14068 & 2602

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 (NAME & BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION**
NAME: Viola McWhirter
ADDRESS: 7805 Quail Hawk Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-957-8695
ALTERNATE PHONE:
E-MAIL: Qachilders83@gmail.com

**PROPERTY OWNER:** ☑ SAME AS PERSON FILING APPLICATION
NAME: Viola McWhirter
ADDRESS: 7929 Williams Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-957-8695
ALTERNATE PHONE:
E-MAIL: Qachilders83@gmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 13707207
STREET ADDRESS: 7929 Williams Rd
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Wilson Woods
LOT #:

**WATER SUPPLY:**
● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER
City

**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:

**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: 11/15/2016

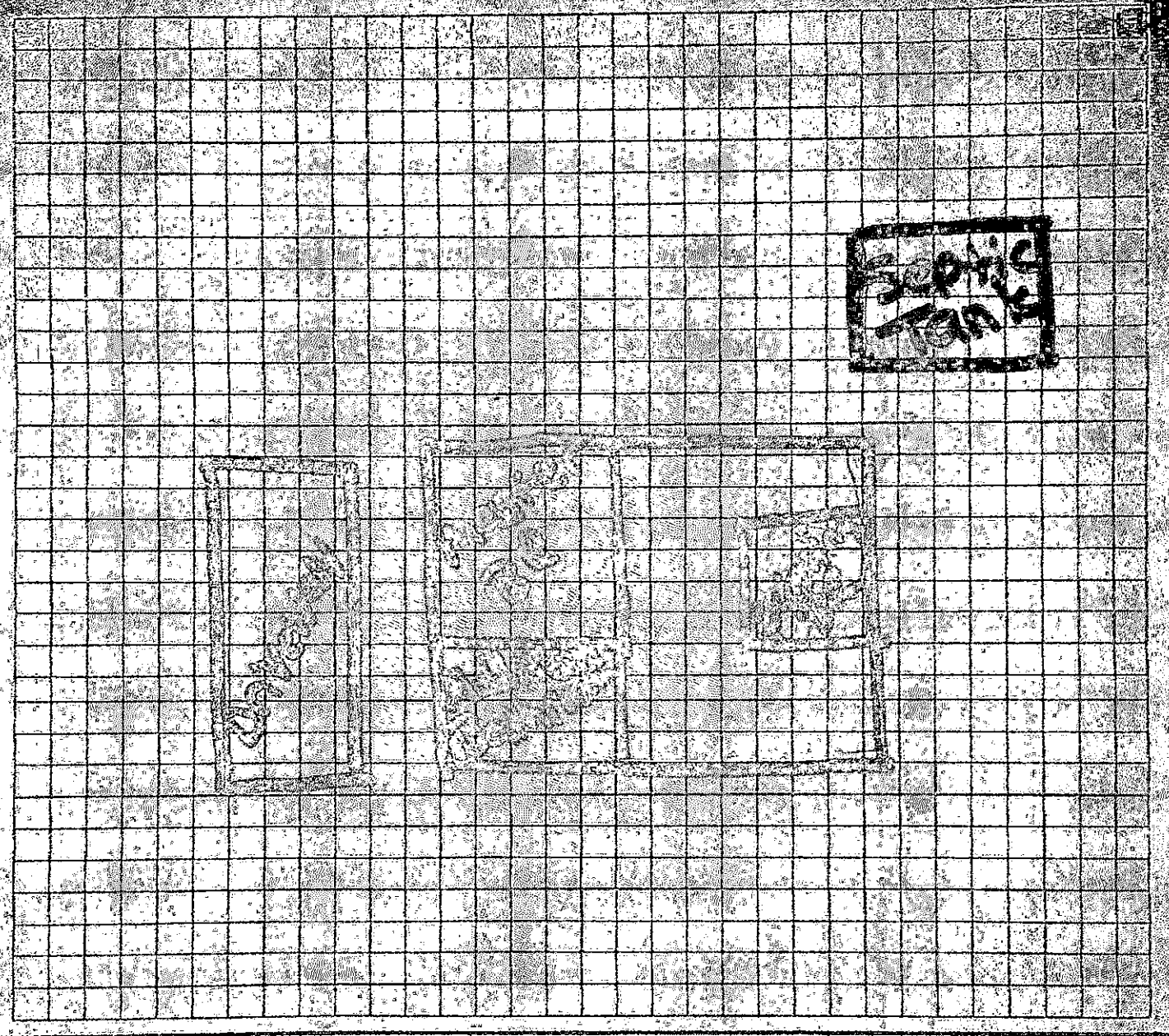
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

## PROPOSED LOT PLAN

Tax Parcel #




The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Lot 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

REHS Signature

Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202 OFFICE: 704-336-5103 FAX: 704-336-5894

# FAX

| | |
|---|---|
| **Date:** | 11/15/2016 |
| Pages including cover sheet: | *3* |

| | |
|---|---|
| **To:** | |
| | |
| | |
| | |
| | |
| | |
| ***Phone*** | |
| ***Fax Number*** | *+1 (704) 3366894* |

| | |
|---|---|
| **From:** | abby childers |
| | Abby Childers |
| | 2015 dearborn dr |
| | rock hill |
| | SC 29732 |
| | |
| ***Phone*** | *17049965405* |
| ***Fax Number*** | *(866) 612-1772* |

***NOTE:***

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/21/16 | **Amount:** | 100.00 |
| **Receipt #:** | 102557 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 209551 | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** 200000
**Contractor:** MCWHIRTER,VIOLA
**Attn:**
**Address:** 7005 QUAIL PARK DR
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>7929 WILLHILL 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: VIOLA MCWHIRTER

**Bill To:**

VIOLA MCWHIRTER
7005 QUAIL PARK DR

Charlotte, NC 28227

**Single Payment**

Transaction Date: 11/21/2016 9:17 AM Pacific Time
Pay Method: VISA **********2052
Approval #: 209551
Trace Number: d614790e-d56b-433c-808c-d078760d6cf8
Amount: $100.00

Payment Amount: $100.00

**Total: $100.00**

Thank you for your payment.