## SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 121983

Assigned Inspector: Heather

☐ 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: UP 3/17/25 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:**

12198B
#15360

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: Phillip Horton
ADDRESS: 7685 Ivey Meadow Ln
CITY: Stanley
STATE: NC ZIP: 28164
PHONE: 704-608-1040
ALTERNATE PHONE: 704-880-5207
E-MAIL: citadelcraftsman@gmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 01313119
STREET ADDRESS: 14228 N C 73 HWY
CITY: Huntersville
STATE: NC ZIP: 28078

**PROPERTY OWNER:** ( ) SAME AS PERSON FILING APPLICATION
NAME: Laurance / Cathy Howell
ADDRESS: 14228 N C 73 HWY
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-840-2633
ALTERNATE PHONE:
E-MAIL: cathameck@yahoo.com

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: 2

**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.

Owner's/Agent's Signature _____ Date 3-14-25

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

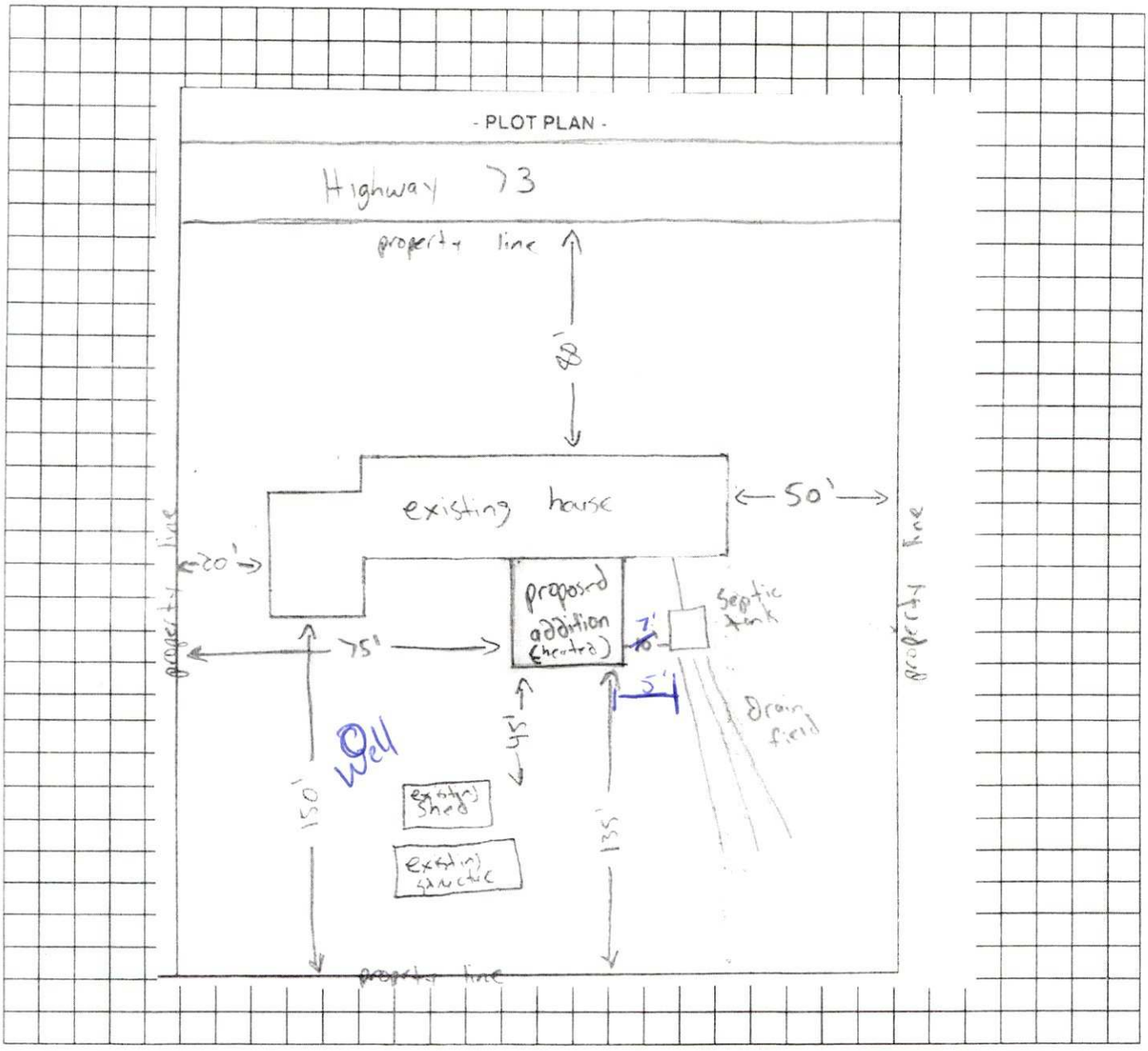
Revised on: 01/03/11

File #: _____

## 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: 14228 N C 73 Hwy Huntersville Tax Parcel #: 01313119




*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 setback

REHS Signature

3-20-25
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

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

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

| 14228 | Hwy 73 | Huntersville, NC 28078 |
|---|---|---|
| Number | Street (Or Parcel Number) | Town |

| Laurance H. Howell<br>Cathy Howell | Laurance H. Howell<br>Cathy Howell |
|---|---|
| Property Owner (Print Name) | Property Owner (Signature) |

3/17/2025
Date

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/17/25 | **Amount:** | 100.00 |
| **Receipt #:** | 154297 | **Tendered:** | 100.00 |
| **Check / Auth #:** | MC 512910 | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

**Account #:** 200000
**Contractor:** PHILLIP HORTON
**Attn:** CITADEL CRAFTSMAN
**Address:**
**Address:**
**City/State/Zip:**

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>14228 N C HWY 73 | 1 | 100.00 | 100.00 |

Permit#

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | 507.50 | 3,317.50 | |