#13128

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

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 MR/5-11-22 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 ☐ _____

#13138

MECKLENBURG COUNTY
HEALTH DEPARTMENT 9448

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: Mike Masterson
ADDRESS: 11610 Chestnut Hill Dr
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 954-257-6034
ALTERNATE PHONE: 704-207-1575
E-MAIL: mmasterson954@gmail.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Michael + Lynne Masterson
ADDRESS: 11610 Chestnut Hill Dr
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 954-257-6034
ALTERNATE PHONE: 704-207-1575
E-MAIL: mmasterson954@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 23118303
STREET ADDRESS: 11610 Chestnut Hill Dr
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: Roxbury
LOT #: 21

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

5/6/22
Date

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

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

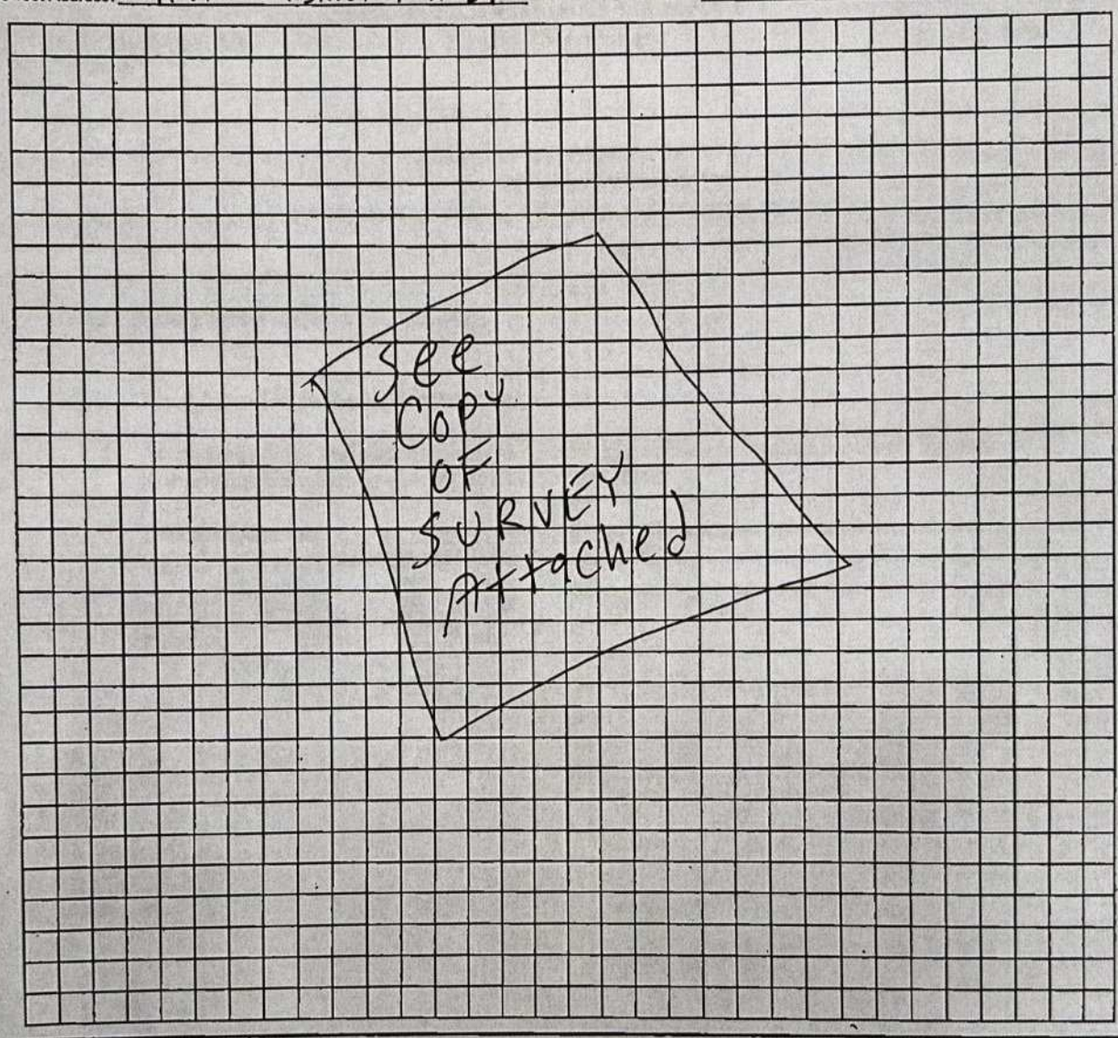
Revised on: 03/27/19

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: 11610 Chestnut Hill Dr Tax Parcel #: 23118303



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Customer meets required set backs

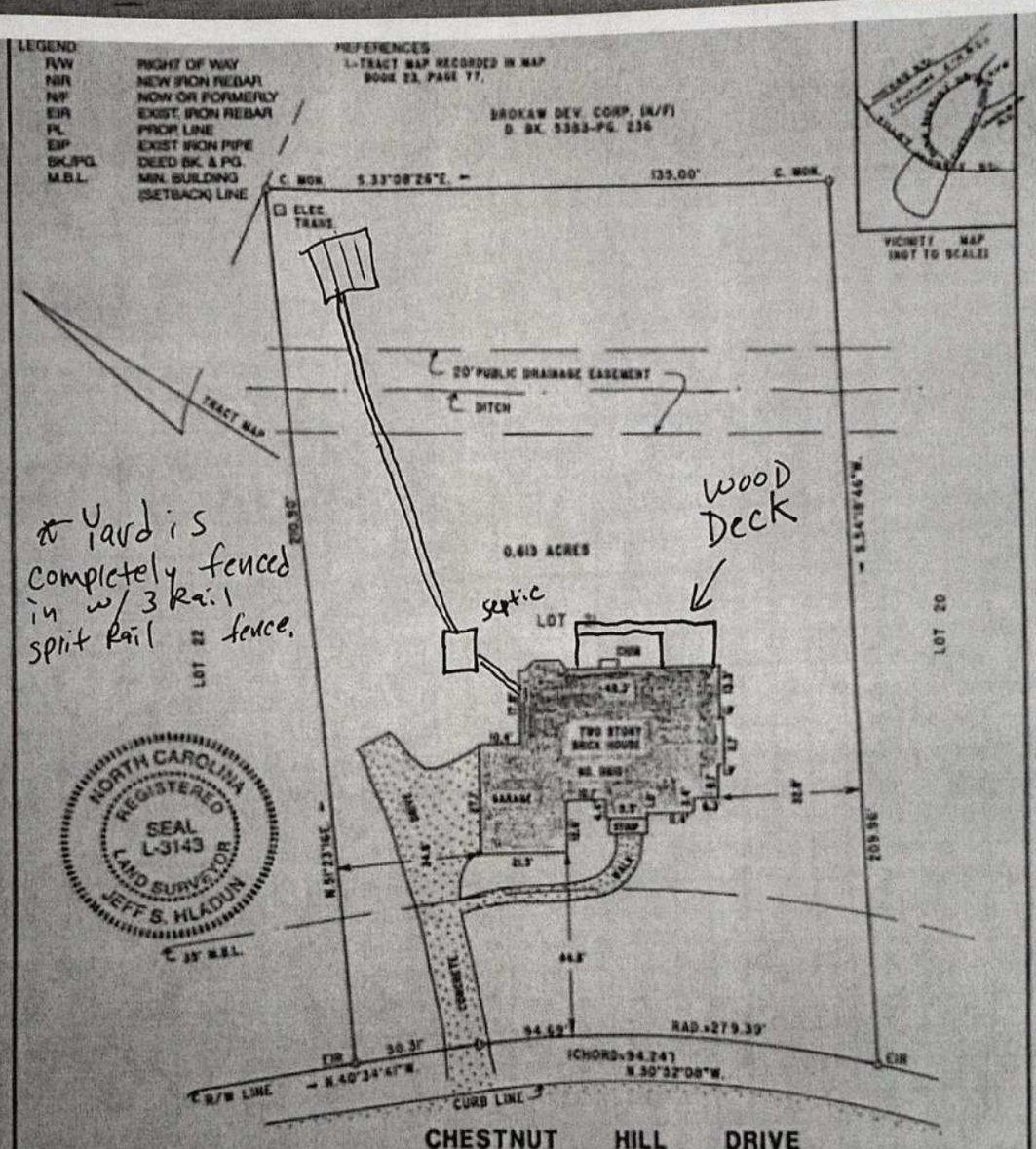
Ben Dayat — REHS Signature

5/12/22 — Date

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

Revised on: 03/27/19

See Copy of Survey Attached



NORTH CAROLINA REGISTERED SEAL L-3143 LAND SURVEYOR JEFF S. HLADUN

NOTES -
1. - AREAS SHOWN HAVE BEEN CALCULATED FROM COORDINATE METHOD OF COMPUTATION
2. PARCEL IS NOT LOCATED IN A REGULATED FLOOD HAZARD ZONE BY F.E.M.A.

"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 25 DAY OF JANUARY 19 96 ; THAT THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY IS 1: 21,500 AND THAT THIS SURVEY AND PLAT COMPLIES WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA."

Jeff S. Hladun — N C R L S #3143 — 1-26-96
JEFF S. HLADUN — DATE

NOTE: THIS PLAT DOES NOT MEET N C G S 47-30 STANDARDS AND IS NOT TO BE USED FOR RECORDING PURPOSES.

1" = 30' — 30 15 0 30 60 — scale — feet

FOR JOHN W. KEITH
LYNN A. KEITH (WIFE)

LOCATION
LOT NO. 21
"ROXBURY" MAP 1
PROVIDENCE TOWNSHIP
MECK. CO., NORTH CAROLINA

OWNER BROKAW DEVELOPMENT CORP.

JEFF HLADUN
LAND SURVEYING, INC.
5848 Lebanon Road
Mint Hill, N.C. 28227
PH: (704) 545-8583

SCALE 1 INCH = 30 FT.
FILE # 94957.01
DISK R 1.30/C9ASC
TAX I.D. NO. 231-183-03

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that _____ is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

11610 Chestnut Hill Dr, Matthews, NC 28105
Number Street Town

(Or Parcel Number)
23118303

Mike Masterson
Property Owner (print name)

Property Owner (signature)

5/6/22
Date

* Note: We are only rebuilding our old wood deck. No changes to septic. Not near Deck.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/11/22
Receipt #: 135778
Check / Auth #: MC 04930B
Received By: RAMSEMA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MASTERSON MICHAEL
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 11610 CHESTNUT HILL DR		1	100.00	100.00

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

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