SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 15926 / 14153

Assigned Inspector: Bryan D.

☐ IP $250.00: _____ 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: HD 9/25/23 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:

15926 / 14153

25 SEP '23 PM 4:27

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: Hannia castaneda
ADDRESS: 115 Ashland Chemical
CITY: Anderson
STATE: SC ZIP: 29625
PHONE: (864) 399-3347 ✓
ALTERNATE PHONE: (864) 375-9733 ext # 135
E-MAIL: Hanniacastaneda05@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Reyna IBarra
ADDRESS: 11000 Williams Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-890-5146
ALTERNATE PHONE: 704-890-5146
E-MAIL: Reyna2376@hotmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19315111
STREET ADDRESS: 2509 Kezian Rd
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: _____
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: 3

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.

Hannia Castaneda
Owner's/Agent's Signature

09-25-23
Date

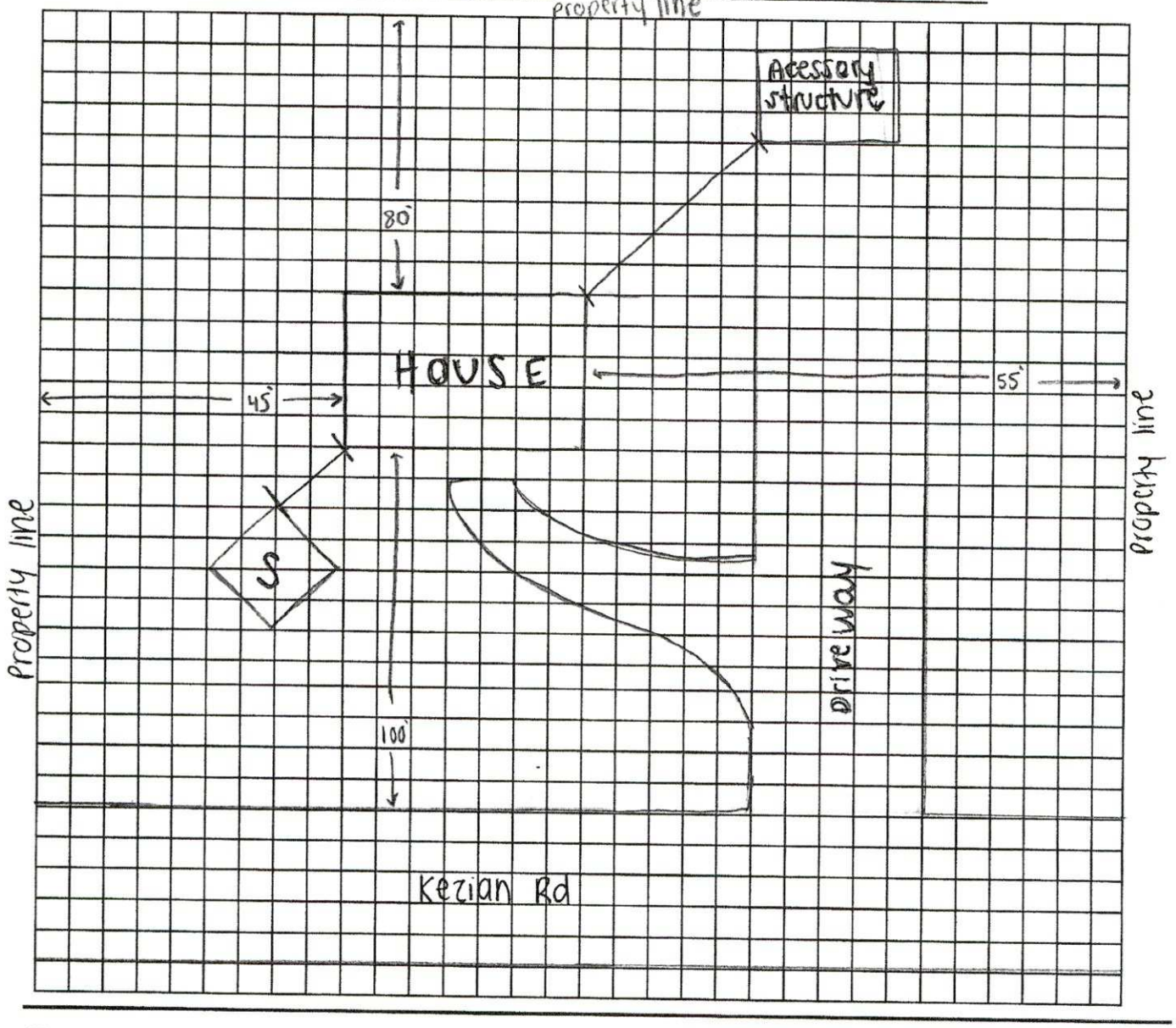
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 2509 Kezian Rd Tax Parcel #: 19315111



*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

Customer is connecting a 3bedroom moble home to an existing 3 bedroom system

BJ Dampnt REHS Signature 9/27/23 Date

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

MECKLENBURG COUNTY

Raynard Washington, PhD, MPH
Health Director

Health Department

(704) 336-4700

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

2509 Keziah Matthews.
Number Street Town
(Or Parcel Number)

REYNA IBARRA SOLANO
Property Owner (print name)

Property Owner (signature)

9-25-23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/25/23	**Amount:**	100.00
Receipt #:	144547	**Tendered:**	100.00
Check / Auth #:	VISA 030854	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: 200000
Contractor: CASTANEDA, HANNIA
Attn: REYNA IBARRA
Address: MARTY WRIGHT HOME
Address: SALES OF ANDERSON
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2509 KEZIAH RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
				555.00	