SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 12793

Assigned Inspector: Heather

☐ 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: UP 1/17/24 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: 1/29/24

☐ Release final hold in Winchester: _____

Comments:

UES Approved

- Project Cancelled in Posse on 1/29/24. Couldn't release hold

12793 #143562

17 JAN '24 AM 9:07

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: ~~Katelyn Tyson~~ Charlie + Brittany Sheehan
ADDRESS: 21615 Colina Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 484-319-7417 / 610-496-3417
ALTERNATE PHONE: 610-496-3416
E-MAIL: ET4pavers@gmail.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Charlie & Brittany Sheehan
ADDRESS: 21615 Colina Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 484-319-7417
ALTERNATE PHONE: 610-496-3417
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 00129512
STREET ADDRESS: Same as above
CITY:
STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay Community
LOT #: 102

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 extension of Master Bedroom

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.

Brittany Sheehan
Owner's/Agent's Signature

1-15-2024
Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680 FAX: 704-336-6894

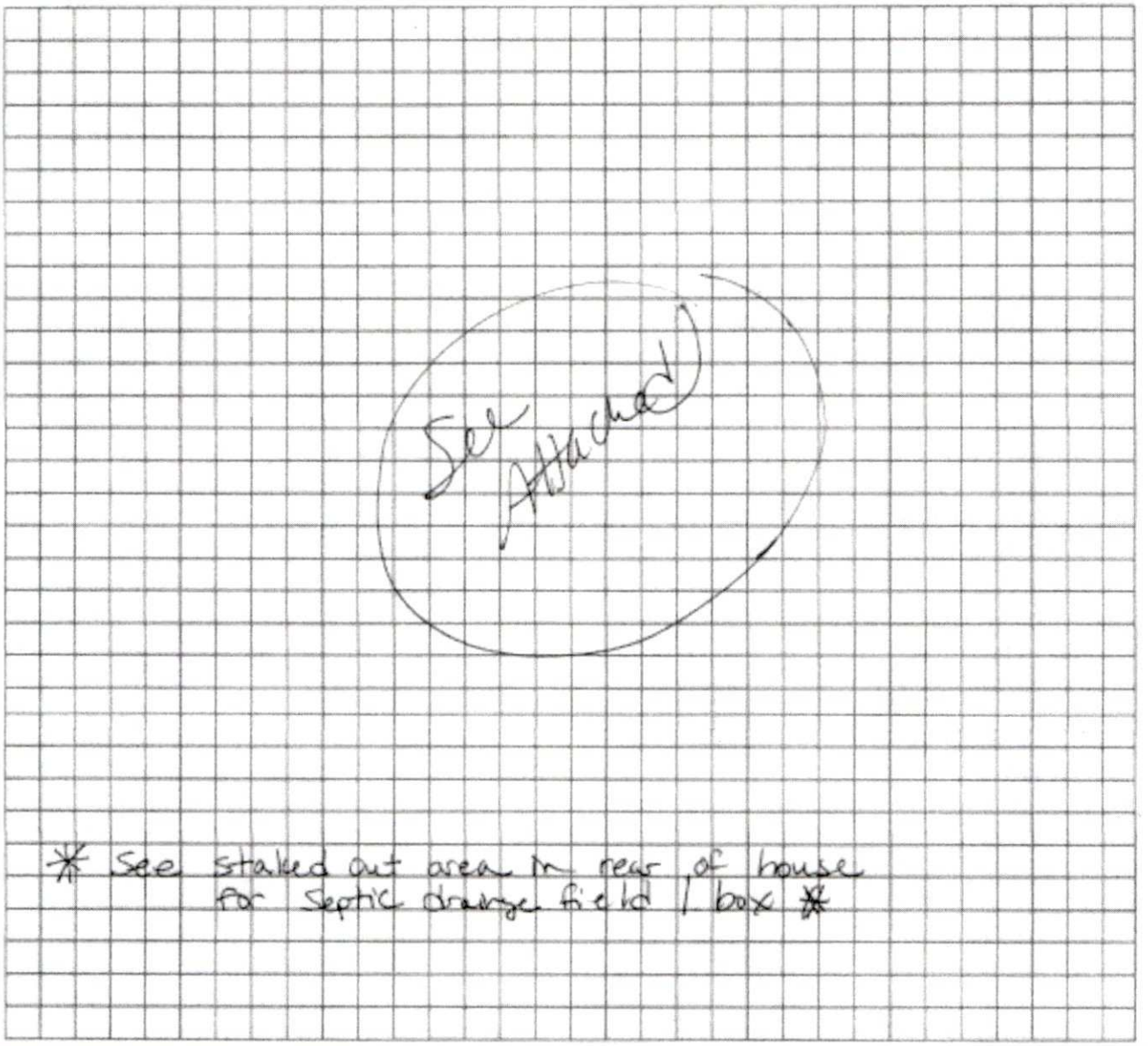
Revised on: 01/03/11

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: 21615 Colina Drive Cornelius, NC 28031 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:

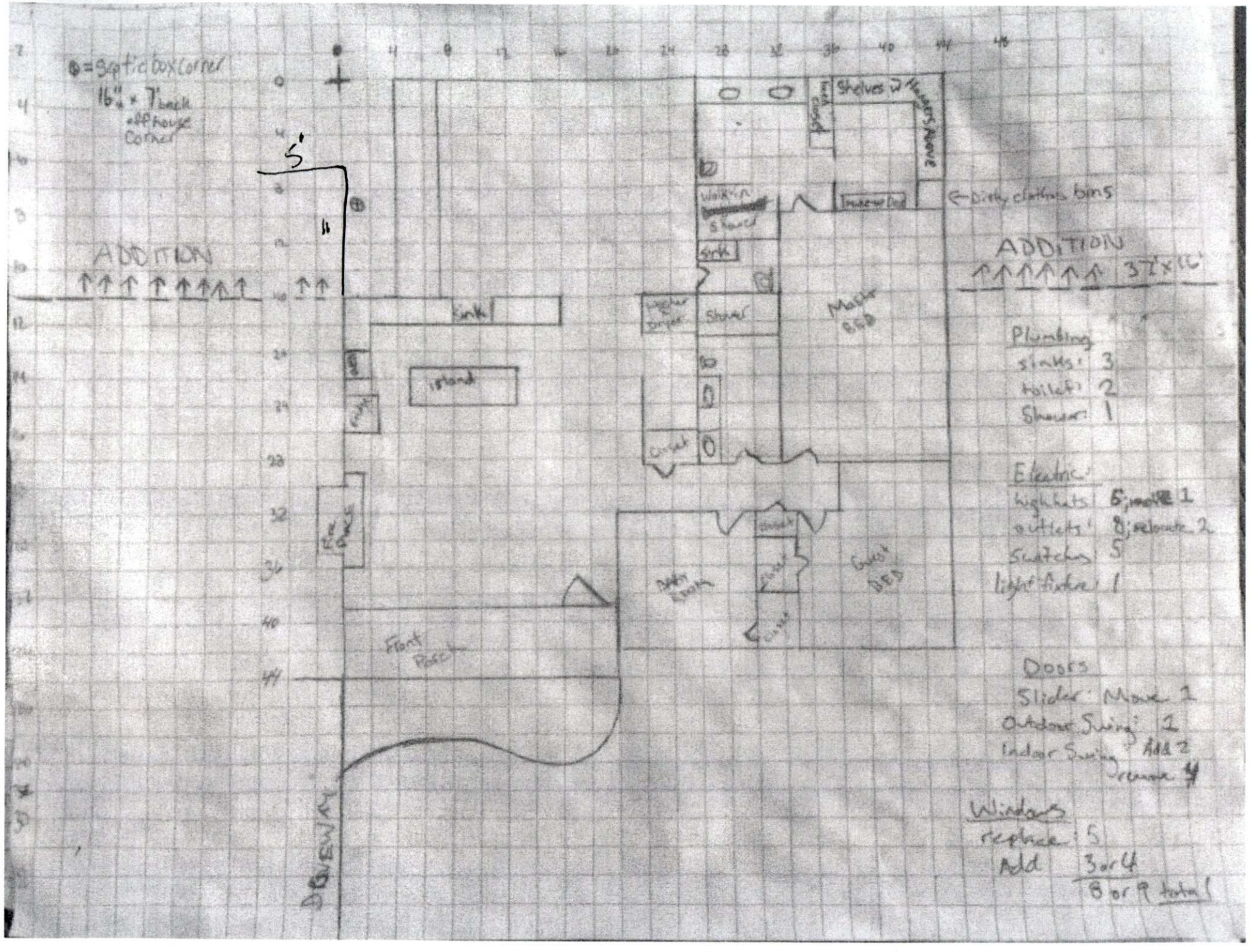
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date.
- Mobile home exchange approval valid 6 months from issuance date.

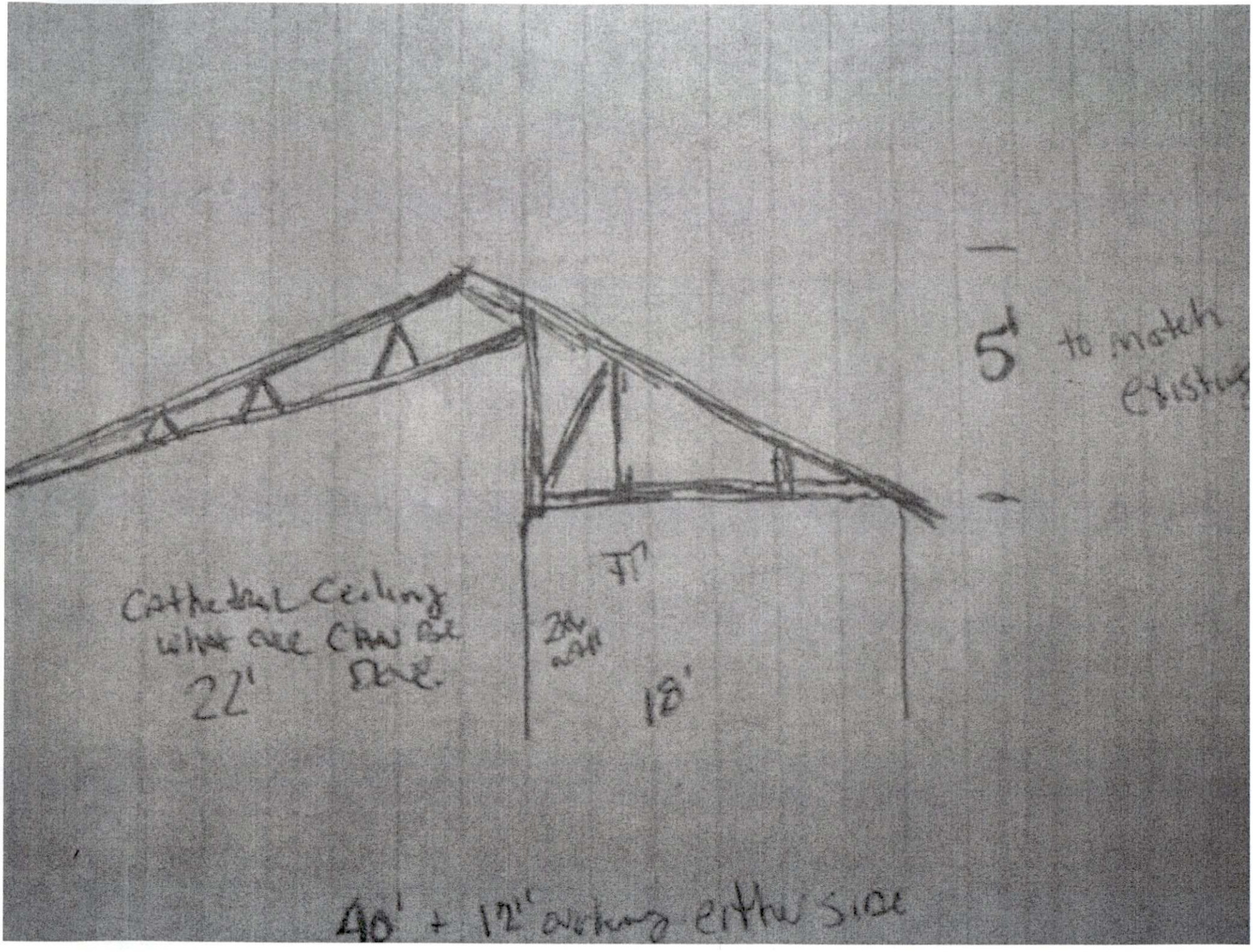
Proposed addition meets setback
no increase in bedroom

REHS Signature _____ 1-29-24 Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11


⊕=Septic box corner
16" x 7' back of house corner
5'
ADDITION
Sink
Island
Range
Fridge
Sink
Front Porch
DRIVEWAY
Shelves w/ Towels Above
Linen Closet
Walk-in Shower
Sink
Washer Dryer
Shower
Master BED
Toilet
Toilet
Bath
Guest BED
Closet
Closet
← Dirty clothes bins
ADDITION 37' x 16'
Plumbing
sinks: 3
toilets: 2
Shower: 1
Electric
highhats: 6; remove 1
outlets: 8; relocate 2
Switches: 5
light fixture: 1
Doors
Slider: Move 1
Outdoor Swing: 1
Indoor Swing: Add 2 remove 4
Windows
replace: 5
Add 3 or 4
8 or 9 total


5' to match existing
Cathedral Ceiling
22'
11'
18'
40' + 12' awning either side

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/16/24	**Amount:**	100.00
Receipt #:	146001	**Tendered:**	100.00
Check / Auth #:	VISA 57342D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: BRITTANY SHEEHAN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 21615 COLINA DR	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,200.00				555.00	

W. 670-83

SIR No. 12793

Serial No. 6511

T. C. No. 001-295-12

Date Issued 6-7-83

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Don-Rick Enterprises, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 296, Huntersville, NC ZIP 28078

LOCATION OF LOT 21615 Colina Drive
(STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO 102 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 12793 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

Date Received 6-[illegible]-83

MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUN 6 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 12793

T. C. No. 001-295-12

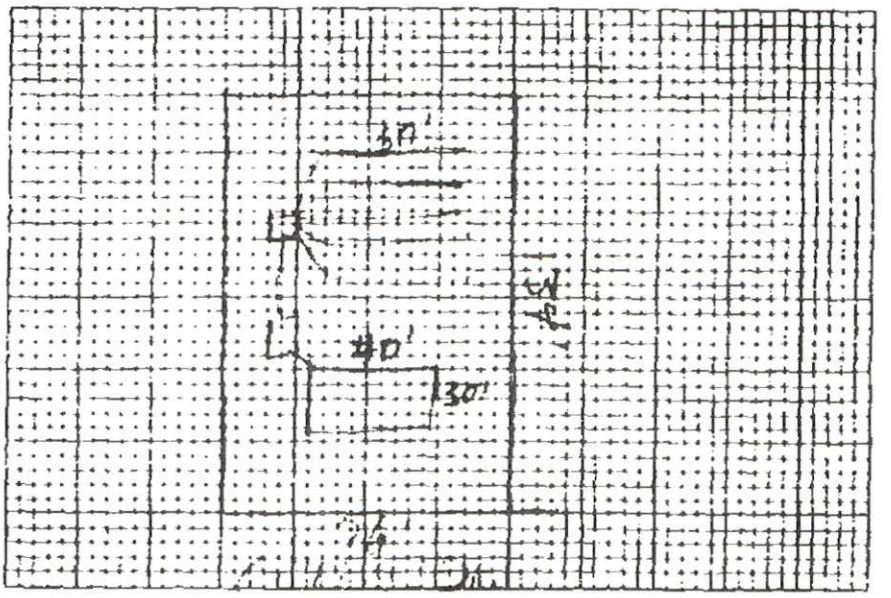
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair on individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No of Bedrooms 3

5) Business Use - Max No Employees 1

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply:
A) Individual Well ____
B) Governmental System ____
C) Community System:
1. Well source ✓
2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No ____

12) VA Case No. ____

13) NAME OF OWNER [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM 21615 [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. [illegible]102 Block No. 295

Map Book No. 1 Page No. 2

18) DEED REFERENCE — DEED BOOK 4536 AT PAGE 256

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

[illegible]
DATE OF APPLICATION

Dan [illegible]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY