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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: Mitchell Browning
ADDRESS: 15019 Beatties Ford Road
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-201-8526
ALTERNATE PHONE:
E-MAIL: fineconstruction@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Bill and Debbie Corbin
ADDRESS: 13608 Sage Thrasher Lane
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (704) 450-3896
ALTERNATE PHONE:
E-MAIL: debcorbin@me.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19936131
STREET ADDRESS: 13608 Sage Thrasher Lane
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
The Sanctuary
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: 5
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 Office

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

6-26-18
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

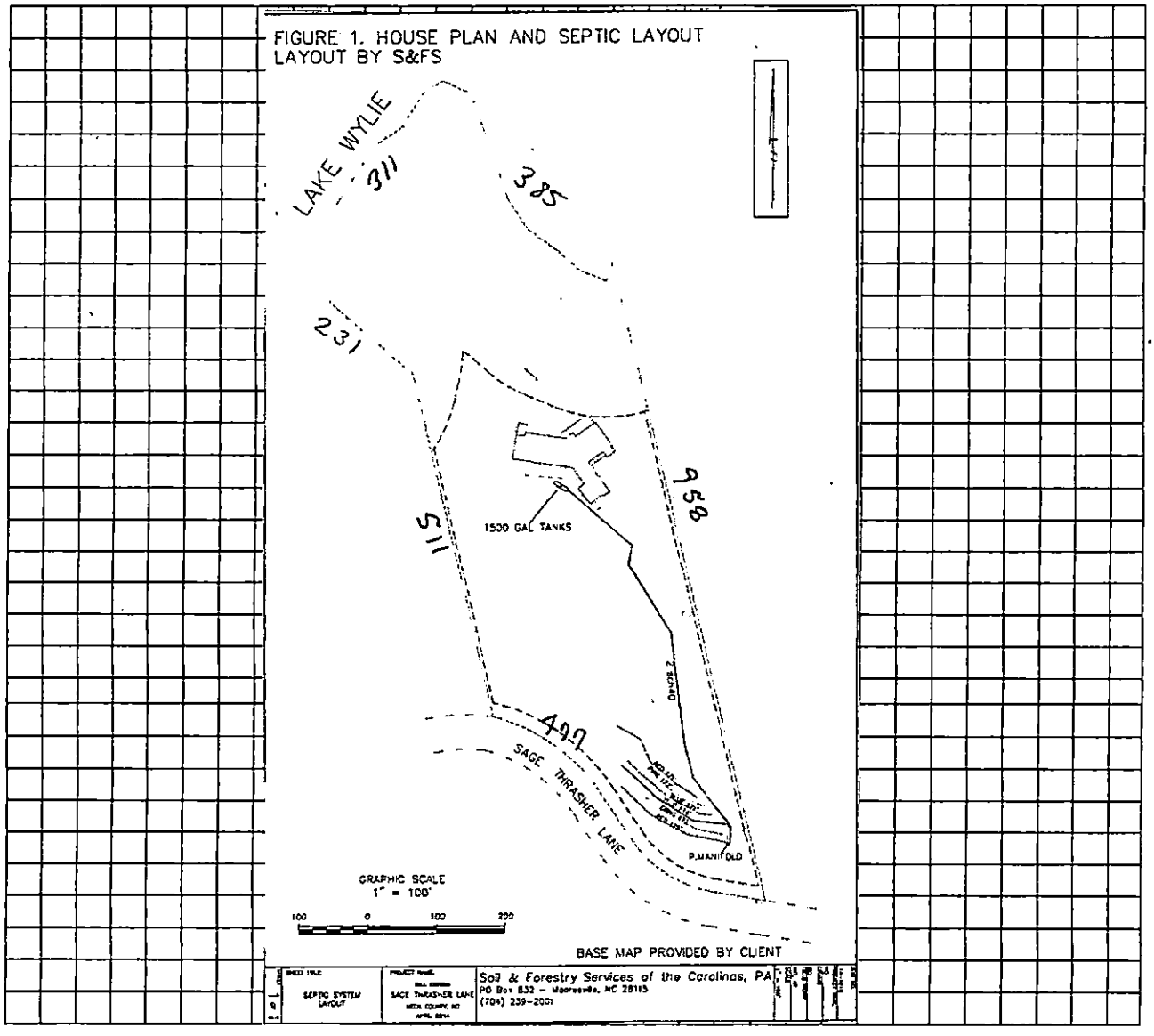
Revised on: 4/20/17

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: 13608 Sage Thrasher Lane, 28278 Tax Parcel #: 19936131



*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

6-26-18
Permit approved. Const. meet required setbacks 6/27/18
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
MITCHELL BROWNING

Bill To:

MITCHELL BROWNING
15091 BEATTIES FORD RD

Huntersville, NC 28078

Single Payment

Transaction Date: 06/26/2018 7:31 AM Pacific Time
Pay Method: VISA **********9456
Approval #: 046877
Trace Number: 2c2b6f21-973a-4eae-bfca-40108a4af946
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/26/18	**Amount:**	100.00
Receipt #:	111768	**Tendered:**	100.00
Check / Auth #:	VISA 046877	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #:	200000
Contractor:	BROWNING, MITCHELL
Attn:	
Address:	15019 BEATTIES FORD RD
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 13608 SAGE THRASHER LN		1	100.00	100.00

Outstanding Balances

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

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

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

Lot # 173 | 13608 Sage Thrasher Lane | Charlotte
Number | Street | Town
(Or parcel Number)

Bill Corbin
Deborah Corbin
Property Owner (print name)

Property Owner (signature)

6/26/18
Date

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 AAS 6/24/19 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. ☐ ____

OK