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 LE 7/21/18 Initials/Date

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

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

100508 #9739

2 JUL '18 AM 9:05

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: Dorinda Smith
ADDRESS: 4952 Dayspring Drive
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: (980) 475-7632
ALTERNATE PHONE:
E-MAIL: CMHP1956@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Cook Mobile Home Park LLC
ADDRESS: 4952 Dayspring Drive
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: (980) 475-7632
ALTERNATE PHONE:
E-MAIL: CMHP1956@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13722207
STREET ADDRESS: 6318 Wilson Grove Rd
CITY: Charlotte
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
Cook MHP
LOT #: 38

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: 2
NUMBER OF OCCUPANTS: 1

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.

Dorinda Smith — Owner's/Agent's Signature
06/29/2018 — Date

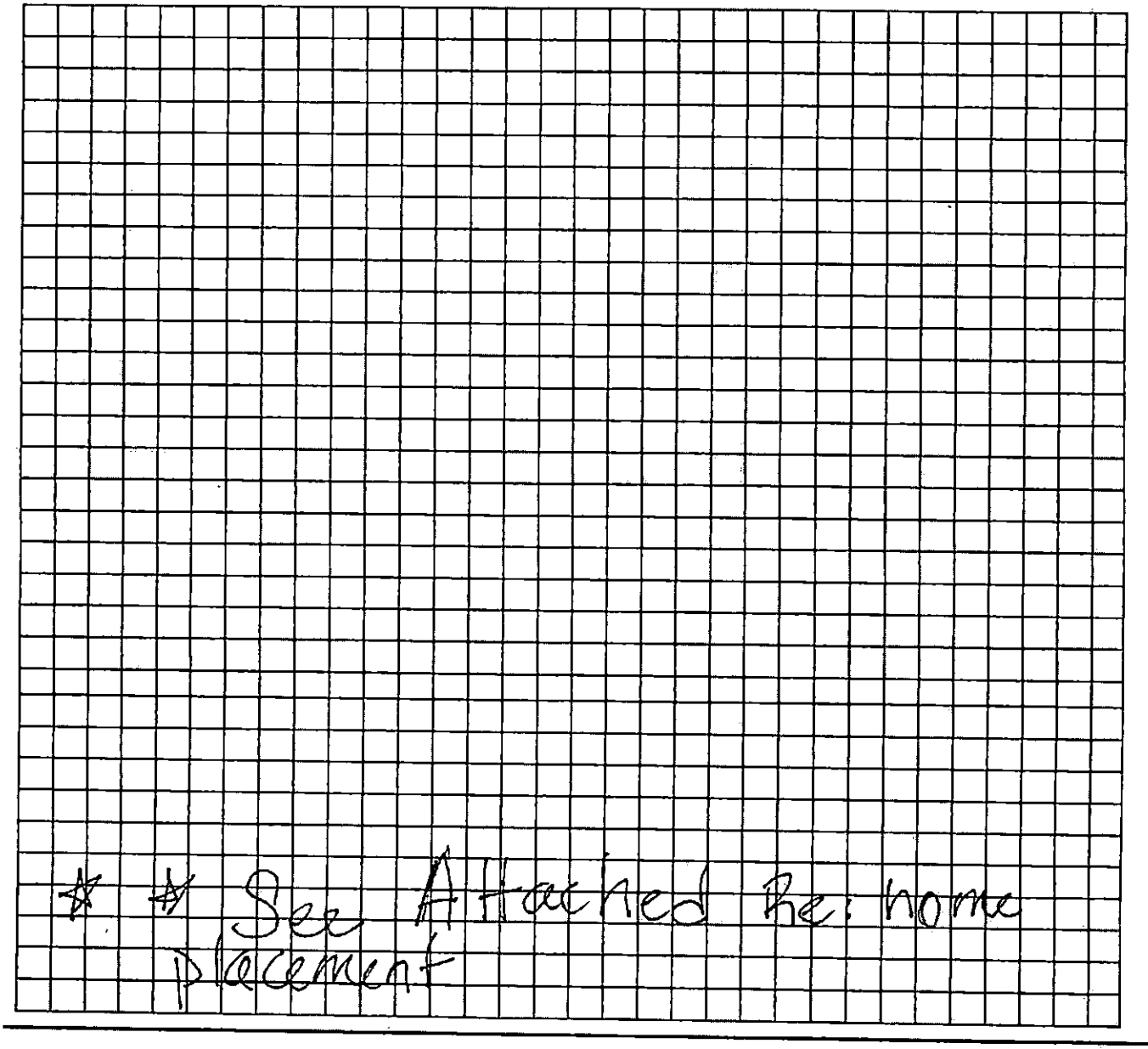
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 6318 Wilson Grove Rd, Lot 38 Tax Parcel #: 13722207



*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

Suitable for 2 bedroom Mobile Home

April Bumgarner 7-5-18

REHS Signature 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

6318 WILSON GROVE RD CHARLOTTE NC 28227

Advanced Search Market Analysis Search Help

Tutorials Quick Tips Report Issues More Map Apps

Search Results Layers/Labels Property Report Zoom To

Property Key

Parcel ID	GIS ID
13722207	13722207

Addresses located on Property (Postal City)

6318 WILSON GROVE RD CHARLOTTE NC 28227

Owner Name	Mailing Address
COOK MOBILE HOME PARK LLC	4952 DAYSPRING DR CHARLOTTE NC 28227

Is the mailing address wrong? Request Change

Photo: 1 / 1



Photo Date: 11/02/2013 Source: Mecklenburg County (iLookAbout)

Link To

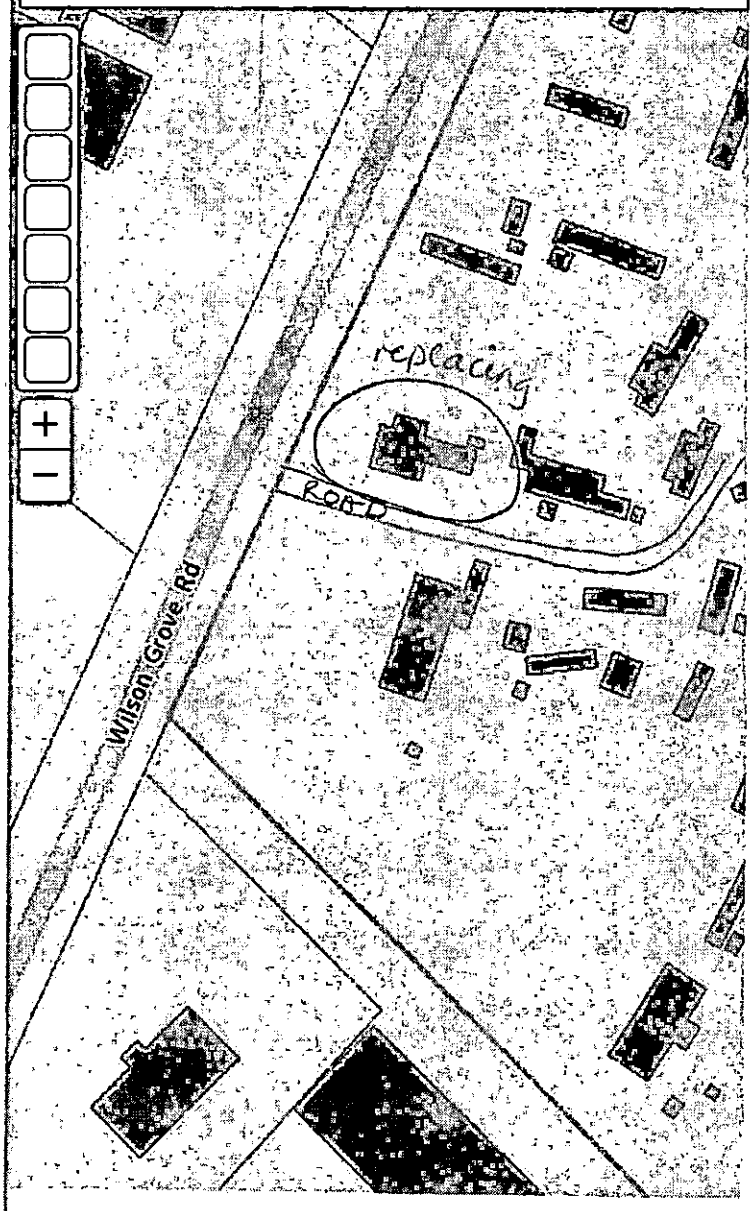
Google Street View

Birdseye View maintained by Mecklenburg County

Unselect Property

Associated Information

Legal Desc	WILSON GROVE RD
Land Area	15.96 AC
Fire District	Mint Hill
Special District	Fire Service F
Account Type	Nc Corp
Municipality	Mint Hill
Land Use	1. Single Family Residential



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/02/18	**Amount:**	100.00
Receipt #:	111885	**Tendered:**	100.00
Check / Auth #:	VISA 01908G	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: COOK MOBILE HOME PARK LLC
Attn: CYNTHIA COOK
Address: 4952 DAYSPRING DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6318 WILSON GROVE ROAD		1	100.00	100.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
CYNTHIA COOK

Bill To:

COOK MOBILE HOME PARK LLC
CYNTHIA COOK
4952 DAYSPRING DR

Charlotte, NC 28227

Single Payment

Transaction Date: 07/02/2018 7:17 AM Pacific Time
Pay Method: VISA **********4914
Approval #: 01908G
Trace Number: 7670394c-306a-426c-80d5-db98f2a2e264
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.