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 _____ 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 ☒ 4/22/19 SMM

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. ☐ _____

O.K. to build a new 3 bedroom house. Ok. to release all holds. Thanks, Jeremy

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10256B
#10306

10 APR '19 AM 8:27

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: Debora Brandt
ADDRESS: 5310 Wolcott Ct
CITY: Waxhaw
STATE: NC ZIP: 28173
PHONE: (704) 661-1044
ALTERNATE PHONE:
E-MAIL: igotidea@aol.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19909125
STREET ADDRESS: 8430 Island Point Rd
CITY: Charlotte
STATE: NC ZIP: 28278

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: 1

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 Build New Home.

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

4/9/2019
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

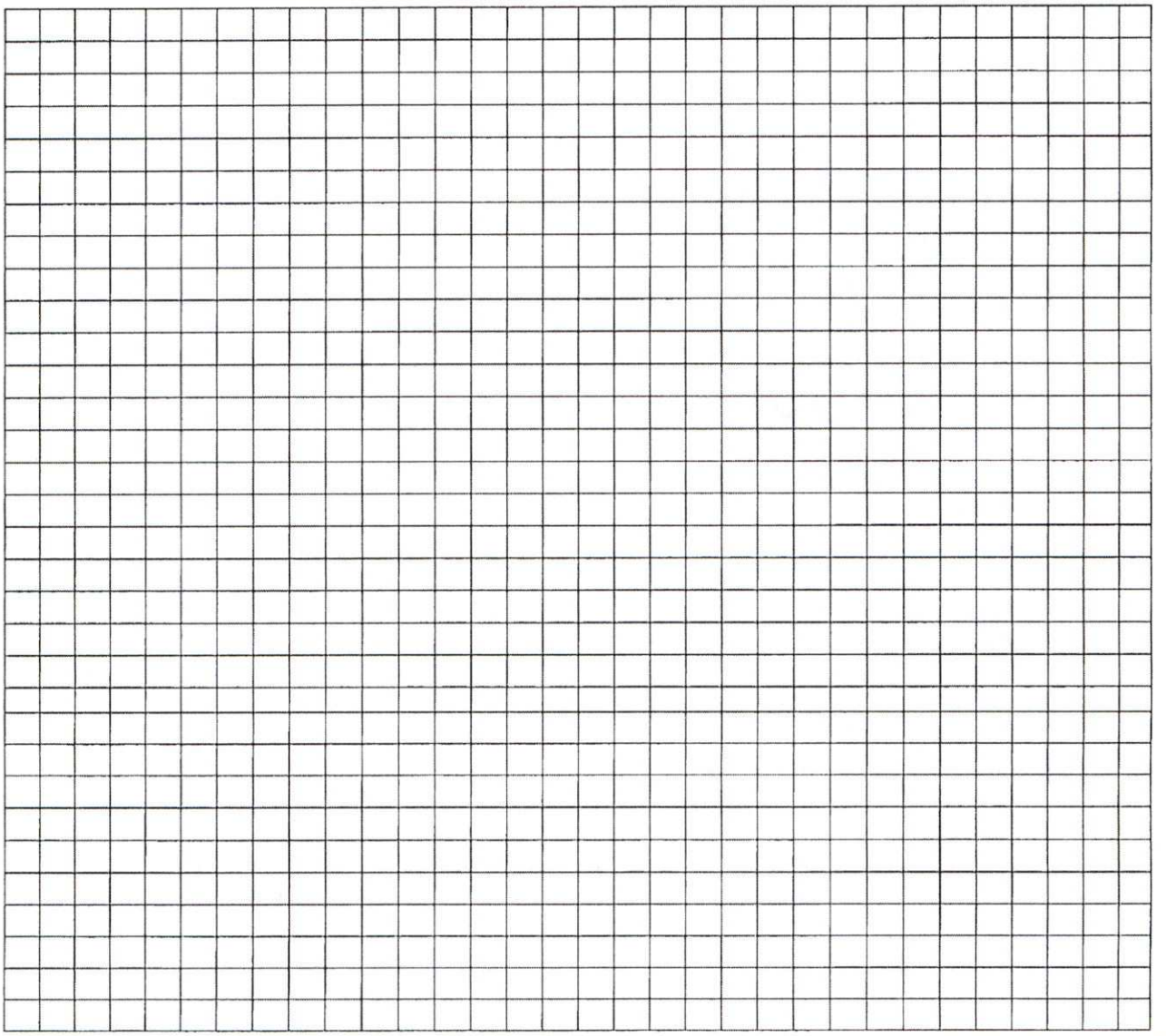
Revised on: 01/03/11

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: 8430 Island Point Rd Charlotte NC 28278 Tax Parcel #: 19909125



*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

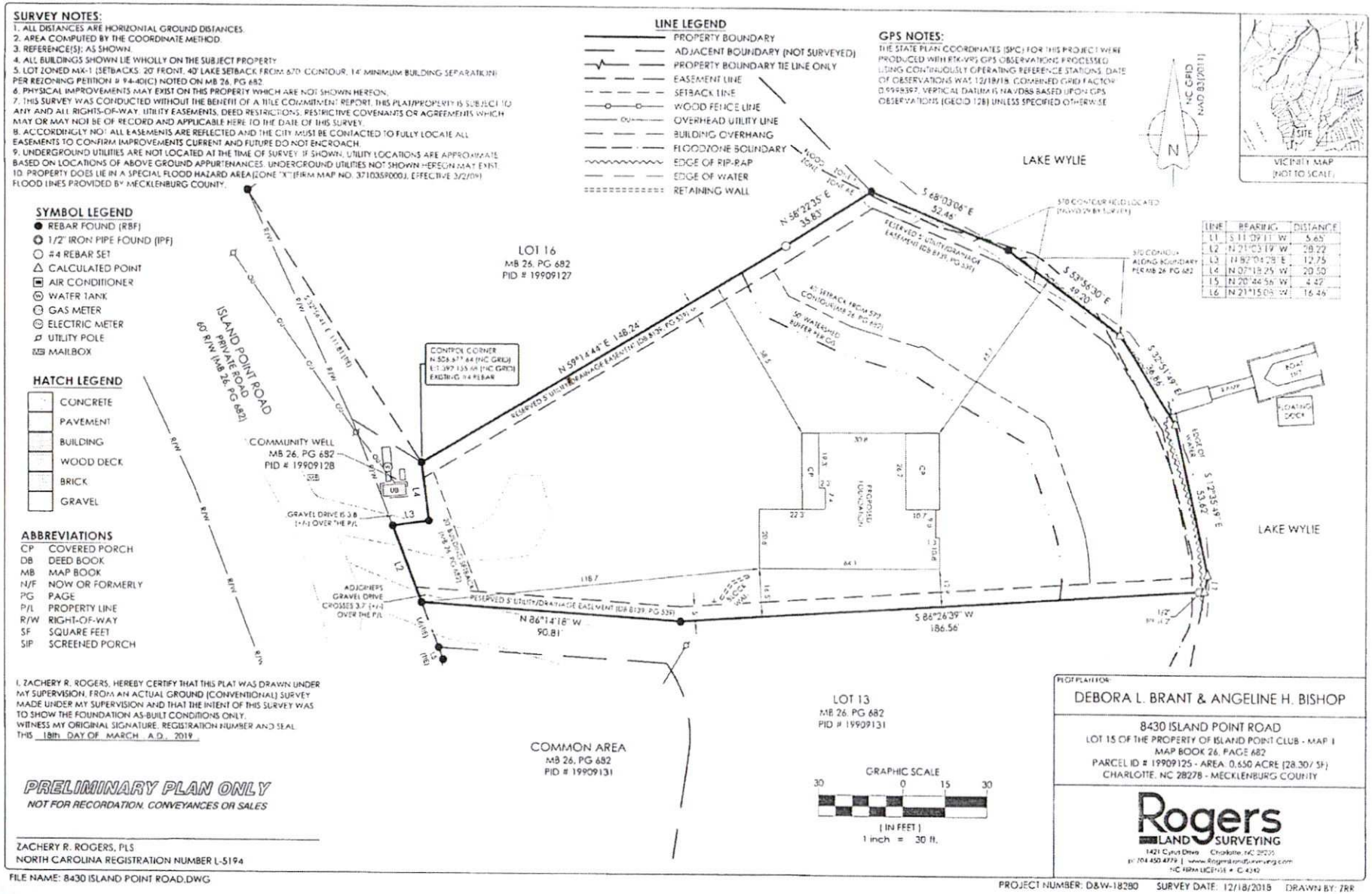
Meets all setbacks.

April Bumgarner 4-18-19

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



I, ZACHERY R. ROGERS, HEREBY CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION, FROM AN ACTUAL GROUND (CONVENTIONAL) SURVEY MADE UNDER MY SUPERVISION AND THAT THE INTENT OF THIS SURVEY WAS TO SHOW THE FOUNDATION AS-BUILT CONDITIONS ONLY.
WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 18th DAY OF MARCH, A.D., 2019

PRELIMINARY PLAN ONLY
NOT FOR RECORDATION, CONVEYANCES OR SALES

ZACHERY R. ROGERS, PLS
NORTH CAROLINA REGISTRATION NUMBER L-5194

PLOT PLAN FOR:
DEBORA L. BRANT & ANGELINE H. BISHOP

8430 ISLAND POINT ROAD
LOT 15 OF THE PROPERTY OF ISLAND POINT CLUB - MAP 1
MAP BOOK 26, PAGE 682
PARCEL ID # 19909125 - AREA: 0.650 ACRE (28,307 SF)
CHARLOTTE, NC 28278 - MECKLENBURG COUNTY

Rogers LAND SURVEYING
1421 Cyrus Drive Charlotte, NC 28205
p: 704.450.4779 | www.RogersLandSurveying.com
NC FIRM LICENSE # C-4340

FILE NAME: 8430 ISLAND POINT ROAD.DWG

PROJECT NUMBER: D&W-18280 SURVEY DATE: 12/18/2018 DRAWN BY: ZRR

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/10/19
Receipt #: 116579
Check / Auth #: VISA 04775D
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BRANDT, DEBORA
Attn:
Address: 5310 WOLCOTT CT
Address:
City/State/Zip: WAXHAW, NC 28173

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 8430 ISLAND POINT RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: DEBORA BRANDT

Bill To:

DEBORA BRANDT
5310 WOLCOTT CT

Waxhaw, NC 28173

Single Payment

Transaction Date: 04/10/2019 5:33 AM Pacific Time
Pay Method: VISA **********6950
Approval #: 04755D
Trace Number: 18ef8ced-6d75-4227-abf5-4d5bd45b1c2d
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.