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#9788

18 JUL '18 PM 2:24

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

PERSON FILING APPLICATION:
NAME: Amanda Dolinar
ADDRESS: 9720 Surrey Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-906-7766
ALTERNATE PHONE:
E-MAIL: adolinar@live.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Jason; Amanda Dolinar
ADDRESS: 9720 Surrey Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-906-9074
ALTERNATE PHONE:
E-MAIL: jmdolinar@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13926204
STREET ADDRESS: 9724 Surrey Rd
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Fox Ridge Estates
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.

Amanda Dolinar
Owner's/Agent's Signature

7/18/18
Date

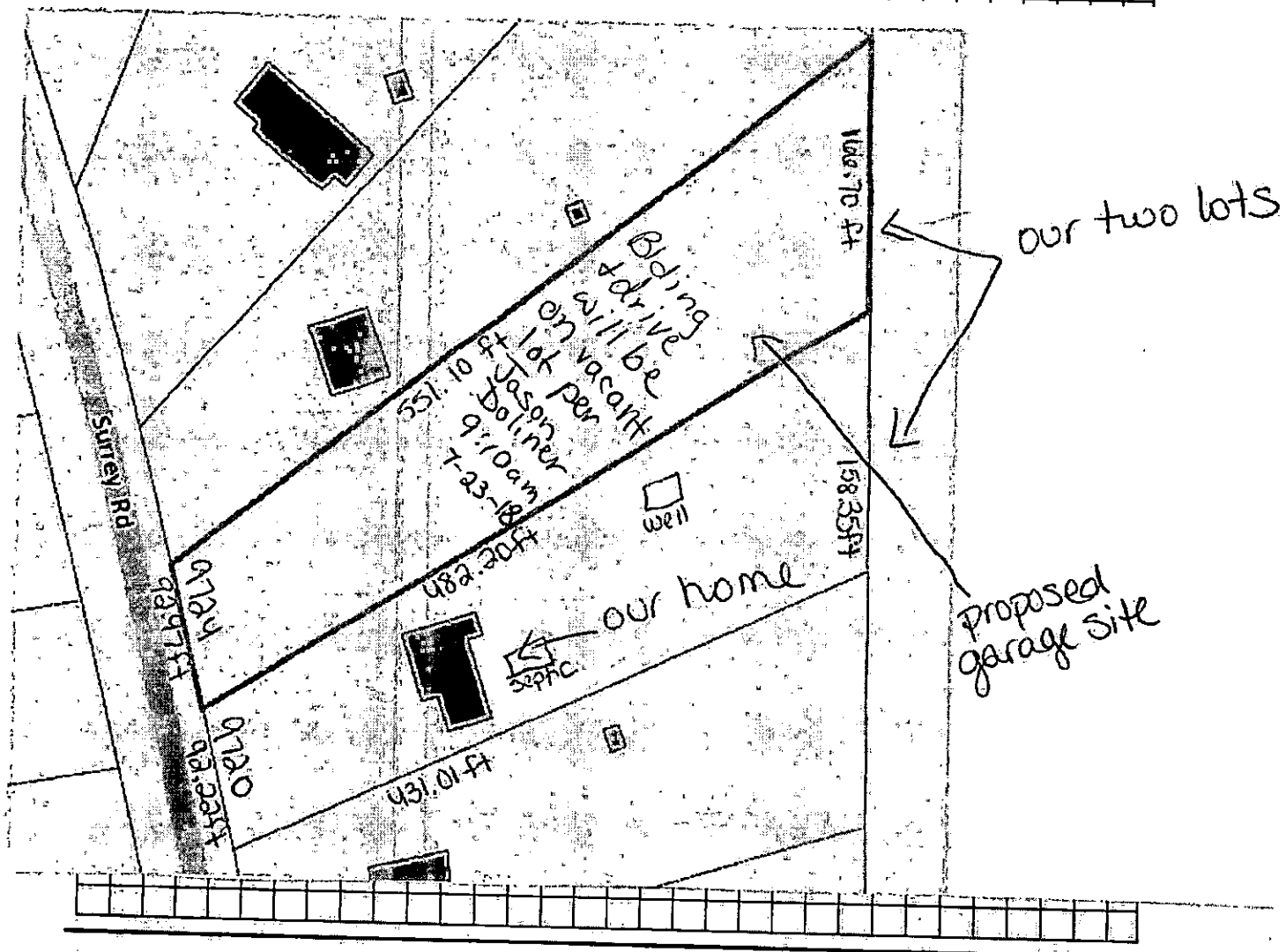
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 9724 Surrey Rd, Mint Hill Tax Parcel #: 13926204



"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 Burrgaher 7-23-18

REHS Signature Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/19/18	**Amount:**	100.00
Receipt #:	112112	**Tendered:**	100.00
Check / Auth #:	MC 01698B	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: DOLINAR, AMANDA
Attn:
Address: 9720 SURREY ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9724 SURREY ROAD		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:
AMANDA DOLINAR

Bill To:

AMANDA DOLINAR
9720 SURREY ROAD

Charlotte, NC 28227

Single Payment

Transaction Date: 07/19/2018 6:17 AM Pacific Time
Pay Method: **********2892
Approval #: 01698B
Trace Number: e9418c08-8a46-4228-838f-6ede509d9060
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.