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: 7232 Sample Rd 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
7. *If Refund*, Check payable to: Celia Reeder 8. Phone #: _____
9. Mailing Address: 19709 Bustle Rd, Cornelius NC 28031

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	100.00
- 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	100.00

☑ Minimum Fee retained

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

Lynetta Ellis _____
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 G ☐

Rev Coll. Distribution Date

Rev. Coll. Tracking # ____-____-____

11/17/16
Sent out refund
request form for
use by vetting fee
LE

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

0232113 | 0232118 | 0232116 | [illegible] | 0232114 | 0232119 | 0232120 | 0232116 | 0232125
Number Street Town 0232117 | [illegible] | 02
(Or Parcel Number)

Jim Puckett
Property Owner (print name)

Property Owner (signature)

9/21/16
Date

Any Questions, feel free to call
704.363.1379

JIM PUCKETT
Mecklenburg County Commissioner
District 1

MECKLENBURG COUNTY GOVERNMENT

P.O. Box 31787
Charlotte, NC 28231
Office: 980-314-2876
Fax: 704-336-5887
Mobile: 704-620-5570
Jim.Puckett@MecklenburgCountyNC.gov

http://bocc.charmeck.org

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 LE 11/7/16 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: 7232 Sample Rd 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
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9. Mailing Address: 19709 Bustle Rd, Cornelius NC 28031

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)*

We had someone else doing an inspection that was qualified to inspect the well & septic.

Signature (*Requestor*): Celia Reeder Print name: Celia Reeder

Fax #: _____ Phone #: 954-261-2678 Date: 1-5-17

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 Mecklenburg

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 10 day of Jan, 20 17

Notary Public Signature
My commission expires: 12/10/2021

Notary or staff verification needed only when cancelling a permit

(Seal)

Anil R. Sanade
Notary Public
Mecklenburg County, NC

Manager/Supervisor approval (*signature*): [signature] Date: 1/10/17

Notes: 3620 3650 6030 5C4340

Do not release hold for construction

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	100.00
- 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	100.00

☐ Minimum Fee retained

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

Loretta Ellis 1/18/17
Calculation Signature Date

Supervisor/Manager Signature Date 1/18/17

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Initials ☐ Date / /

Reason: _____

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 #

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/07/16	**Amount:**	100.00
Receipt #:	102387	**Tendered:**	100.00
Check / Auth #:	MC 537604	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: REEDER,CELIA
Attn:
Address: 19709 BUSTLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 7232 SAMPLE ROAD		1	100.00	100.00

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

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

9612B

7 NOV '16 AM 9:

8582

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Bob Reeder
ADDRESS: 19709 Bustle Road
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (954) 675-8858
ALTERNATE PHONE: (954) 261-2678
E-MAIL: bob@superiorwashsoutheast.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 0232114 02321114
STREET ADDRESS: 7232 Sample Road
CITY: Huntersville
STATE: NC ZIP: 28078

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.

Bob Reeder
Owner's/Agent's Signature

11/4/16
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

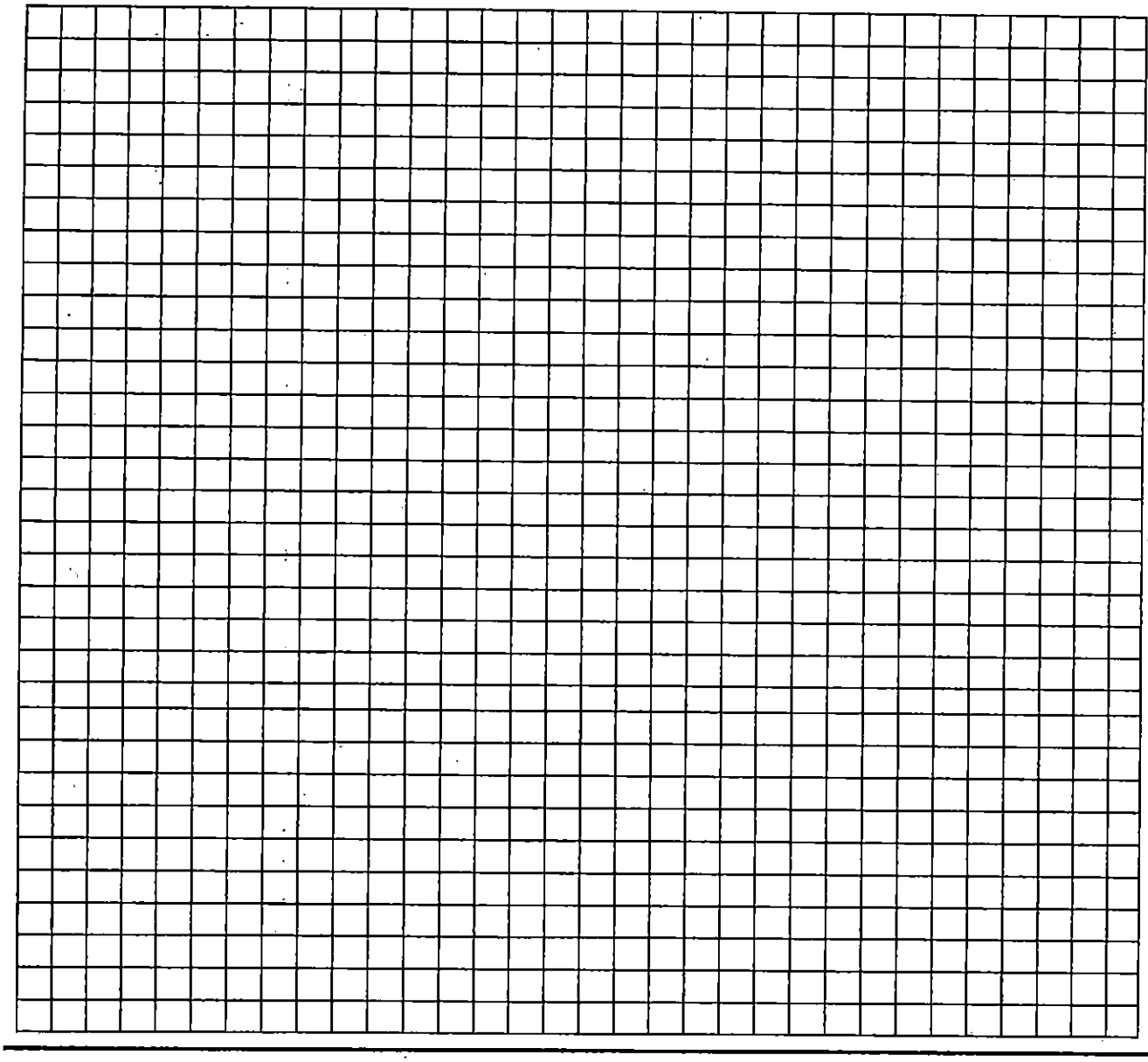
Revised on: 01/03/11

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: 7232 Sample Road Tax Parcel #: 0232114



*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

_____

_____

_____ _____

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