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 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 AS _____ 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. ☐ _____

#9113
18207
24 AUG '17 PM 1:55

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
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Michael Winters
ADDRESS: 20126 Rainbow Circle
CITY: Cornelius
STATE: NC ZIP: _____
PHONE: 804-347-9451
ALTERNATE PHONE: 804-263-1219
E-MAIL: mjwinters210@yahoo.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 00170207
STREET ADDRESS: 20126 Rainbow Circle
CITY: Cornelius
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME: Biscayne Park
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: 3
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 _____

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 8/24/17

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

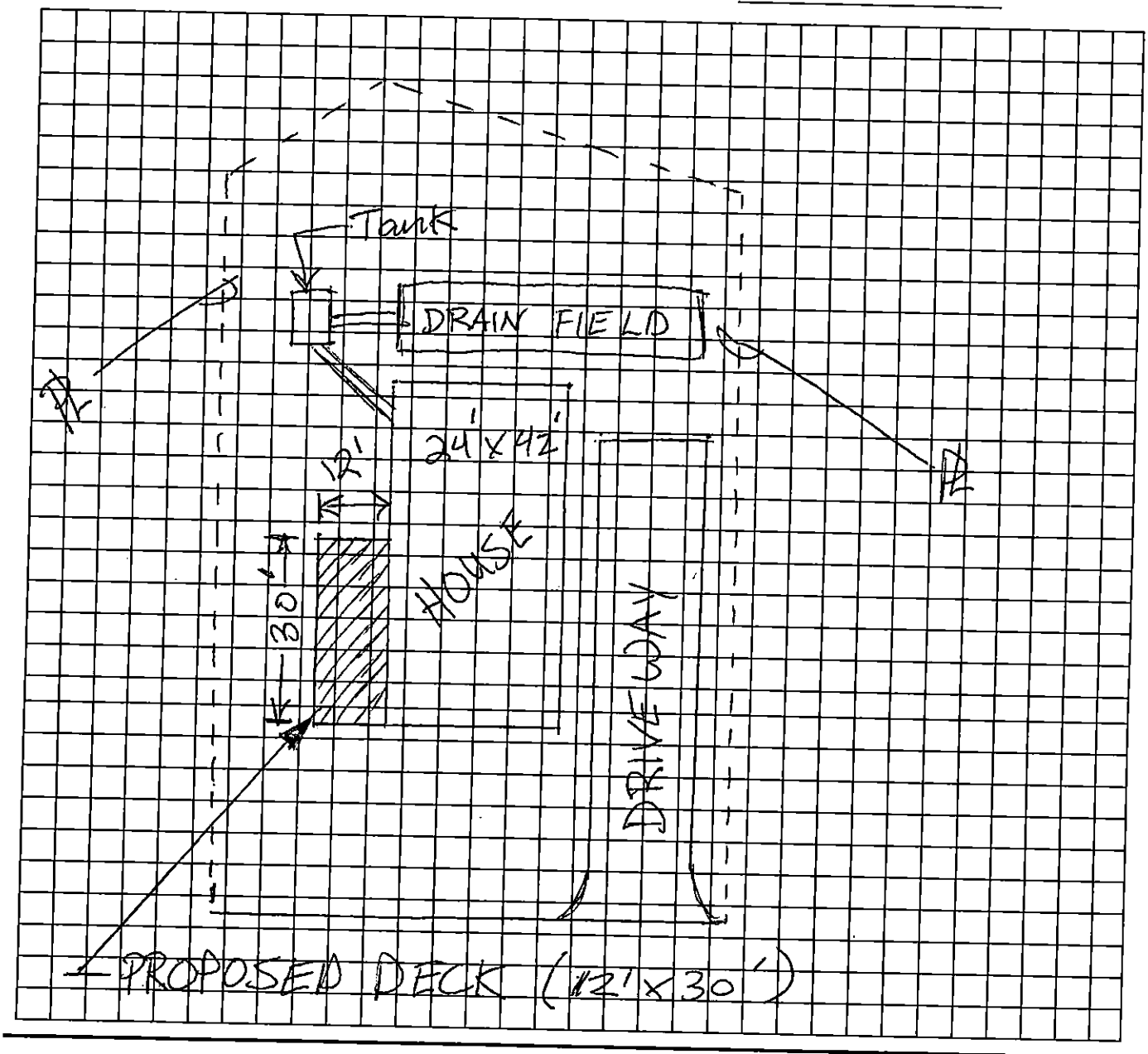
Revised on: 01/03/11

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: 20126 Rainbow Circle Tax Parcel #: _____



*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

O.K. TO USE FOR A Deck ADDITION.

REHS Signature _____ Date 8/08/17

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
MICHAEL WINTERS

Bill To:

MICHAEL WINTERS
9008 MULHOLLAND DR

Glen Allen, VA 23059

Single Payment

Transaction Date: 08/24/2017 10:45 AM Pacific Time
Pay Method: VISA **********8804
Approval #: 024030
Trace Number: ffbafe42-d2bd-47e1-a48a-5c8a842ffccb
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:	08/24/17	**Amount:**	100.00
Receipt #:	107199	**Tendered:**	100.00
Check / Auth #:	VISA 024030	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: WINTERS , MICHAEL
Attn:
Address: 9008 MULHOLLAND DR
Address:
City/State/Zip: GLAN ALLEN, VA 23059

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 20126 RAINBOW CIRCLE		1	100.00	100.00

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

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

C of A (s) No. 18202

Date Issued 13 Sept 82 **Serial** 5399 T. C. No 001-112-07

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Sinclair (LAST) John (FIRST) A (MIDDLE)

Location of Property 2026 Rainbow Circle

Application Number 18202 Permit Number 18202

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material FC

Total Length of Drain Tile 300' Number of Lines 5

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source —

Excavation Inspected 13 Sept 82 (DATE) Tank Inspected 13 Sept 82 (DATE)

Nitrification Field Inspected 13 Sept 82 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments

M. A. Bixby
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7/12/82

Serial No. 5566

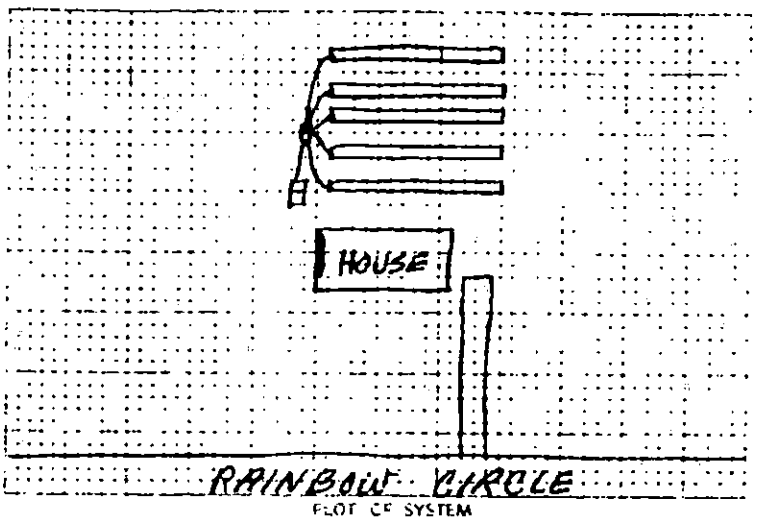
ICAR(S) Permit No. 18207

T C No. 001-119-07

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted to ✓ Install, Construct, Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 18207 dated 7/8/82 and this permit shall be void and of no effect if the information provided in the application is not true. Construction as authorized shall be completed on or before 8/30/82 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate PS

Septic Tank 1500 gal precast

Distance to Well >50' (NOT IN YET)

Distance to Property Line >10'

Distance to Water Line >5'

Number of Lines 5

Distance between Lines 300'

NAME OF OWNER JOHN F. SINCLAIR

LOCATION OF PROPERTY 2026 Rainbow Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unusable. Until a certificate is issued the system may not be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly

5 LINES : 3'X60'X12" of STONE on 9' Centers

Comments

Division or Section Head

Adam Wyffeld
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY