

107 SHENANDOAH CR

10729110

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

CREDIT ☐

OR

REFUND ☒

1. Property Owner's Name: Frank Goering 2. Permit Number: _____
3. Address: 107 Shenandoah Circle 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
   ☐ Not Doing Work
   ☒ Other (Specify) Not a Major Repair, no fee required
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: D. L. Mullis Well Drilling Inc. 8. Phone 545-5694 (Please Print)
9. Address: P.O. Box 691446 (Street) Charlotte (City) NC (State) 28227 (Zip)
10. Signature: _____ 11. Printed Name _____ 12. Date: _____

For Departmental use only. Do not write below this line.

SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

# Of made Inspections	B	E	M	P	F	L

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$ 100.00	$ 100.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials AJC Date 2/2/05

SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88 ---			

Section VI - APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ - _____
Refund from Account #

_____
Check #

To Rev. C 2/2/05

Daily Counter Transactions - Environmental Health

Transaction Date **01/27/05**

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
31223	200000	HARBORGATE HOA	0720 Seasonal Pool Permit-Operating	HARBORGATE CONDO	CHECK	575	JOHNSK	120.00
31224	200000	D.L. MULLIS WELL DRILLING, INC	0754 Private Well, Major Repair	107 SHENANDOAH CIRCLE	VISA	093169	CRAIGGY	100.00
31225	200000	EDINBURGH SQUARE	0720 Seasonal Pool Permit-Operating	EDINBURGH SQUARE	CHECK	396	JOHNSK	120.00
31226	200000	KULIKOWSKI GREGG	0743 Hmeownr Maint Inspec-Type IIIB	FILE # 4555A	CHECK	3546	CRAIGGY	85.00
31228	200000	PAVILLION CROSSING APTS	0720 Seasonal Pool Permit-Operating	OUTDOOR POOL	CHARGE		BEACHMS	120.00
31229	200000	PAVILLION CROSSING APT HOMES	0719 Public Pool Permit-Operating	WHILPOOL/SPA-OUTDOOR	CHARGE		BEACHMS	240.00
31230	200000	ORCHARD TRACE OWNERS ASSOC	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	12520	BEACHMS	120.00
31231	200000	LAHEY PATRICIA M	0701 Improvment Permit App-Residen	8930 COLSON AVE.	CHECK	1039	CRAIGGY	200.00
31233	200000	HAMPTON INN & SUITES	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	1086	BEACHMS	120.00
31234	200000	CANDLEWOOD TOWNHOMES	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	1046	BEACHMS	120.00
31235	200000	FIRETHORNE RFD	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	1059	BEACHMS	120.00
31238	200000	HUNTINGTON RIDGE HOA	0720 Seasonal Pool Permit-Operating	WADING POOL OUTDOOR	CHECK	1011	BEACHMS	120.00
31239	200000	G & I II UNIVERSITY,LLC	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	4310	BEACHMS	120.00
31240	200000	VILLAGES ASSOCIATION	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	565	BEACHMS	120.00
31241	200000	CAMBRIDGE GROVE	0720 Seasonal Pool Permit-Operating	WADING POOL- OUTDOOR	CHECK	232	BEACHMS	120.00
31242	200000	CAMBRIDGE GROVE	0720 Seasonal Pool Permit-Operating	OUTDOOR SWIMMING POOL	CHECK	231	BEACHMS	120.00
31243	200000	BLUE STONE HARBOR HOA	0720 Seasonal Pool Permit-Operating	WADING POOL -OUTSIDE	CHECK	160	BEACHMS	120.00

[redacted]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 58248

OWS - RES. APP 12/04 093169 $100 cc app 1/26/05 gc

[redacted]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☒ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 107-291-10
STREET ADDRESS: 107 Shenandoah Circle
CITY: Charlotte
STATE: NC ZIP: 28215-4510
SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Grove
LOT #: 345 B2 1959 Area5
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☒ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE: Unfinished basement
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/LAY

BURIED CABLES, LANDFILLS, STUMP HOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Frank Goering Goering
ADDRESS: 107 Shenandoah Circle
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: 704-537-9018 WORK PHONE: —
MOBILE PHONE: — FAX: —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

1-26-05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES/DIVISION OF ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-4394

Refund Due, Not a Major Repair per Josh Sellers 1/28/05

0754

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 065
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0001
CD TYPE: VISA
TR TYPE: MAIL/PHONE
INV: 0502
DATE: JAN 26, 05 16:28:32

AVS: ZIP MATCH
CVV2: MATCH

TOTAL $100.00*

ACCT: 1651 EXP: **/**
AP: 893169
TAX $0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

CUSTOMER COPY

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	MECK COUNTY	From:	CHAD
Fax:	704-336-6894	Pages:	2
Phone:	704-545-5694	Date:	1-26-05
Re:	MAJOR REPAIR – HOMEOWNER WOULD LIKE TO GET THIS WORK DONE TOMORROW IF ALL POSSISBLE, PLEASE CALL ME FOR A CREDIT CARD NUMBER	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.