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MECKLENBURG COUNTY
HEALTH DEPARTMENT

5 JAN '22 PM 4:19

APPLICATION FOR A COMMERCIAL 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: 05322402

STREET ADDRESS: ~~NWC Centergrove Lane & Sam Wilson Road~~ 8814 Lakebrook Rd

CITY: Charlotte

STATE: NC ZIP: 28214

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ◉ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Convenience Store with Gasoline

◉ COMMERCIAL ○ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 5,312

NUMBER OF EMPLOYEES PER SHIFT: 5

NUMBER OF SHIFTS: 3 NUMBER OF SEATS: 7

TYPE OF WASTEWATER GENERATED:

◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☑ N/A

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 4 3 2 5

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?** 5/3/19 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 1/31/22 ☐ N/A

12. **PROPERTY OWNER:**

NAME: MDDD Realty Southeast, LLC
ADDRESS: 36 Hazelton Street
CITY: 36 Hazelton Street
STATE: PA ZIP: 18706
WORK PHONE: (877) 217-4474
MOBILE PHONE: _____
FAX: _____
E-MAIL: rob.lent@commonwealthequipment.com

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

* *Owner's Authorization form is required if legal representative is submitting application*

NAME: QuikTrip Corporation - Paulette Morin
ADDRESS: 3701 Arco Corporate Drive, Suite 150
CITY: Charlotte
STATE: NC ZIP: 28273
WORK PHONE: (704) 559-8015
MOBILE PHONE: (864) 626-8055
FAX: (918) 994-3771
E-MAIL: pmorin@quiktrip.com

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

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.

PM _____ (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.

_____ 1/5/22

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

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OFFICE USE ONLY

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

_____

_____

_____

_____

_____

_____

_____

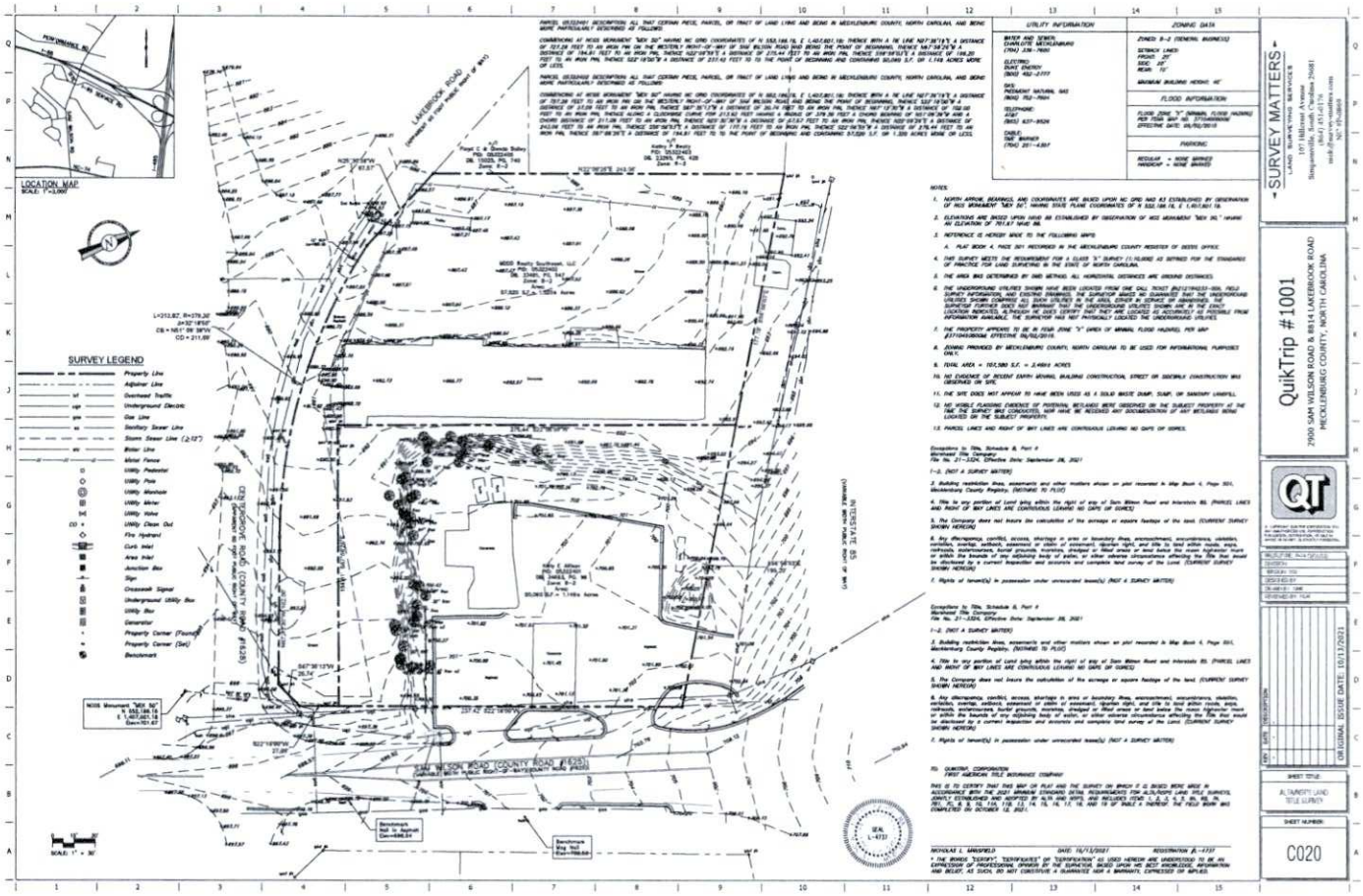
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MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19



- SURVEY MATTERS -
LAND SURVEYING SERVICES
(803) 873-1579
Simpsonville, South Carolina 29681
www.surveymatters.com
NC# P1488

QuikTrip #1001
2900 SAM WILSON ROAD & 8814 LAKEBROOK ROAD
MECKLENBURG COUNTY, NORTH CAROLINA

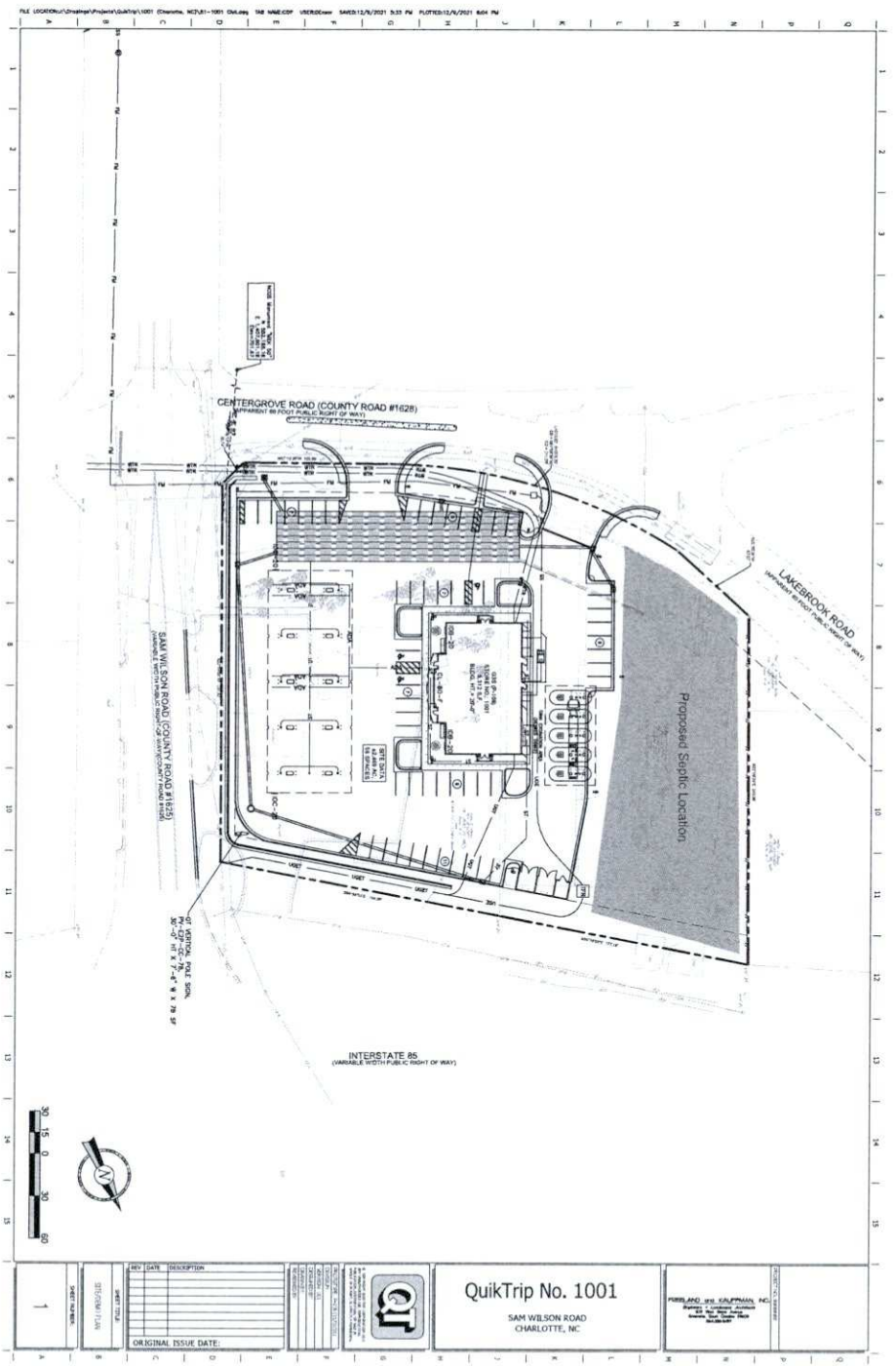
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NO.	DATE	DESCRIPTION

ORIGINAL ISSUE DATE: 10/13/2021

SHEET TITLE:
ALTA/NSPS LAND TITLE SURVEY

SHEET NUMBER:
C020


CENTERGROVE ROAD (COUNTY ROAD #1628)
(APPARENT 66 FOOT PUBLIC RIGHT OF WAY)
LAKEBROOK ROAD
(APPARENT 60 FOOT PUBLIC RIGHT OF WAY)
SAM WILSON ROAD (COUNTY ROAD #1625)
(VARIABLE WIDTH PUBLIC RIGHT OF WAY/COUNTY ROAD #1628)
Proposed Septic Location
INTERSTATE 85
(VARIABLE WIDTH PUBLIC RIGHT OF WAY)
QuikTrip No. 1001
SAM WILSON ROAD
CHARLOTTE, NC
ORIGINAL ISSUE DATE:

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

Parcel ID 05322402.
Number Street Town
(Or Parcel Number)

Rob Lent, Mgr
Property Owner (print name)

Property Owner (signature)

1-13-22
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/18/22
Receipt #: 132477
Check / Auth #: VISA 018511
Received By: ELLISLW

Amount: 450.00
Tendered: 450.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MORIN, PAULETTE
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 05322402		1	450.00	450.00

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

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