Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid

IP ($250.00) 8/4/17 AS 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. ☐ _____

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☐
REFUND ☒
CANCEL ☐

1. Property Owner's name: _____ 2. Permit #: _____
3. Permit Address: 11724 Moores Chapel Rd 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
7. *If Refund*, Check payable to: Donald Tyson 8. Phone #: _____
9. Mailing Address: 4788 Charlie Hipp Rd, Char NC 28214

Reason for Request

☐ Plan Change ☐ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason *(explain in detail-application may be rejected without complete details)*

Signature (*Requestor*): _____ Print name: _____

Fax #: _____ Phone #: _____ Date: _____

Staff signature for in-person verification: _____ *(or accept notary below)*

ID used for in-person verification: _____ *(examples: DL #, Business card, Student ID, etc...)*

State of North Carolina
County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): _____ Date: _____
Notes: _____

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B	M	E	P
☐	☐	☐	☐

Initials _____ Date _____

Plan Review

of Hours _____ X Rate _____ = $_____

Processing Notes:

_____

Expired Permit

Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee	250
- Less Zoning Fee	
-Plan review (Total Hours X Rate)	
-Inspection Info (# of Insp. X Rate)	
Misc Fees deductions	
-Homeowner Recovery	
-Other Deduction _____	
-Other Deduction _____	
Total Credit/Refund	250

☑ Minimum Fee retained

(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

Calculation Signature _____ Date _____

Supervisor/Manager Signature Date

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Reason: _____

Initials _____ **Date** / /

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88---	88116	Initials & Date	in Navision

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Dept Approval: _____ Date_

Finance Approval: _____ Date_____

Assigned to: S R C

Rev Coll. Distribution Date

Rev. Coll. Tracking #

#9072 3 AUG '17 AM 9:13

9782B

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: 053-122-15

STREET ADDRESS: 11724 Moores Chapel Rd

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION NAME: Stonington Cmnty

LOT #: ~~38~~ 6 LOT SIZE (acres): 6.00

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 barn

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3-4

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 none yet

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:** ____ ____ ____ ____ ____

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?** 8/15/17 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Charles Witherspoon
ADDRESS: 1270 Overlook Mountain Dr
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: (704) 763-4914
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

NAME: Charles Paxton-Realtor
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: (704) 763-4914
MOBILE PHONE: _____
FAX: _____
E-MAIL: paxc@mindspring.com

8-5

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.

CW (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.

Charles N. Witherspoon — Property Owner's or Owner's Legal Representative Signature

7-27-17 — Date

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:

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

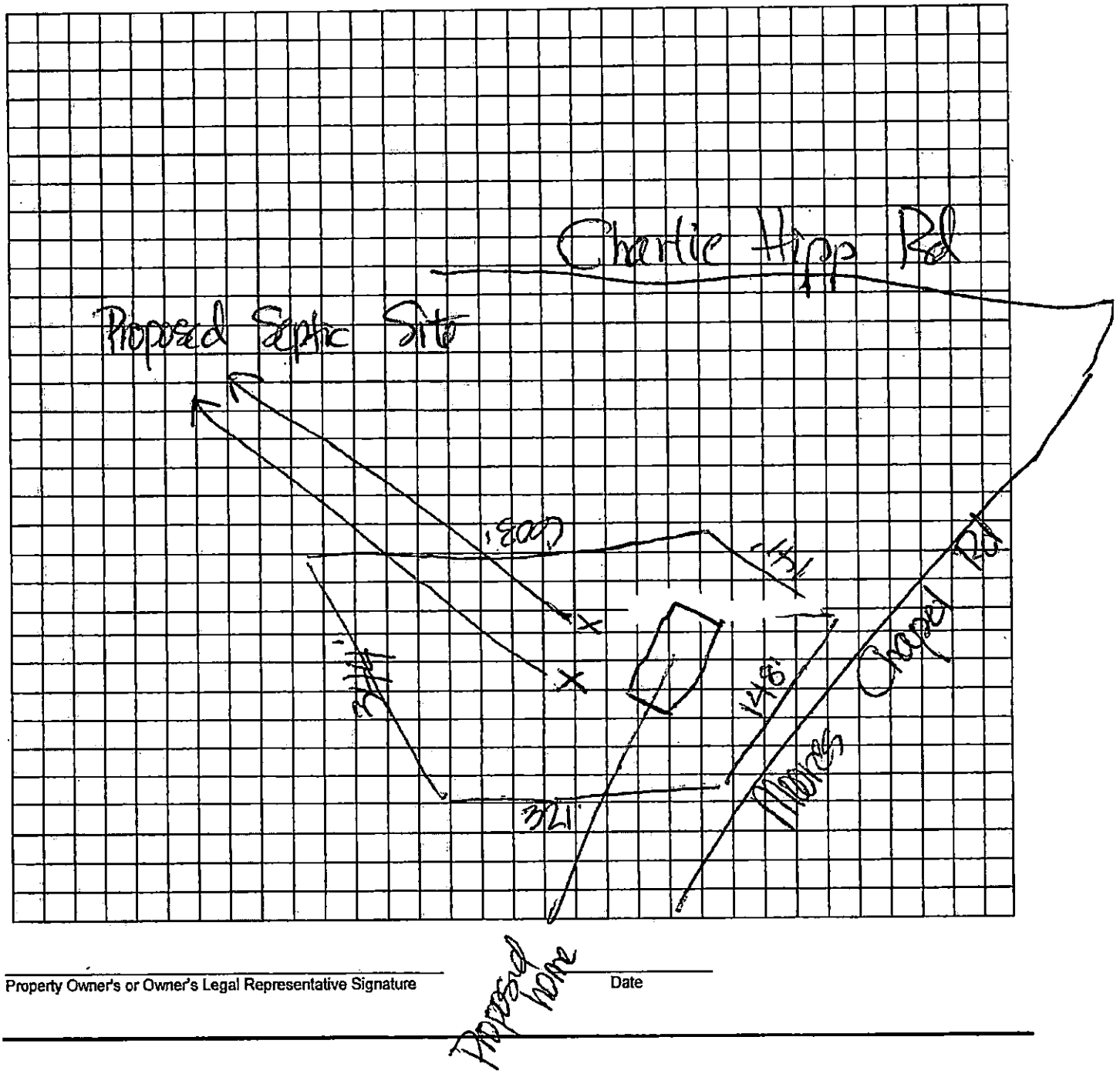
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 11724 Moores Chapel Rd. Charlotte

Tax Parcel #: 05312213

Subdivision Name: none

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

Date

Proposed home

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. S[illegible] 211 CHARLOTTE, NC 28202, OFFICE: 980-314-16[illegible] AX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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 Charles Poston is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 11724 Moores Chapel Rd. Charlotte 28214
   Number Street Town
   (Or Parcel Number)

Charles N. Witherspoon
Property Owner (print name)

Charles N. Witherspoon
Property Owner (signature)

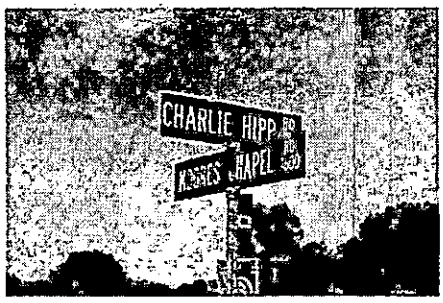
7-27-17
Date

Land Property Agent Full

11724 Moores Chapel Road, Charlotte NC 28214

List Price: **$110,000**

CMLS#:	3296360	Category:	Lots/Acres/Farms	Parcel ID:	05312215 0531223
Status:	Under Contract-Show *DDP*	Tax Location:	Mecklenburg	County:	Mecklenburg
Subdivision:		Tax Value:	$121,800	Zoning Desc:	Residential Lot
Zoning:	R120			Deed Reference:	M34
Legal Desc:	P2Tract 6				



General Information

Type:	Acreage
Can be Divided?:	Yes
$/Acres:	$18,032.79

Land Information

Approx Acres:	6.10
Acres Cleared:	
Acres Wooded:	
Approx Lot Dim:	
Min Sqft To Build:	2,000
Prop Foundation:	
Restrictions:	No Restrictions

Additional Information

Prop Fin:	Cash
Ownership:	Seller owned for at least one year
Special Conditions:	None

School Information

Elem:	Unspecified
Middle:	Unspecified
High:	Unspecified

Utility/Plan Information

Sewer:	None
Water:	None
Outbuildings:	No
Dwellings:	No
Bedrooms Septic:	
Publicly Maint Rd:	Yes

Improvements:	Barbed Wire		
Suitable Use:	Residential		
Subject To HOA:	None	HOA Subj Dues:	Assoc Fee:
			Subject to CCRs:

Remarks

Public Remarks:	Building lots located on Moores Chapel Road and Charlie Hipp Road
Agent Remarks:	Two tracts of land that can be subdivided
Instructions:	Sign
Directions:	I-85 South to Sam Wlison. Turn left on Preformance Drive. Dead ends into Moores Chapel Rd. Turn Right. Property on left about 1/4 mile

Listing/Agent/Office Information

DOM:	12	CDOM:	12	TOM Dt:		Expiry Dt:	
Mkt Dt:	06/28/17	UC Dt:	07/10/17	DDP-End Date:	08/10/17	With Dt:	
Agent/Own:	No						
For Appointment Call:	800-746-9464			List Type:	Exclusive Right		
List Agent:	Charles Paxton (20853)			Agent Phone:	704-763-4914		
Office:	Carolina Homes and Land Realty (1912)			Office Ph:	704-361-8791		
Buyer Agency:	3%	Sub Agency:	0%	Transaction Broker:		Bonus:	
Named Prosp:	No	Dual/Var:	No	Seller Name:	Withheld		
Web Url:				Full Service:	Yes		

Closed Information

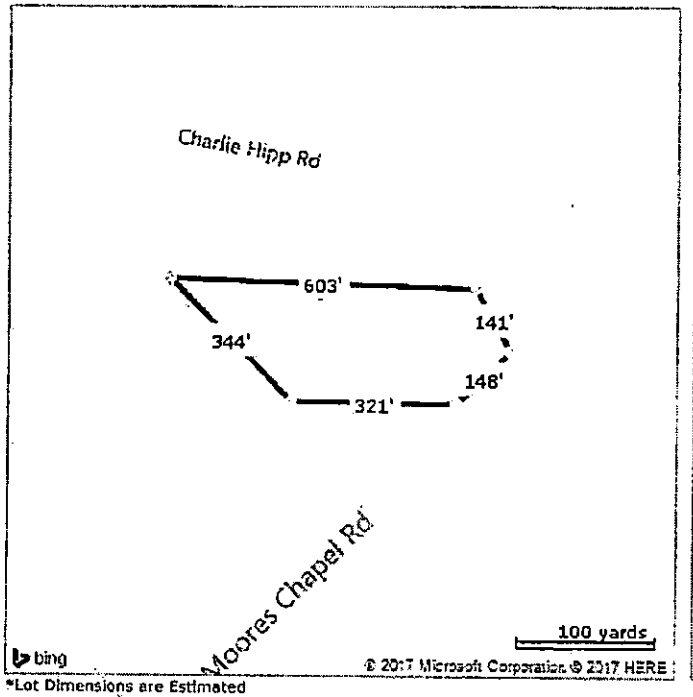
Closed Dt:		Sold Price:		Sir Contr:	
Selling Agent:	Kathleen McLain (96188)	Agent Ph:	704-517-5325	LTC:	
Selling Office:	RE/MAX Executive (1303)	Office Phone:	704-540-7500		
Terms:					

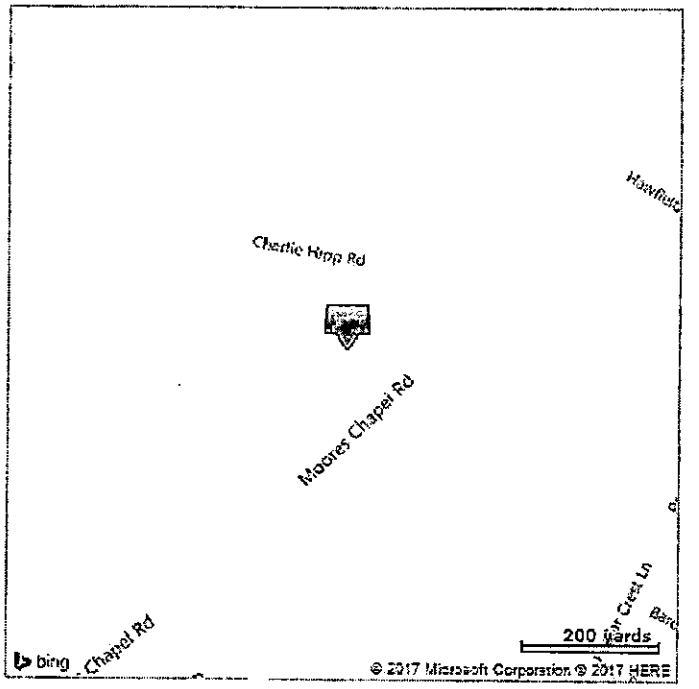
Prepared By: Kathleen McLain

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Mortgage Date	12/22/1999	09/16/1996	08/14/1996
Mortgage Amount	$9,885	$22,000	$50,000
Mortgage Lender			
Mortgage Type	Resale	Resale	Seller/Carry Back

Property Map





*Lot Dimensions are Estimated

Courtesy of Kathleen McLain, CAROLINA MULTIPLE LISTING SERVICES INC
The data within this report is compiled by CoreLogic from public and private sources. The data is deemed reliable, but is not guaranteed. The accuracy of the data contained herein can be independently verified by the recipient of this report with the applicable county or municipality.

kmclain@carolina.rr.com

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
DONALD TYSON

Bill To:

DONALD TYSON
4788 CHARLIE HIPP RD

Charlotte, NC 28214

Single Payment

Transaction Date:	08/03/2017 8:24 AM Pacific Time
Pay Method:	**********4478
Approval #:	003119
Trace Number:	7c507152-7c8c-44fb-a3ae-c10728ae94f5
Amount:	$250.00

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

Thank you for your payment.

KathyNtb @ bellsouth.net

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/03/17	**Amount:**	250.00
Receipt #:	106895	**Tendered:**	250.00
Check / Auth #:	MC 003119	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: TYSON , DONALD
Attn:
Address: 4788 CHARLIE HIPP RD
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11724 MOORES CHAPEL RD		1	250.00	250.00

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

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