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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: Brenda Arnold
ADDRESS: 3160 Hwy 21 N
CITY: Fort Mill
STATE: SC ZIP: 29715
PHONE: 803-517-8010
ALTERNATE PHONE:
E-MAIL: residential services.brenda@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Helen Bagllore
ADDRESS: 14301 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 21911123
STREET ADDRESS: 14301 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28278

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: 3

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.

Brenda Arnold
Owner's/Agent's Signature

11/5/18
Date

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

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

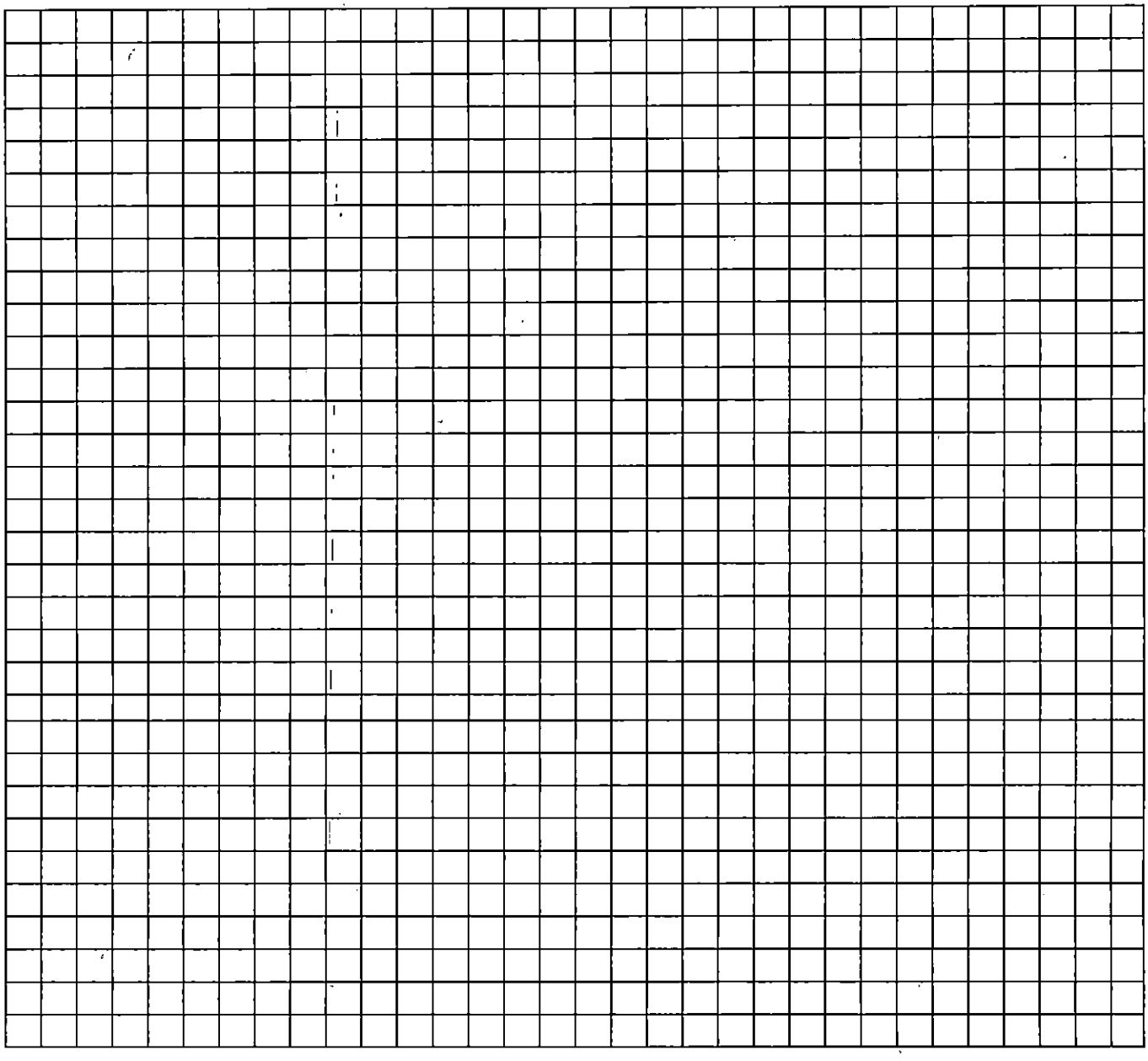
Revised on: 01/03/11

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: _____ 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

meets all set backs

April Burmgarner 11-19-18

REHS Signature Date

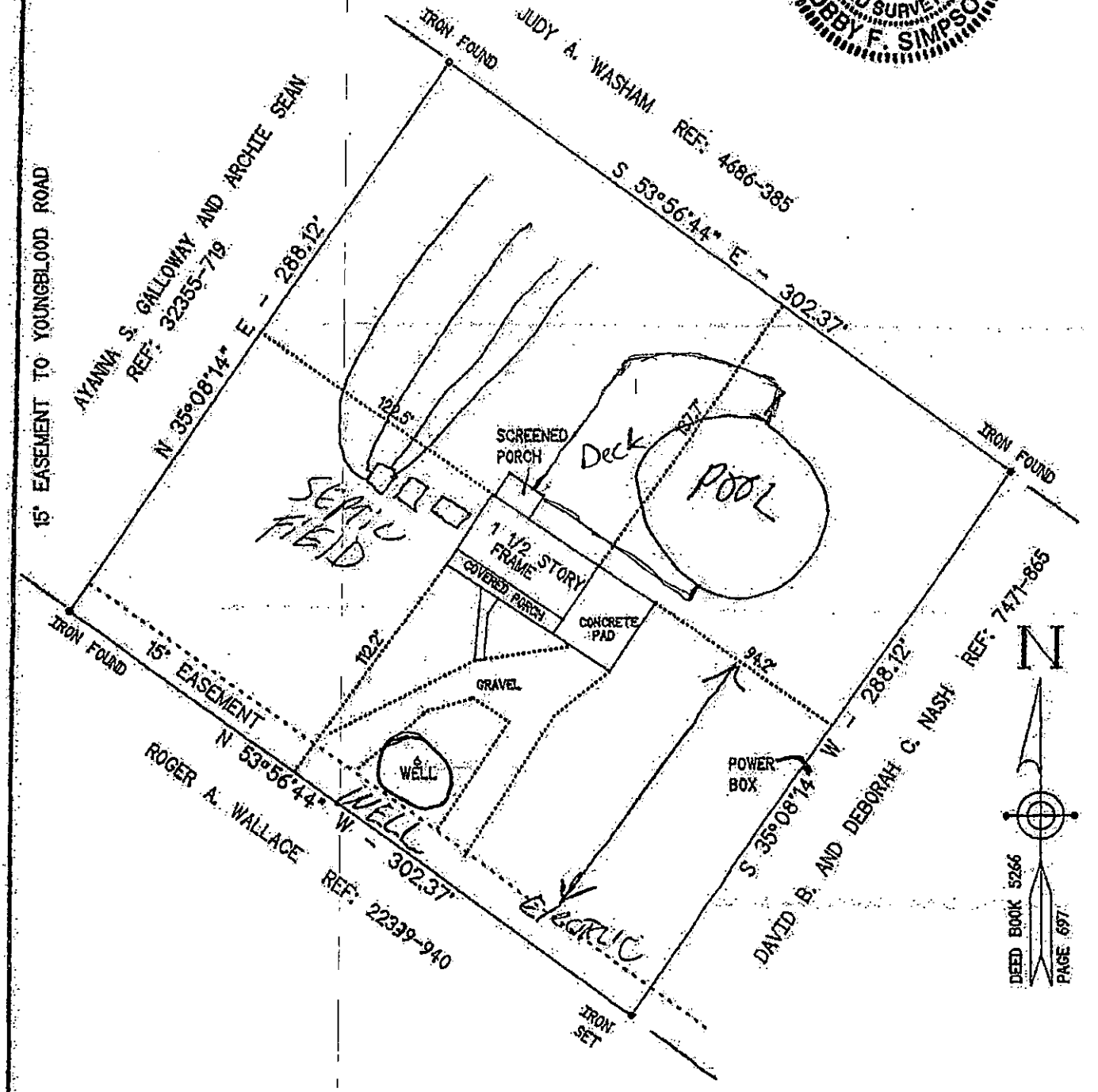
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

SIGNED

BOBBY F. SIMPSON NCPLS 3626

NORTH CAROLINA PROFESSIONAL SEAL L-3626 LAND SURVEYOR BOBBY F. SIMPSON



PHYSICAL ____

Bags

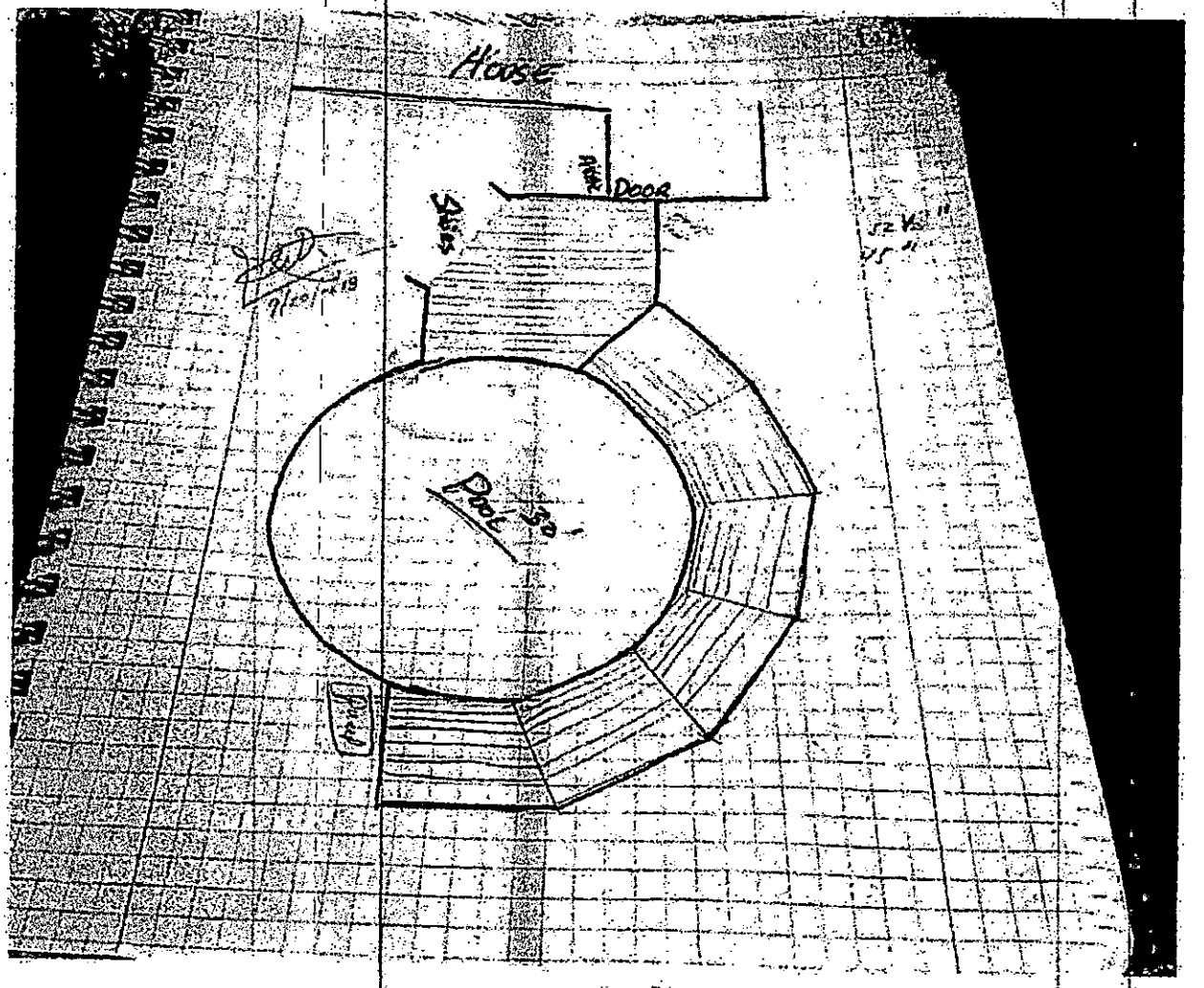
Dustin Keough

Mon 8/27/2018 4:41 PM

To: Keough, Dustin - Dustin <dustin.keough@store.lowes.com>

PRESSURE TREATED WOOD DECK AROUND AN ABOVE GROUND POOL. OPEN TO ALL IDEAS, DESIGNS, ETC.

ANDREW BAGLIORE
14301 YOUNGBLOOD RD
CHARLOTTE NC 28278
908.461.3806.



Sent from my iPhone

+ - DOESNT WANT A SQUARE DECK

+ - ROUND POOL 4'4" DEEP IS POOL

+ - WIFE DIDNT WANT AN ABOVE GROUND POOL, BUT GOT ONE. WANTS IT TO LOOK LIKE AN IN GROUND POOL.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/07/18
Receipt #: 113649
Check / Auth #: VISA 007997
Received By: ABDUSAI

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LOLLAR, DONNA
Attn:
Address: 7226 FAIRWAY LN
Address:
City/State/Zip: PARKER, CO 80134

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 14301 YOUNGBLOOD RD		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
DONNA LOLLAR

Bill To:

DONNA LOLLAR
7226 FAIRWAY LN

Parker, CO 80134

Single Payment

Transaction Date: 11/07/2018 7:25 AM Pacific Time
Pay Method: VISA **********9407
Approval #: 007997
Trace Number: 038cb3b7-3ca9-4d20-a8cc-55e2c756cbd7
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

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 Residential Services is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

14301 Youngblood Rd Charlotte, NC
Number Street Town
(Or Parcel Number)

Helen Baglione
Property Owner (print name)

Helen Baglione
Property Owner (signature)

11/7/2018
Date

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ 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 aas 11/7/18 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was pa[illegible] 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 ☐ _____