SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

Ok to release

Hold.

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 SP 8/27/20 Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

2540B
11540 5 AUG '20 AM 7:41

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

PERSON FILING APPLICATION:
NAME: Elaine's Construction & Design Studio / Elaine Krull
ADDRESS: 6000 Fairview Rd Suite 1200
CITY: Charlotte
STATE: NC ZIP: 28210
PHONE: 704-552-3888
ALTERNATE PHONE: 704-999-2006 (project manager)
E-MAIL: ecadsllc@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Nola & Andrew Gunnesch
ADDRESS: 15002 Dexter Lemmond Ct.
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (512) 897-5785
ALTERNATE PHONE: (313) 308-6697
E-MAIL: house@4usapride.com

JOB LOCATION INFORMATION
TAX PARCEL #: 13915410
STREET ADDRESS: 15002 Dexter Lemmond Ct.
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
Lemmond Acres
LOT #: 27

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 8/3/20

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

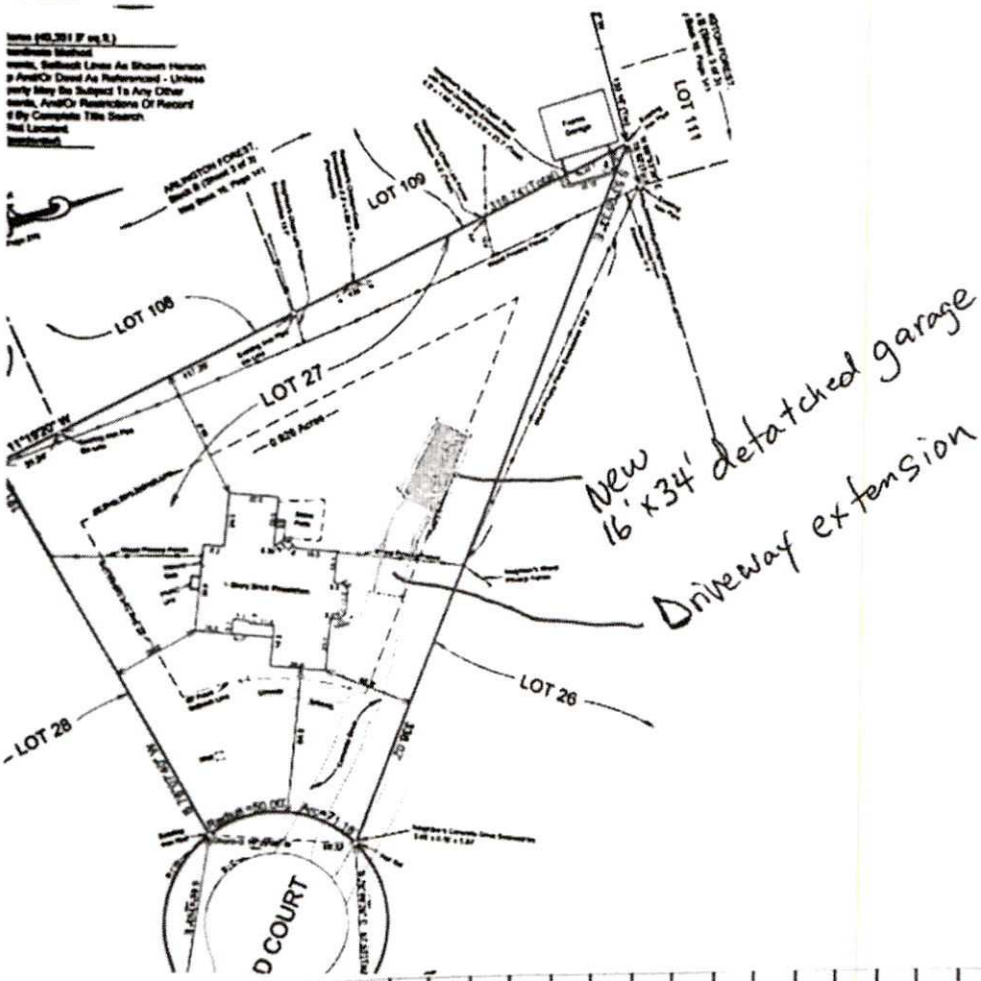
File #: _____

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: 15002 Dexter Lemmond Ct Tax Parcel #: 13915410

Thank



*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

Braedan Shelton 8/28/20
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

Proposed ~~deck~~ Garage + driveway is off the septic drainfield. ≥5 ft off drain line. Approved -BPS

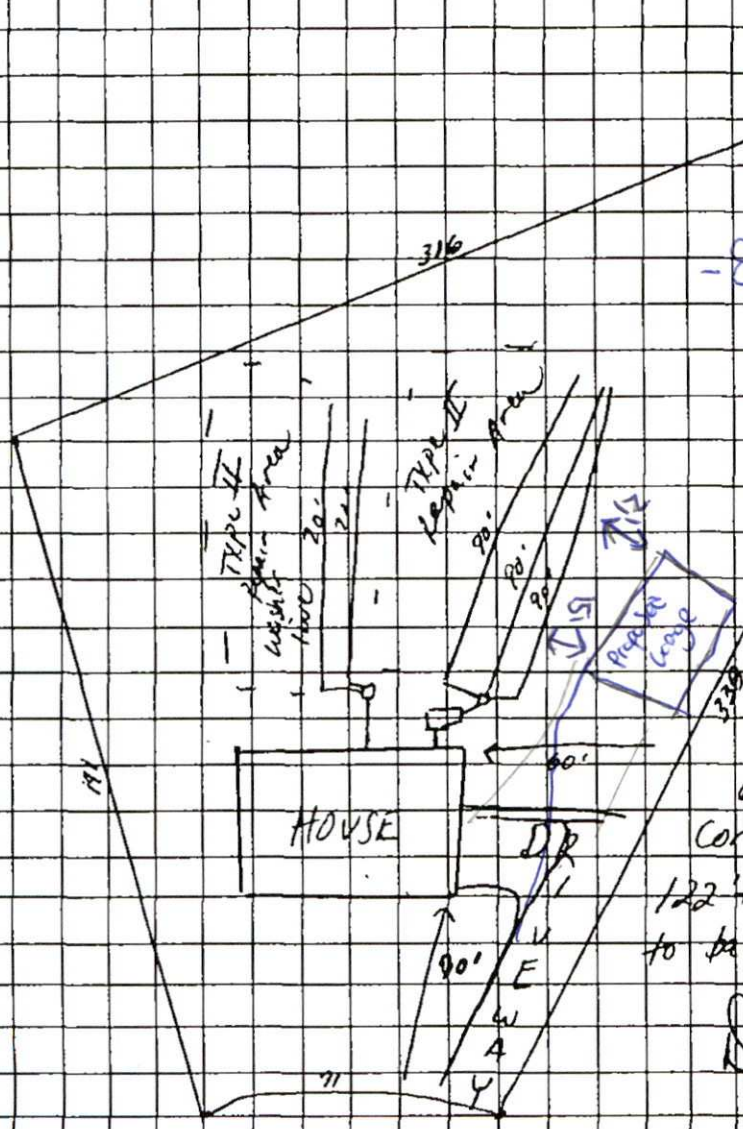
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2540B

TC: 139 152 01 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

3 Bedroom Residence
1500 GT
3 lines x 90' long
x 3' wd x 12" stone
270 Septic
2 lines x 70' long x 3' wd
x 12" stone 140 LF
Washer line (requested by property owner)
Type II Repair Area
Community well
60' from back right house
corner to right property line
122' from back right house corner
to back property line

D R Bradley
6/16/98

8/28/20
-BRs

OWNER/AGENT SIGNATURE Donald R. Bradley

DATE 7-31-98

APPROVAL DATE PSW 6/16/98

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/27/20
Receipt #: 123742
Check / Auth #: VISA 002787
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ELAINE KRULL
Attn:
Address: 6000 FAIRVIEW RD
Address: SUITE 1200
City/State/Zip: CHARLOTTE, NC 28210

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15002 DEXTER LEMMOND		1	100.00	100.00

Mecklenburg
Environmental Health
5205 Freedom Drive
Charlotte, NC 28208
Phone: (980) 314-1651
08/27/20 09:59

Sale

Merchant ID: 153629
Sequence #: 002
Card Type: VISA
Auth Code: 002787
Acct No: **********4815

Amount . 100.00

APPROVED

Phone Payment
Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your payment!
Please retain this for your records

Merchant Copy

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

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