SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 15562

Assigned Inspector: Brian Davenport

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: BO 7/23/24 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

15562 / 14800

25 JUL '24 - 11:36

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

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

PERSON FILING APPLICATION:
NAME: Manuel Vega Rodriguez
ADDRESS: 12801 Idlewild Rd
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 492-1028
ALTERNATE PHONE: (704) 877-5310
E-MAIL: mvega0036@email.cpcc.edu

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Manuel Vega Rodriguez
ADDRESS: 12801 Idlewild Rd
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 492-1028
ALTERNATE PHONE: 704-877-5310
E-MAIL: mvega0036@email.cpcc.edu

JOB LOCATION INFORMATION
TAX PARCEL #: _____
STREET ADDRESS: _____
CITY: _____
STATE: NC **ZIP:** _____

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
☒ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ 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 ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION 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.

Manuel Vega R. — Owner's/Agent's Signature
07-17-2024 — Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

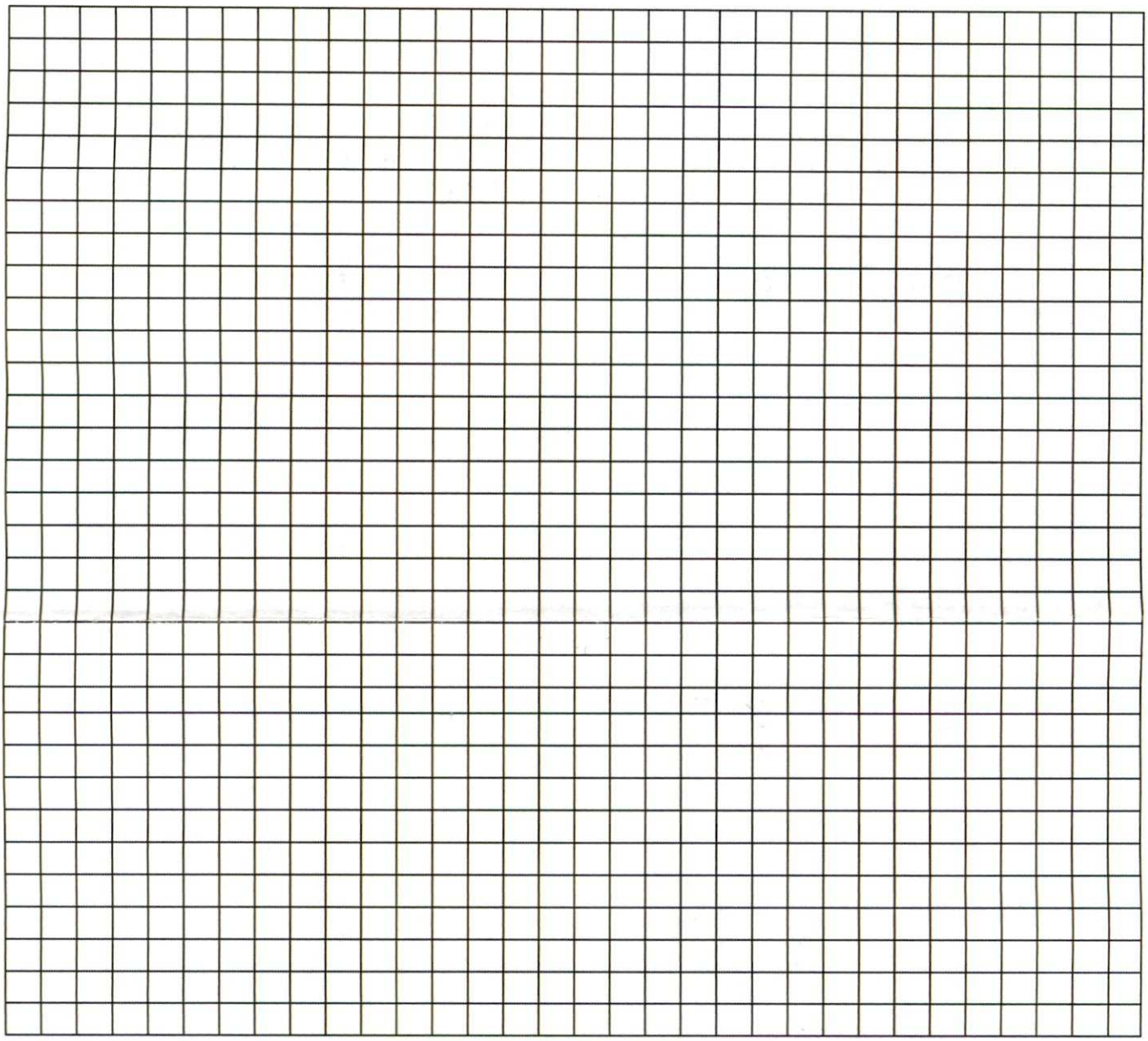
Revised on: 01/03/11

File #: B2601555

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 #: _____



*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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

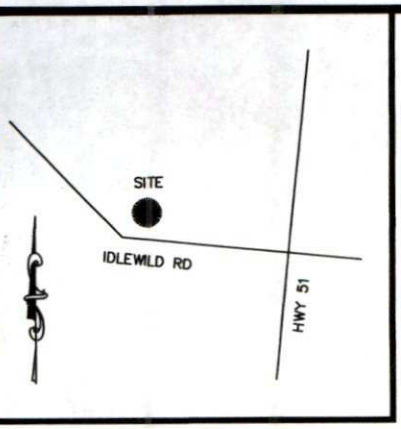
Customer meets required set backs for shed

Byron Dempsey — 7/31/24

REHS Signature — Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

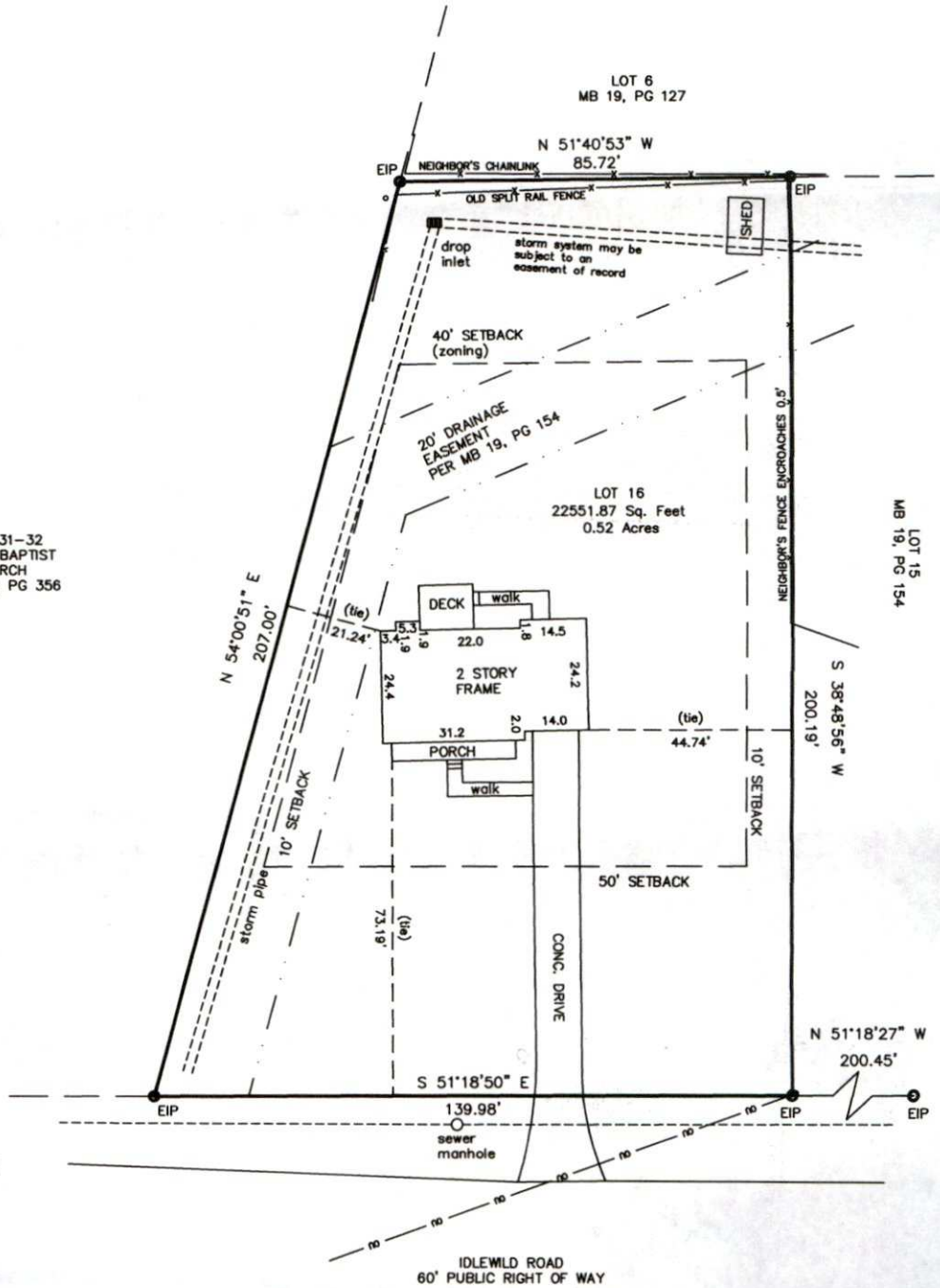


LOCATION MAP
NOT TO SCALE

NORTH CAROLINA PROFESSIONAL SEAL L-4661 LAND SURVEYOR G. KEMP MILLER

I certify that this survey was completed under my direct supervision (as recorded in DB 9621, PG 109); the lines not surveyed were drawn from the deeds referenced on the adjoining lots; that the ratio of precision is 1:62184; and that this map meets the requirement of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600).
This 14th day of February, 2017.

G. KEMP MILLER, PLS, CFS
7330 E. Lakeside Dr.
Charlotte, NC 28215
704-535-0287
704-577-6516



NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS, BUILDING SETBACKS, OR RIGHTS-OF-WAY THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

3. PROPERTY CURRENTLY ZONED: R

4. EIP = EXISTING IRON PIN
   DI = DROP INLET

5. THIS PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD AREA PER FEMA PANEL 3710459000K, DATED 2/9/14.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Rec[illegible]nformation

	ate: 07/23/24	**Amount:**	100.00
Re[illegible]pt **#:**	150035	**Tendered:**	100.00
Check / [illegible]th #:	CHECK 9518	**Returned:**	0.00
Recei[illegible] By:	ALVARJS		

Acc[illegible]nformation

Acc[illegible]t **#:**	200000
Cus[illegible]or:	MANUEL VEGA RODRIGUEZ
[illegible]n:	
[illegible]ss:	
[illegible]ss:	
City/S[illegible]Zip:	,

Item	Des[illegible]n	Quantity	Unit Price	Total Price
0705	Us[illegible]g System	1	100.00	100.00
	128[illegible]WILD RD			

Permit#

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

Month-To-[illegible]	[illegible]rior Month	30 Days	60 Days	90 Days	Balance
	2,737.50				