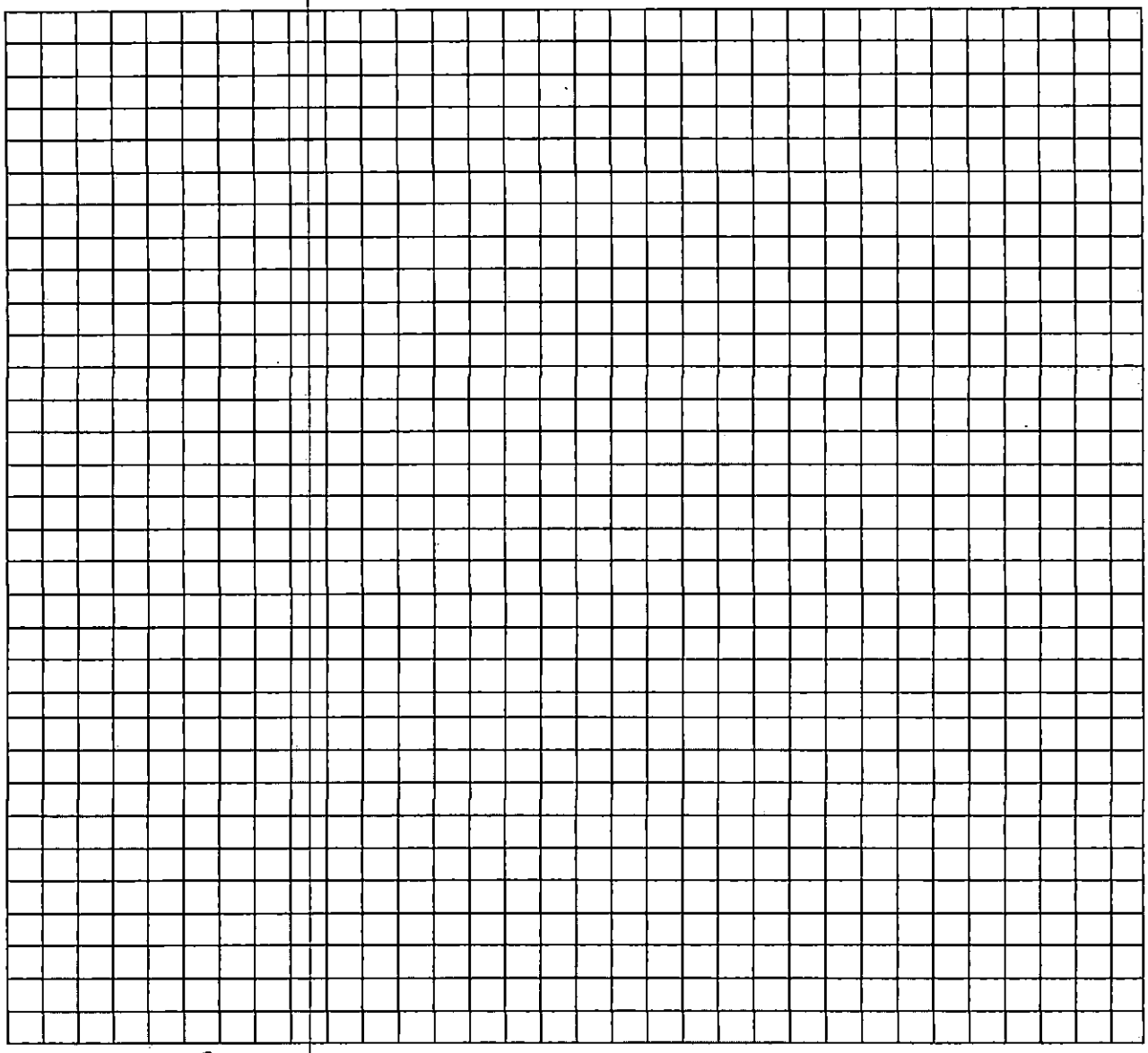
PROPOSED PLOT PLAN

See Attachment

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: 9245 Sweetleaf Place Charlotte NC Tax Parcel #: 199-371-09

Subdivision Name: The Sanctuary Lot #: 185



Property Owner's or Owner's Legal Representative Signature

9-11-15
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
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 Ryan Strickland is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9245 Sweetleaf Place Charlotte NC 28278
Number Street Town
(Or Parcel Number)

Dwight freeney
Property Owner (print name)

Property Owner (signature)

09/11/2015
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/14/15	**Amount:**	250.00
Receipt #:	96080	**Tendered:**	250.00
Check / Auth #:	VISA 951736	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: STRICKLAND, RYAN
Attn:
Address: 5322 IAN DR
Address:
City/State/Zip: MCLEANSVILLE, NC 27301

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9245 SWEETLEAF PLACE		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: RYAN STRICKLAND

Bill To:

RYAN STRICKLAND
5322 IAN DR

Mc Leansville, NC 27301

Single Payment

Transaction Date: 09/14/2015 5:32 AM Pacific Time
Pay Method: VISA **********4832
Approval #: 951736
Trace Number: ce3e6df6-2e2f-4f97-bd7b-bbe48df0532d
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

Ellis, Loretta

From: AHA <advantagehearing@yahoo.com>
Sent: Monday, September 14, 2015 8:05 AM
To: Ellis, Loretta
Subject: Time Sensitive
Attachments: EPSON007.PDF

To Whom It May Concern,

My real estate agent Pam Badgley had spoke with you late last week regarding an upcoming closing I have on land in Charlotte that I just found out had never had a perc test done. We are scheduled to close this Friday the 18th and unfortunately couldn't get the seller's signature until this past Saturday the 12th to authorize the test. I am attaching the application here and can pay the $250 over the phone as soon as possible. I can be reached at 336-862-2100 anytime to schedule perc test or make payment. I will also look for a fax number to send this application to. Could you please assist with expediting this application in hopes that we may be able to get the perc test done before this Friday? Thank you for your time, efforts, and assistance, Ryan Strickland

AHA!
Advantage Hearing & Audiology
http://www.advantage-hearing.com
Greensboro:
(336)271-4944
Eden:
(336)623-2422
Kernersville:
(336)497-5436
Toll Free:
1-800-617-HEAR

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/14/15	**Amount:**	75.00
Receipt #:	96081	**Tendered:**	75.00
Check / Auth #:	VISA 425401	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: DAVIS,CLIVE CHU
Attn:
Address: 186 ALICE CT
Address:
City/State/Zip: WINSTON SALEM, NC 27127

Item	Description	Permit#	Quantity	Unit Price	Total Price
0769	Temporary Food Establishment 2025 OKTOBERFEST		1	75.00	75.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: CLIVE DAVIS

Bill To:

CLIVE DAVIS
186 ALICE STREET

Winston Salem, NC 27127

Single Payment

Transaction Date:	09/14/2015 5:54 AM Pacific Time
Pay Method:	VISA **********6154
Approval #:	425401
Trace Number:	f920267e-8ec3-4092-819a-c5bbda2b8c6f
Amount:	$75.00

Payment Amount:	$75.00
Total:	**$75.00**

Thank you for your payment.