SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(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 Septic Initial/Date 2/21/22

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 ☐ _____

6WS# 4264B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 12875

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: Mark Ray
ADDRESS: 10306 Glenmac Rd
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704 400 5672
ALTERNATE PHONE:
E-MAIL: MARCFAY@Bellsouth.net

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

JOB LOCATION INFORMATION
TAX PARCEL #: 11111506
STREET ADDRESS: 10306 Glenmac Rd
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: Cedar brook Acres
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: 4

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.

Owner's/Agent's Signature — Date: 2/21/22

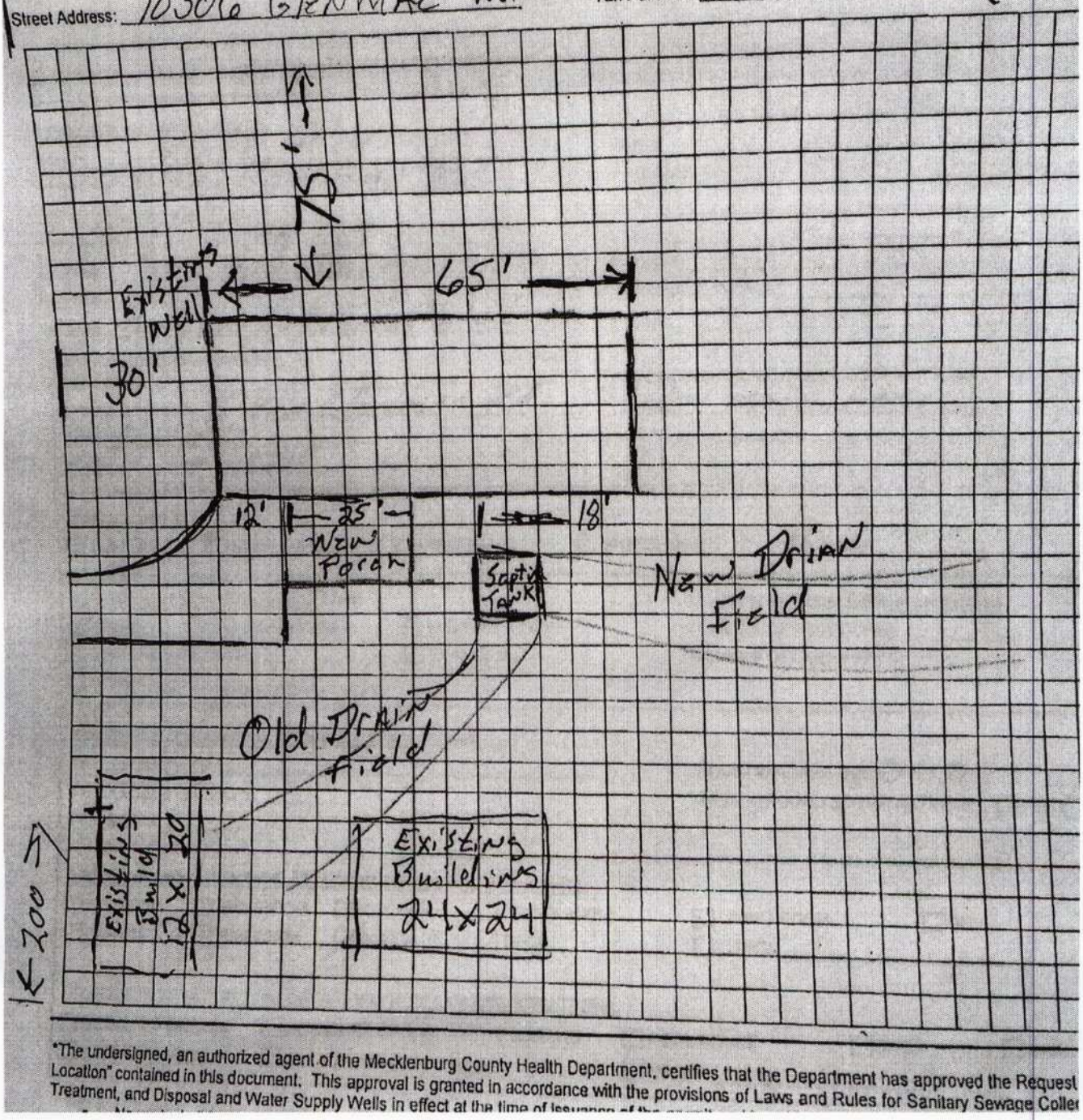
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

PROPOSED PLOT PLAN

e #: _____

drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easem
ight-of-ways; proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), l
existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, a
aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10306 Glenmac Rd Tax Parcel #: 111-115-06



"The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request
Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Colle
Treatment, and Disposal and Water Supply Wells in effect at the time of Issuance of the

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/21/22
Receipt #: 133533
Check / Auth #: VISA 011220
Received By: GALLOSE

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RAY MARK
Attn: USER EXISTING SYSTEM
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10306 GLENMAC RD		1	100.00	100.00

----------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: MARK RAY

Bill To:

MARK RAY

Single Payment

Transaction Date:	02/21/2022 8:02 AM Pacific Time
Pay Method:	VISA **********2579
Approval #:	011220
Trace Number:	0d63c47a-0a6b-4123-9c00-b358fbad4ae7
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.