MECKLENBURG COUNTY
HEALTH DEPARTMENT

3589A # 9820

# APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

6 AUG '18 AM10:24

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: ~~13928238~~ 19719111

STREET ADDRESS: 9518 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28227

SUBDIVISION NAME: NA

LOT #: NA LOT SIZE (acres): _____

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 House

HEATED SQUARE FOOTAGE: 10,000

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 8

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 _____

8A. RANK: 4 1 2 3 ____

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? AFTER 1983 ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:

NAME: Brian Haigler
ADDRESS: 9518 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: (704) 502-5588
MOBILE PHONE: _____
FAX: _____
E-MAIL: Septicenvsol@yahoo.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Septic Env. Sol. Inc. Mr.Kenneth L. Owens
ADDRESS: 3901 Spring Fancy Lane
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: 704-502-5588
MOBILE PHONE: 704-502-5588
FAX: 704-684-1469
E-MAIL: septicenvsol@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

MECKLENBURG COUNTY
HEALTH DEPARTMENT

100828 # 9829

6 AUG '18 AM10:24

# APPLICATION FOR A COMMERCIAL 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: 19719112

STREET ADDRESS: 9514 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28277

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

**4. BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Wedding Reception

◉ COMMERCIAL ○ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 4,000

NUMBER OF EMPLOYEES PER SHIFT: 4

NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 50

TYPE OF WASTEWATER GENERATED:

◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

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:** ____ 1 2 3 ____

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?** _____ ☐ N/A

**12. PROPERTY OWNER:**

NAME: Brian Haigler

ADDRESS: 9518 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28277

WORK PHONE: _____

MOBILE PHONE: (704) 242-2908

FAX: _____

E-MAIL: _____

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

NAME: Mr. Kenneth Owens

ADDRESS: 3019 Spring Fancy Lane

CITY: Indian Trail

STATE: NC ZIP: 28079

WORK PHONE: _____

MOBILE PHONE: (704) 502-5588

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

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10081B #9827

# APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

6 AUG '18 AM10:

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: 19713113

STREET ADDRESS: 9508 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28277

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

**4. BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Wedding Chapel

◉ COMMERCIAL ○ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 4,000

NUMBER OF EMPLOYEES PER SHIFT: 4

NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 125

TYPE OF WASTEWATER GENERATED:

◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

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:** ____ 1 2 3 ____

**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?** _____ ☐ N/A

**12. PROPERTY OWNER:**

NAME: Brian Haigler

ADDRESS: 9518 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28277

WORK PHONE: (704) 242-2908

MOBILE PHONE: (704) 242-2908

FAX: _____

E-MAIL: _____

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

NAME: Mr. Kenneth Owens

ADDRESS: 3019 Spring Fancy Lane

CITY: Indian Trail

STATE: NC ZIP: 28079

WORK PHONE: (704) 502-5588

MOBILE PHONE: (704) 502-5588

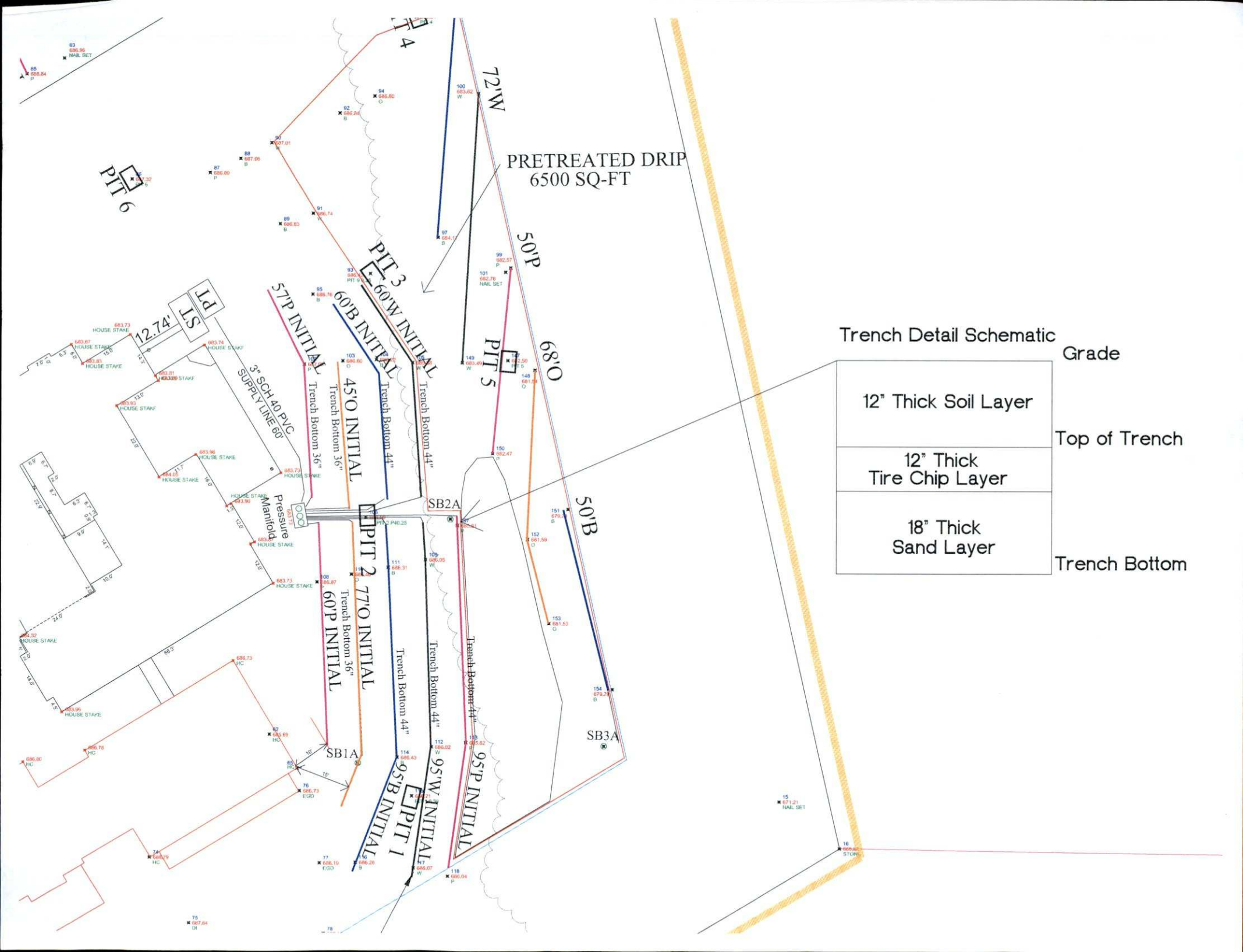
FAX: _____

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


PRETREATED DRIP
6500 SQ-FT
PIT 6
PIT 3
PIT 5
PIT 2
PIT 1
72'W
50'P
68'O
50'B
95'P INITIAL
95'W INITIAL
95'B INITIAL
77'O INITIAL
60'P INITIAL
60'W INITIAL
60'B INITIAL
57'P INITIAL
45'O INITIAL
Trench Bottom 44"
Trench Bottom 36"
12.74'
ST
PT
3" SCH 40 PVC SUPPLY LINE 60'
Pressure Manifold
SB1A
SB2A
SB3A
Trench Detail Schematic
Grade
12" Thick Soil Layer
Top of Trench
12" Thick Tire Chip Layer
18" Thick Sand Layer
Trench Bottom

MECKLENBURG COUNTY
HEALTH DEPARTMENT

100823 # 9829

6 AUG '18 AM10:24

**APPLICATION FOR A COMMERCIAL 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: 19719112

STREET ADDRESS: 9514 Brief Road

CITY: Charlotte

STATE: NC ZIP: 28277

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ◉ MINT HILL

4. **BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Wedding Reception

◉ COMMERCIAL ○ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 4,000

NUMBER OF EMPLOYEES PER SHIFT: 4

NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 50

TYPE OF WASTEWATER GENERATED:

◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

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:** ____ 1 2 3 ____

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?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: Brian Haigler
ADDRESS: 9518 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28277
WORK PHONE: _____
MOBILE PHONE: (704) 242-2908
FAX: _____
E-MAIL: _____

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

NAME: Mr. Kenneth Owens
ADDRESS: 3019 Spring Fancy Lane
CITY: Indian Trail
STATE: NC ZIP: 28079
WORK PHONE: _____
MOBILE PHONE: (704) 502-5588
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.

KLO
_____ (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.

Kenneth L. Owens

Brian Haigler dotloop verified 08/03/18 1:15PM EDT UELH-0QEJ-GUI0-J7JH

Mr. Kenneth L. Owens, Mr. Brian Haigler — 8/3/18

Property Owner's or Owner's Legal Representative Signature — Date

---

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

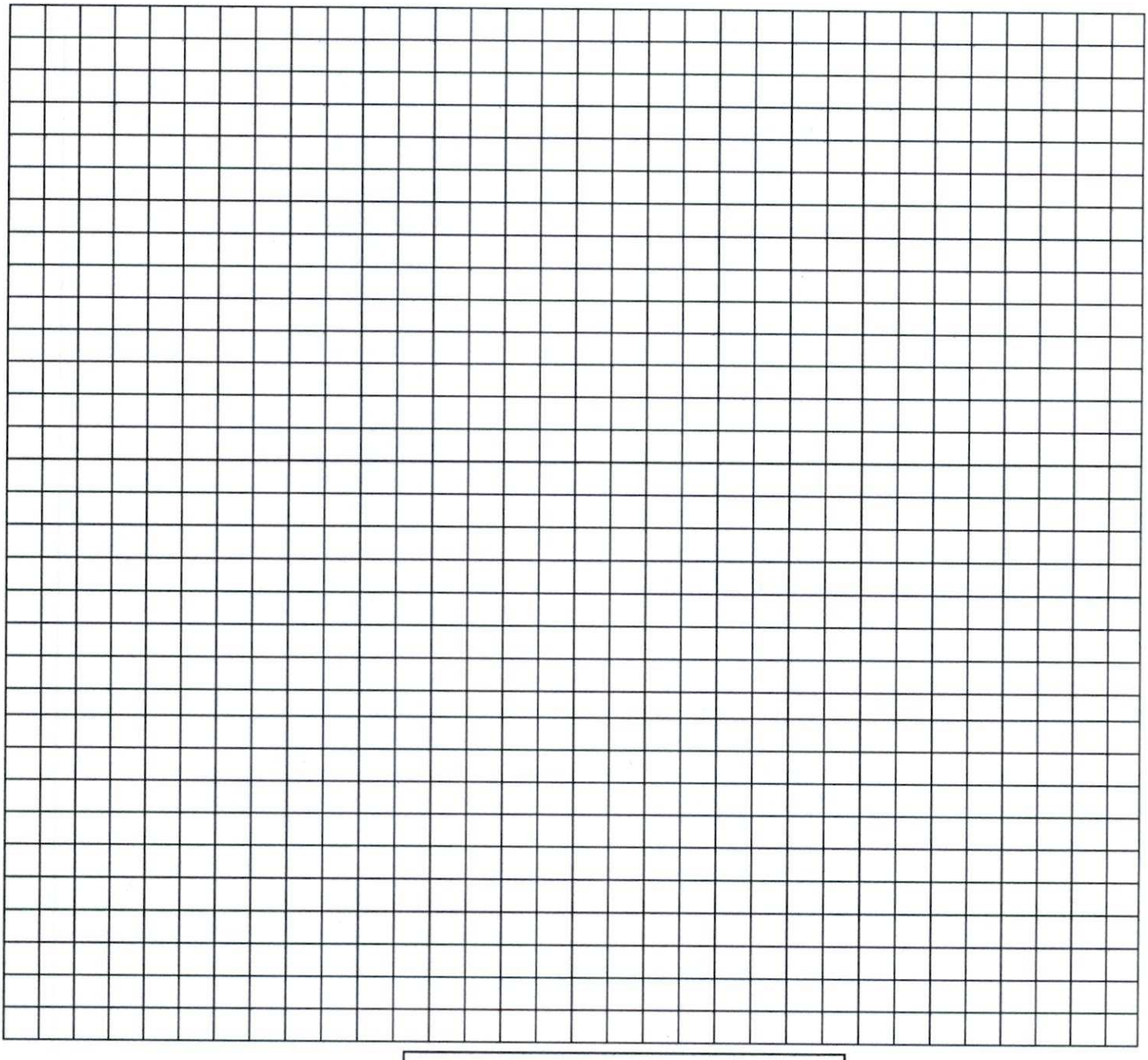
File #: _____

## 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: 9514 Brief Road, Charlotte, NC 28277 Tax Parcel #: 19719112

Subdivision Name: NA Lot #: NA



Mr. Kenneth L. Owens, Mr. Brian Haigler Brian Haigler dotloop verified 08/03/18 1:15PM EDT 9Z7Y-HMHS-TIAC-UMQU

Property Owner's or Owner's Legal Representative Signature Date

Kenneth L. Owens



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:** | 08/06/18 | **Amount:** | 450.00 |
| **Receipt #:** | 112336 | **Tendered:** | 450.00 |
| **Check / Auth #:** | VISA 06004G | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

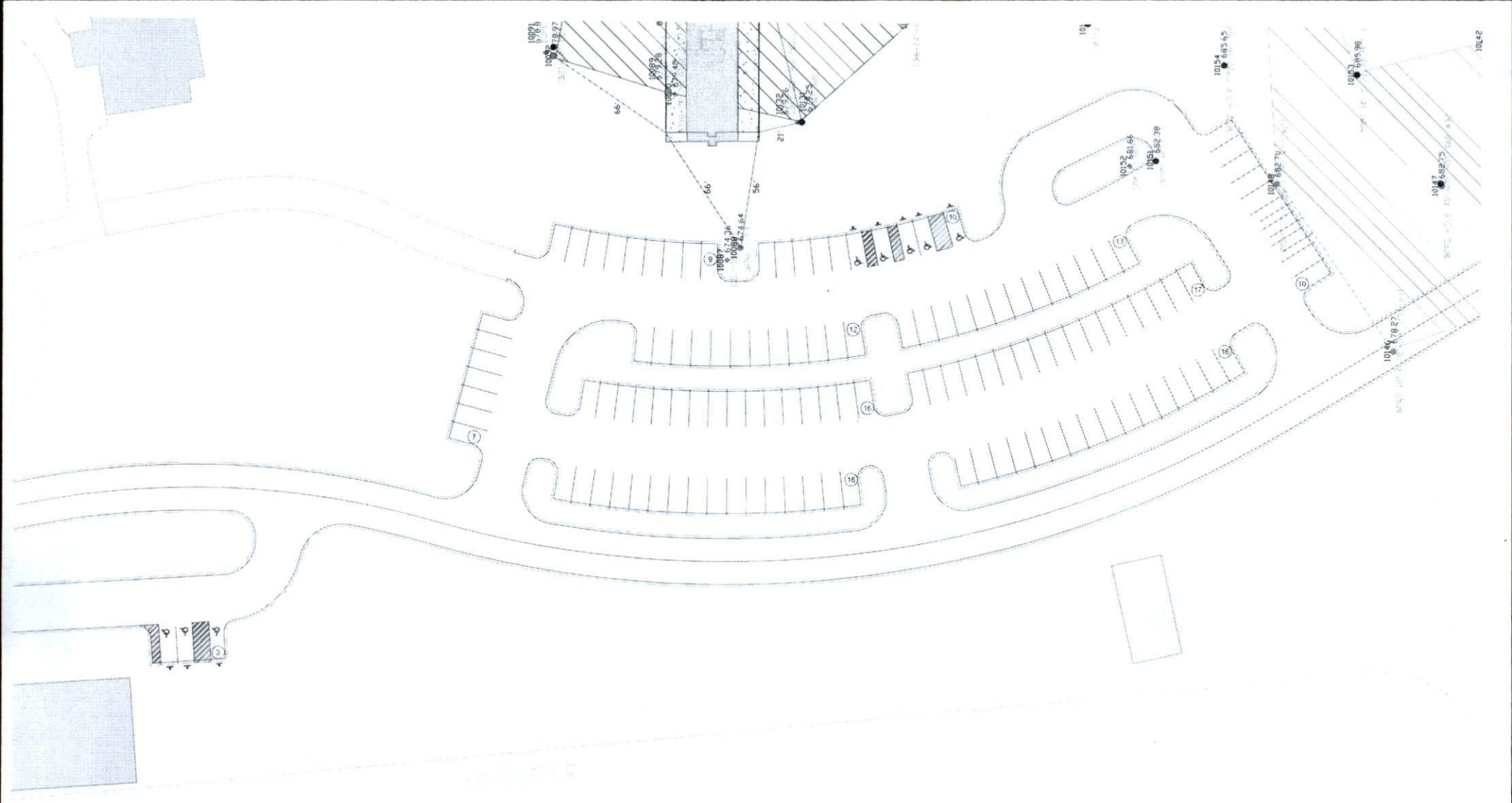
**Account Information**

**Account #:** 200000
**Contractor:** OWENS, KENNETH
**Attn:**
**Address:** 3019 SPRING FANCY LANE
**Address:**
**City/State/Zip:** INDIAN TRAIL, NC 28079

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| ~~0701~~ 0735 | Improvment Permit App~~-Residen~~ Comm<br>9514 BRIEF ROAD | | 1 | 450.00 | 450.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 65.00 | | | | | |



# Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid

IP ~~($250.00)~~ 450 LE 8/6/18 ____ 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. ☐ _____