SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 5083 B / 14196

Assigned Inspector: April B.

☐ 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: MD 10/20/23 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:

50823 / 14196

20 OCT '23 PM 2:00

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

ATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
ITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDRO
ITION OR RENOVATION WITH NO OCCUPANCY INCREASE (X) ○ COMMERCIAL OR INDUSTRIAL

N FILING APPLICATION:
Carolyn Haithcox
SS: 18340 Kalabash Rd
Charlotte
NC ZIP: 28278
3360-337-3714
NATE PHONE: 828-460-3714

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPL
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

OCATION INFORMATION
RCEL #: 21718111
T ADDRESS: 18340 Kalabash Rd
Charlotte
NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

SUPPLY:
IICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

NTIAL PROPERTY TYPE: ○ N/A
SE ○ MODULAR HOME ○ MULTIPLE FAMILY
GLE MOBILE HOME ○ DOUBLE WIDE
ER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2-4

ERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
F BUSINESS:
OYEES PER SHIFT:
HIFTS:

INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○

ON/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
ROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
AGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER shed

ON/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
ACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
RAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

X

ndersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foreg
tion, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to en
y for the purpose of processing this request.

Carolyn Haithcox 10/18/23
/Agent's Signature Date

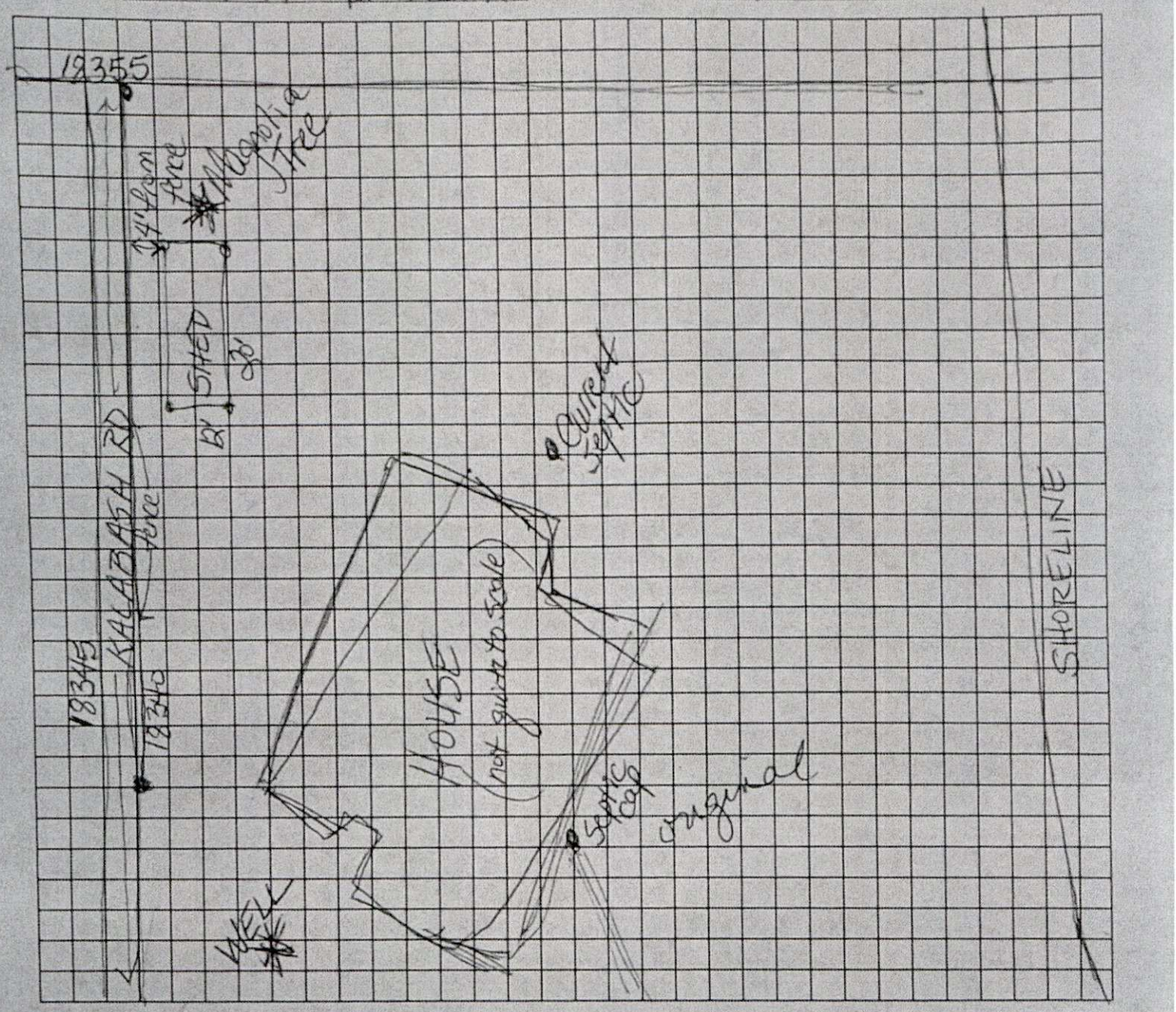
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

e #: 5083B

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: 18340 Kalabesh Rd Tax Parcel #: 21718111



*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

Shed meets all setbacks.

April Bumgarner 10/26/23

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/20/23	**Amount:**	100.00
Receipt #:	144862	**Tendered:**	100.00
Check / Auth #:	VISA 76805D	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #:	200000
Contractor:	CAROLYN HAITHCOX
Attn:	
Address:	18340 KALABASH RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18340 KALABASH RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
225.00				555.00	