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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:** 02330103
TAX PARCEL NUMBER: ~~023 151 61~~
STREET ADDRESS: 11832 Mountain Island Brook Ln.
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: N/A
LOT #: 3 LOT SIZE (acres): .8814
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: 1580
NUMBER OF BEDROOMS: 2
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: X NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: X

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?** _____ (N/A)

12. **PROPERTY OWNER:**
NAME: William + Regina Lyn Dalton
ADDRESS: 11832 Mountain Island Brook lane
CITY: Charlotte
STATE: nc ZIP: 28214
WORK PHONE: _____
MOBILE PHONE: 704. 756. 9094
FAX: _____
E-MAIL: wdalton@novanthealth.org

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

* EXISTING SEPTIC REPAIR *

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

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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.

WRD (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.

William R Dalton
Property Owner's or Owner's Legal Representative Signature

12/1/22
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:

_____

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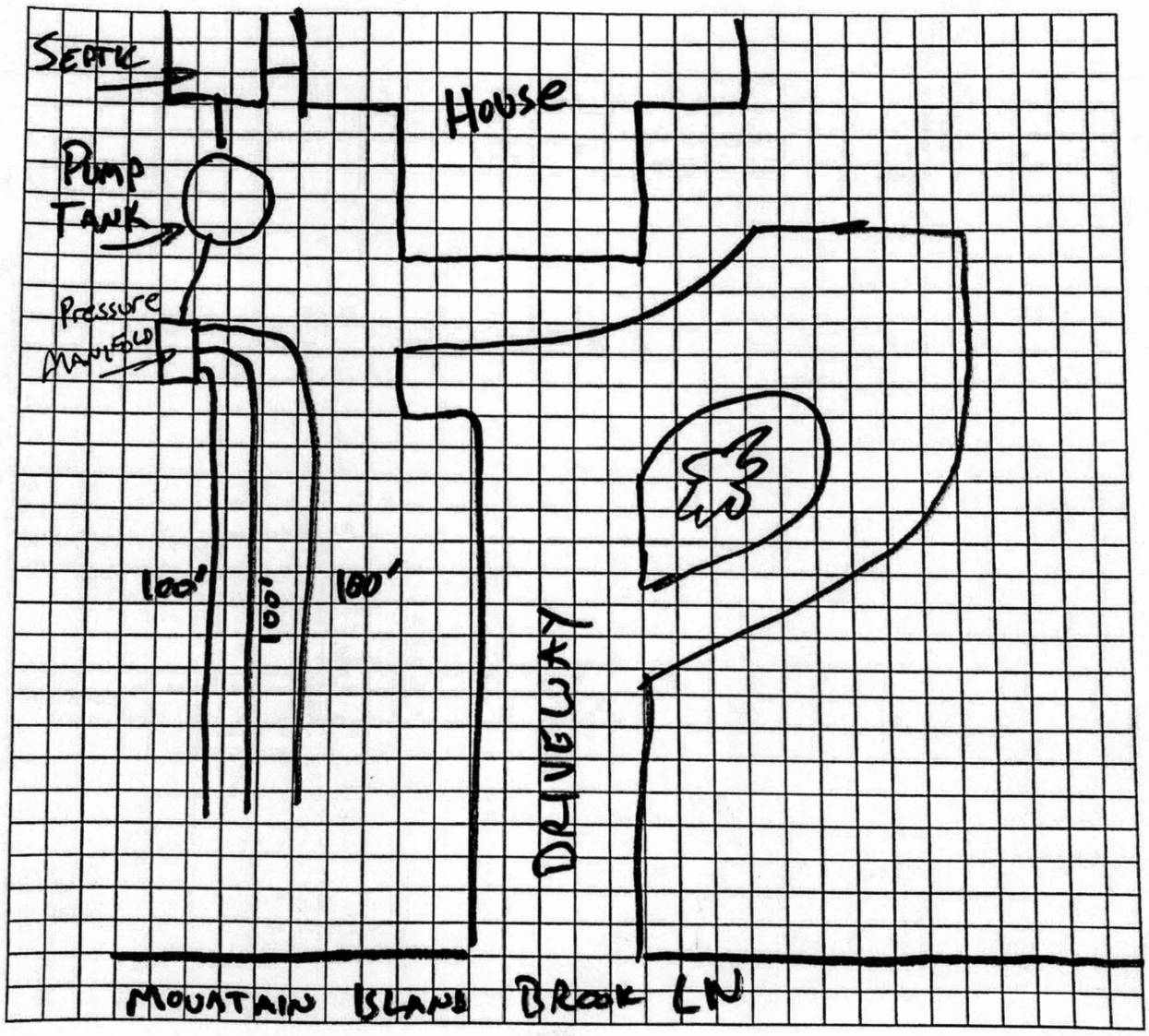
File #: _____

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: 11832 Mountain Island Brook lane Tax Parcel #: 023 151 61

Subdivision Name: _____ Lot #: 3



William R Dalton
Property Owner's or Owner's Legal Representative Signature

12/1/22
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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