SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) AB 06.01.20 Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

Denied

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

2 JUN '20 AM 8:58

106378
#11312

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 193-531-11
STREET ADDRESS: 2228 Sam Newell Rd
CITY: Matthews NC
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: L3 N9-27 LOT SIZE (acres): 4.6
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 Church/ Assembly
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
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: 1

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? 6/15/20 ☐ N/A

12. PROPERTY OWNER:
NAME: Deeper Life Bible Church
ADDRESS: 2006 Commerce Crossing Ln
CITY: Matthews
STATE: NC ZIP: 28104
WORK PHONE:
MOBILE PHONE: 704 877 8946
FAX:
E-MAIL: longinuslagar@hotmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

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. L.O.A. (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.

_____ 5-14-2020

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

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OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

File # _____

PROPOSED PLOT PLAN

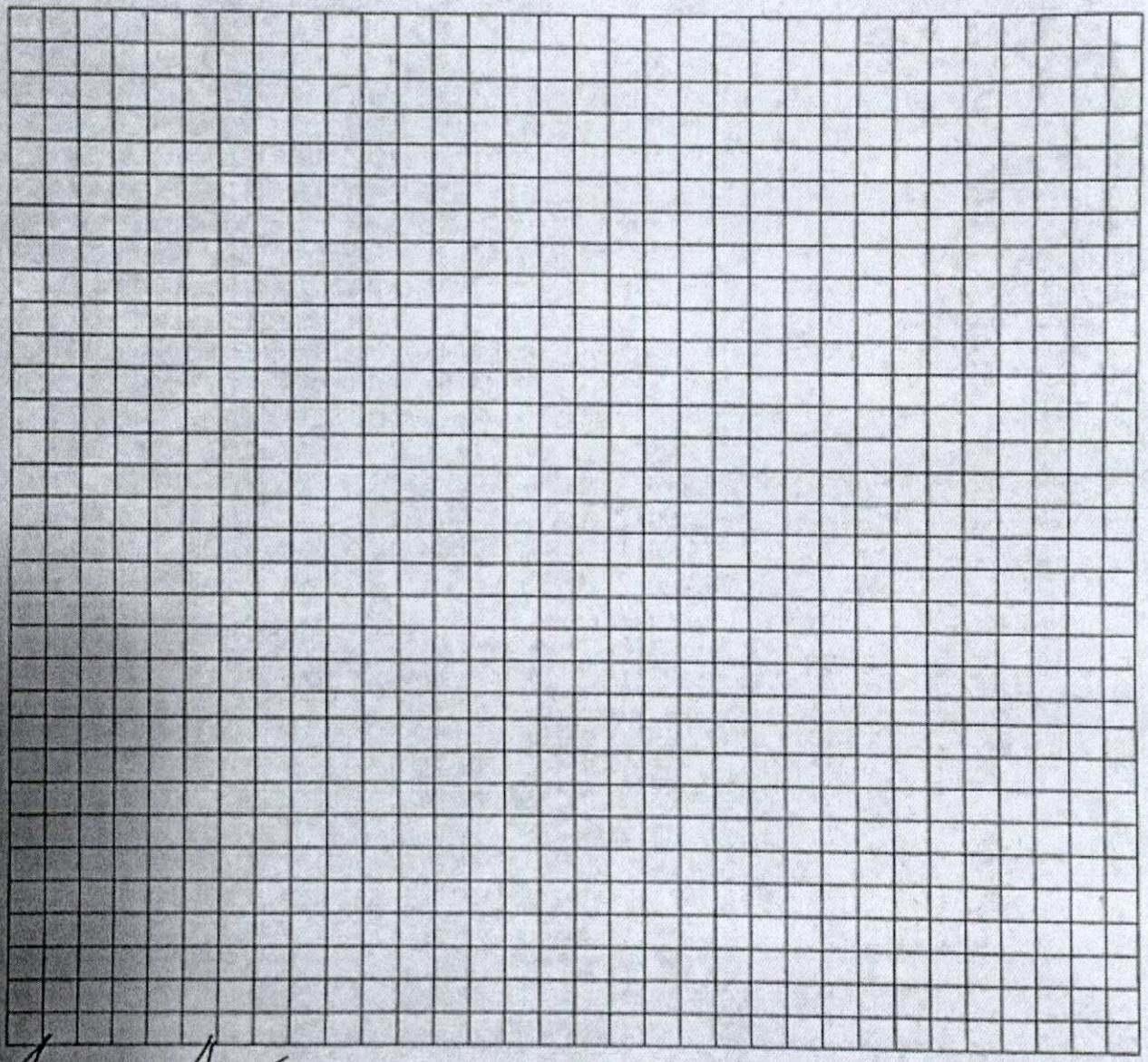
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 2228 Sam Newell Rd

Tax Parcel #: 193-531-11

Subdivision Name: —

Lot #: L3M9-27



Property Owner's or Owner's Legal Representative Signature

5-24-2020

Date

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

Revised on: 03/27/19


CaB2
EnB
ApD
EnD
County and is compiled from record
information sources should be

Sam Newell Road Property
Mecklenburg County, North Carolina

Soil Boring ID	Soil Boring Terminating Depths (Inches)
SB 1	21 Mottled
SB 2	21-32 mottled, 32-48 saprolite
SB 3	14-32 mottled, 32-55 sasprolite
SB 4	20 mottled
SB 5	20 mottled
SB 6	20-48 saprolite
SB 7	17 saprolite/clay
SB 8	18-28 saprolite/clay
SB 9	19-48 saprolite/clay
SB 10	0-38 saprolite/clay, 38-44 saprolite
SB 11	0-6 rock
SB 12	25-38 firm saprolite
SB 13	18-26 saprolite/clay
SB 14	18-27 saprolite/clay
SB 15	8 expasive clay
SB 16	6-26 saproite/clay
SB 17	8-30 expansive clay to rock
SB 18	12-26 expansive
SB-19	40-55 saprolite
SB 20	40-52 saprolite

1. It can be subdivided into two parcels.
2. One parcel can accommodate the church and Day Care center.

I had an Environmental solution guy do a perc test--but I was told it was not acceptable to the city. Can the City use the Survey you all have on record to do the test and make recommendations regarding the feasibility for the Septic installation.

It would be a huge cost to engage an Architect for a blue print, for a property I do not own.

Please let me know how you can help. I will be happy to make time to come by the office if you need me to.

Thanks.

L Agor

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/01/20
Receipt #: 122586
Check / Auth #: VISA 132177
Received By: PLACILJ

Amount: 250.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LONGINUS AGOR
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 2228 SAM NEWELL RD		1	250.00	250.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
LONGINUS AGOR

Bill To:

LONGINUS AGOR
2228 Samnewell Rd

Single Payment

Transaction Date:	06/01/2020 6:28 AM Pacific Time
Pay Method:	VISA **********1206
Approval #:	132177
Trace Number:	dbada08c-4b46-4141-9c44-613bd4679a14
Amount:	$250.00

Payment Amount:	$250.00
Total:	**$250.00**

Thank you for your payment.

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND AUTHORIZATION FORM

Please refund Longinus Agor (Customer Name) for a request received on 6/14/20 (Date of request), for the following reason:

[ ] Overpayment

[X] Unable to obtain a permit

[ ] Other *(Please give a detailed explanation)*: _____

Refund the amount listed from the following accounting line:

Department:	HLT
Fund:	0001
Unit:	36020
Revenue Code:	3122
Activity:	60038
Function:	SC4340
Amount:	$ 250-

Mail refund to: Longinus Agor
7006 Camrose Crossing Ln
Matthews NC 28104

Employee Processing Request — Date: 6/16/20

Managers Approval — Date: 6-17-2020

Attachments: *Copy of client request*
Original payment receipt

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it back to 704-336-6894 or mail it to 3205 Freedom Drive, Suite 8000, Charlotte NC 28208.

CONTACT INFORMATION	
NAME	Longinus AGOR
MAILING ADDRESS	7006 Camrose Grossing Ln. Matthews NC 28
PHONE NUMBER	704 877 8946
EMAIL ADDRESS	longinusegor@hotmail.com
REFUND AMOUNT	$850.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

Prior soil study showed the proposed lot is septic unsuitable

Signature

6/14/20
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/01/20
Receipt #: 122586
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Account Information

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Contractor: LONGINUS AGOR
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
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