Mecklenburg County Public Health
Environmental Health Division

# CUSTOMER REFUND AUTHORIZATION FORM

Please refund Joe Valentino. for a request received on
*Customer Name*

4/21/22, for the following reason:
*Date of request*

[X] Overpayment

[ ] Unable to obtain a permit

[ ] Other *(Please give a detailed explanation)*: Didn't need to apply for an alteration ($300) instead he only needed use Existing system ($100)

Refund the amount listed from the following accounting line:

Department: HLT
Fund: 0001
Unit: 3620
Revenue Code: 3122
Activity: 60360
Function: SC4340
Amount: $ 200 -

Mail refund to: 10405 Mahonia St
Apt 201
Charlotte, NC 28277

Employee Processing Request — 4/5/22 Date

Managers Approval — 4/15/22 Date

*Attachments:* *Copy of client request*
*Original payment receipt*

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 | Joe Valentino |
| MAILING ADDRESS | 10405 Mahonia St. Apt 201 Charlotte, NC 28277 |
| PHONE NUMBER | 704 201-4220 |
| EMAIL ADDRESS | JoeeValentinobuildersINC.com |
| REFUND AMOUNT | ~~$360~~ $200 |

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

Septic system was adequate size, did not need Health Dept services

Signature

4/2/2022
Date

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

**Receipt Information**

**Date:** 02/28/22
**Receipt #:** 134230
**Check / Auth #:** CASH
**Received By:** RAMSEMA

**Amount:** 300.00
**Tendered:** 300.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** VALENTINO JOE
**Attn:**
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0706 | Septic Alteration Permit<br>7916 WHITE CLIFFS DR | | 1 | 300.00 | 300.00 |

**Outstanding Balances**

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

3731B #12895

28 FEB '22 PM12:54

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: 13904137
STREET ADDRESS: 7916 White cliffs OR
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Morgan Glenn
LOT #: _____ LOT SIZE (acres): _____
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: ~~4000~~ 3200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 3

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: ____ ____ ____ ____ ____

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? 3/22 ☐ N/A

12. PROPERTY OWNER:
NAME: Devi chauhan
ADDRESS: 5501 Riedel Beck DR
CITY: Charlotte
STATE: NC ZIP: 28212
WORK PHONE: _____
MOBILE PHONE: 980-322-4334
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:
NAME: ~~Joe Valentino~~ Joe Valentino
ADDRESS: 10405 Mahalia ct
CITY: Charlotte,
STATE: NC ZIP: 28277
WORK PHONE: _____
MOBILE PHONE: ~~980-322-4334~~ - NONE
FAX: Phone 704 201-4220
E-MAIL: Joe@Valentinobuilders.com

**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.

J.V. (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.

_____ (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.

_____ Feb 28/22

Property Owner's or Owner's Legal Representative Signature — Date

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*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 Dr. Suite 6000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-8894

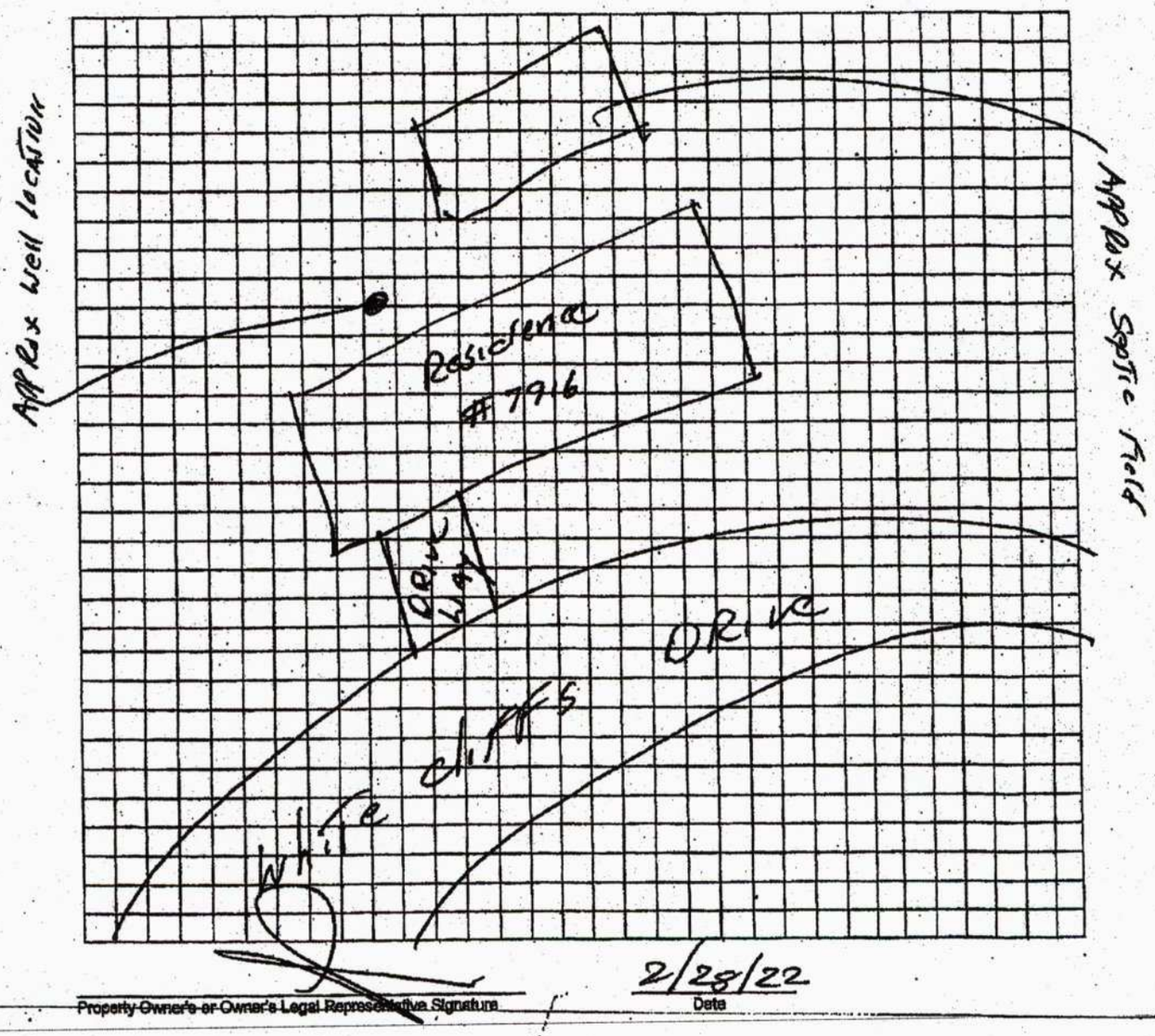
File #: _____

## 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: 7916 White Cliffs DR  Tax Parcel #: _____

Subdivision Name: _____  Lot #: _____




Property Owner's or Owner's Legal Representative Signature

2/28/22
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1660, FAX: 704-336-8894

Revised on: 03/27/19

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

7916 White Cliffs Drive, Mint Hill, NC
Number Street Town
(Or Parcel Number)

[signature]
Property Owner (print name)

Devi Chauhan
Property Owner (signature)

02-28-22
Date