SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☑ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 12110B

Assigned Inspector: Patrick / Heather

☑ IP $250.00: LP - 11/7/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments: Decided not to purchase the lot. App deleted from WASPS + Refund processed 11/15/24

12110B
#15090

7 NOV '24 PM 3:18

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 01518610
STREET ADDRESS: 10721 Montecarlo Dr
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: Norman Woods
LOT #: 24 LOT SIZE (acres): 0.183
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 2800
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 1 2 3 4 ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 12/18/2024 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Brian Boulware Douglas
ADDRESS: 17021 Montecarlo Drive
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: NA
MOBILE PHONE: NA
FAX: NA
E-MAIL: NA

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

Owner's Authorization form is required if legal representative is submitting application

NAME: Saye Zigbuo
ADDRESS: 122 W Heart Pine Lane
CITY: Statesville
STATE: NC ZIP: 28677
WORK PHONE: 3363247016
MOBILE PHONE: _____
FAX: _____
E-MAIL: ZIGBUO7451@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SZ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

SZ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Saye Zigbuo
Property Owner's or Owner's Legal Representative Signature

11/7/2024
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

File #: _____

PROPOSED PLOT PLAN

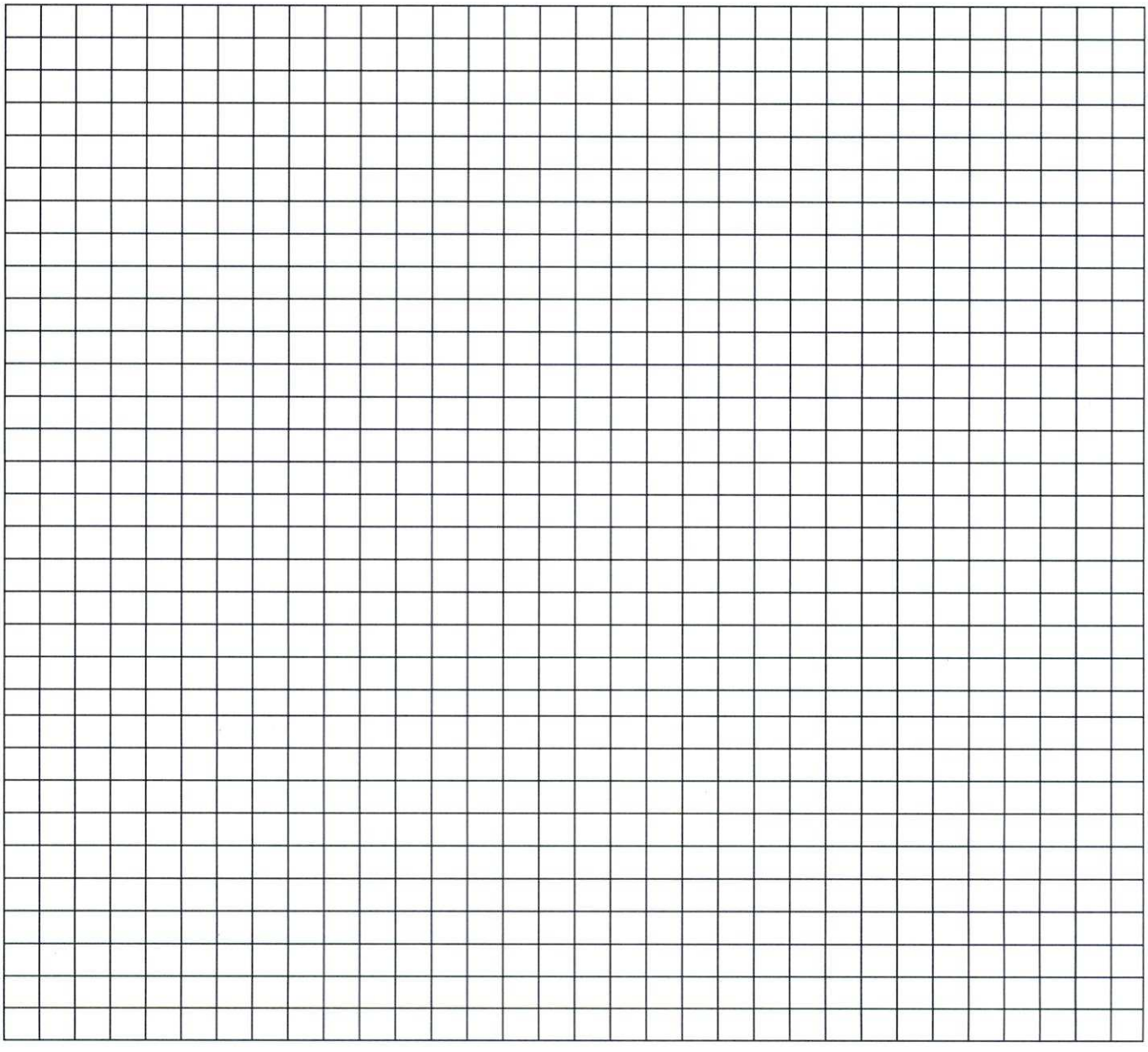
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 17021 Montecarlo Drive Huntersville, NC

Tax Parcel #: 01518610

Subdivision Name: Norman Woods

Lot #: _____



Saye Zigbuo

Property Owner's or Owner's Legal Representative Signature

11/7/2024

Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

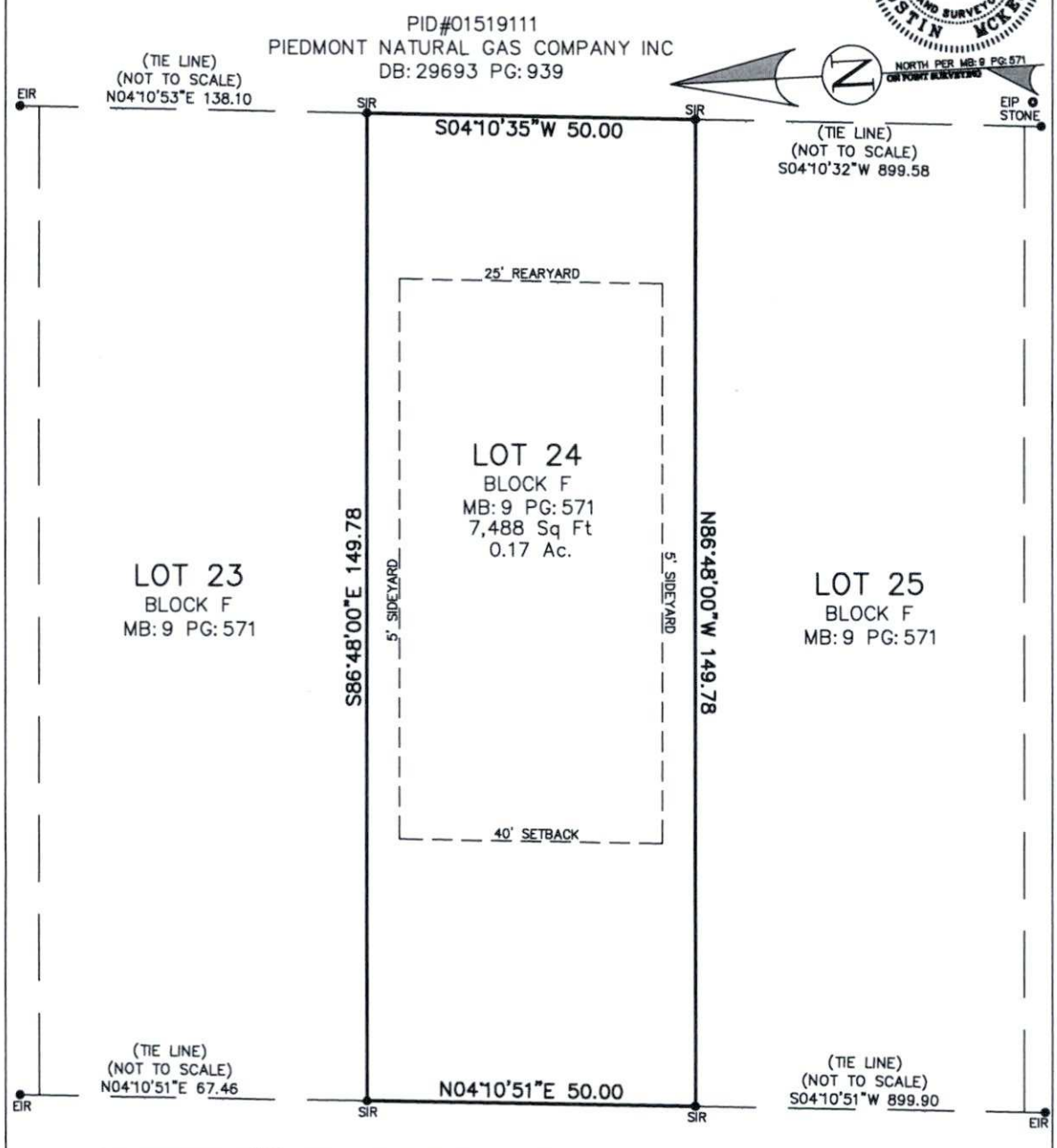
Revised on: 4/20/17

THIS IS TO CERTIFY THAT ON THE 30TH DAY OF AUGUST, 2022 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

NOTES:
1. PARCEL ID#: 01518610
2. DEED RECORDED AT DB: 33520 PG: 567
   MAP RECORDED AT MB: 9 PG: 571
3. AREA COMPUTED BY COORDINATE METHOD.
4. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
5. THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE F.E.M.A. AND FEDERAL INSURANCE ADMINISTRATION.
6. SETBACKS SHOWN ARE PER CURRENT ZONING OF GR (HUNTERSVILLE). FRONT SETBACK IS DETERMINED BY NEIGHBORING HOUSES AND SHOULD BE VERIFIED BY PLANNING.

JUSTIN MCKEOWN, PLS L-4739

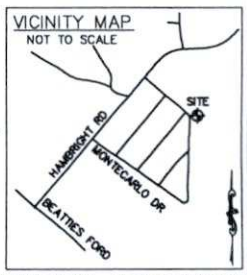
NORTH CAROLINA PROFESSIONAL SEAL L-4739 LAND SURVEYOR JUSTIN MCKEOWN



LEGEND:
EIR = EXISTING IRON REBAR
EIP = EXISTING IRON PIPE
SIR = SET IRON REBAR
R/W = RIGHT OF WAY
DB = DEED BOOK
MB = MAP BOOK
PG = PAGE
EP = EDGE OF PAVEMENT
OHE = OVERHEAD ELECTRIC

EP
MONTECARLO DR
(60' PUBLIC R/W)
EP

VICINITY MAP
NOT TO SCALE



A PHYSICAL SURVEY
OF
#10721 MONTECARLO DR
LOT 24 BLOCK F NORMAN WOODS DEV
HUNTERSVILLE, MECKLENBURG COUNTY, NC

ON POINT SURVEYING, PLLC
2110 STATON ROAD
MARSHVILLE, NC 28103
980-328-8500
LICENSE NO: F-0716

DRAWN BY: JGM FIELDWORK BY: AJC,BG
LDD: MONTECARLO 10721

dotloop signature verification: dtlp.us/vLjF-8rt3-...ntw

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

01518610
Number Street Town
(County Parcel Number)

Brian Boulware
Property Owner (print name)

Brian Boulware
dotloop verified
11/25/24 5:30 PM EST
HEN4-EMQP-FTQL-17HW
Property Owner (signature)

Date

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND AUTHORIZATION FORM

Please refund Saye Zigbuo for a request received on
Customer Name

11/15/24, for the following reason:
Date of request

[ ] Overpayment

[ ] Unable to obtain a permit

[X] Other *(Please give a detailed explanation)*: Decided not to purchase the lot

Refund the amount listed from the following accounting line:

Department:	HLT
Fund:	0001
Unit:	3620
Revenue Code:	3122
Activity:	6038
Function:	SC4340
Amount:	$ 250

Mail refund to: 122 w Heart Pine Lane
Statesville NC 28677

Employee Processing Request — 11/15/24 (Date)

Managers Approval — Chrystal Swinger 11/15/24 (Date)

Attachments: *Copy of client request*
Original payment receipt

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/07/24
Receipt #: 151589
Check / Auth #: VISA 175197
Received By: PLACILJ

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SAYE ZIGBUO
Attn:
Address: 122 W HEART PINE LN
Address:
City/State/Zip: STATESVILLE, NC 28677

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 107021 MONTECARLO DR	1	250.00	250.00
Permit#				

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	580.00			2,737.50	

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND REQUEST FORM

Please fill out this form and e-mail to EnvHealth@MeckNC.gov, fax to 704-336-6894, or mail to 3205 Freedom Drive, Suite 8000, Charlotte NC 28208.

CONTACT INFORMATION	
NAME	Saye Zigbuo
MAILING ADDRESS	122 W Heart Pine Lane, Statesville NC 28677
PHONE NUMBER	3363247016
EMAIL ADDRESS	zigbuo7451@gmail.com
REFUND AMOUNT	$250.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

I have decided to no longer pursue the purchase of a vacant lot which was dependent on a positive soil test (hence the $250 fee).

MrZ 11/14/24

Signature Date