# Supervisor/Administrative Professional Checklist

New Septic [X] New Well [ ] Use Existing [ ] - Alteration [ ] Modified Plot Plan [ ]

New Septic Fees Paid:

IP ($250.00) LE 11/7/16 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. [ ] Reviewed [ ] ____

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

Septic file completed. [ ] _____ Well file completed. [ ] _____

Send permit for signature. [ ] Signature received. [ ] _____

This septic system requires a certified operator contract before final hold is released. [ ]

Certified operator contract is on file. [ ] _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9612B 8584

7 NOV '16 AM 9:0

**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 0232114
STREET ADDRESS: 7232 Sample Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 32.00
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ HOUSE ◉ OTHER Future homes
HEATED SQUARE FOOTAGE: 2400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊗ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COM... HE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: ____ ...UPANTS IN THE RESIDENCE: ____

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ◉ OTHER needs a well

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ OTHER ____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTE... (MOST DESIRED 5-LEAST DESIRED):**

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☑ ACCEP... ☐ OTHER ____

8A. **RANK:** 1 2 ... ...

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN... ...ION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ○ YES ◉ NO | GRADING/SOIL REMOVAL PERFORMED | ◉ YES ○ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ◉ YES ○ NO | JURISDICTIONAL WETLANDS | ○ YES ◉ NO |
| WELLS, SPRINGS, OR WATER LINES | ◉ YES ○ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ○ YES ◉ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ○ YES ◉ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ○ YES ◉ NO |
| CHEMICAL/PETROLEUM STORAGE TANKS | ○ YES ◉ NO | KNOWN UNDERGROUND CONTAMINATION | ○ YES ◉ NO |
| WASTE STORAGE | ○ YES ◉ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ○ YES ◉ NO |

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 11/22/16 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Bob Reeder (potential owner performing due diligence)
ADDRESS: 19709 Bustle Road
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE:
MOBILE PHONE: (954) 675-8858
FAX:
E-MAIL: bob@superiorwashsoutheast.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

BR (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

BR (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.** A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

10/3/16
Date

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*OFFICE USE ONLY*

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:



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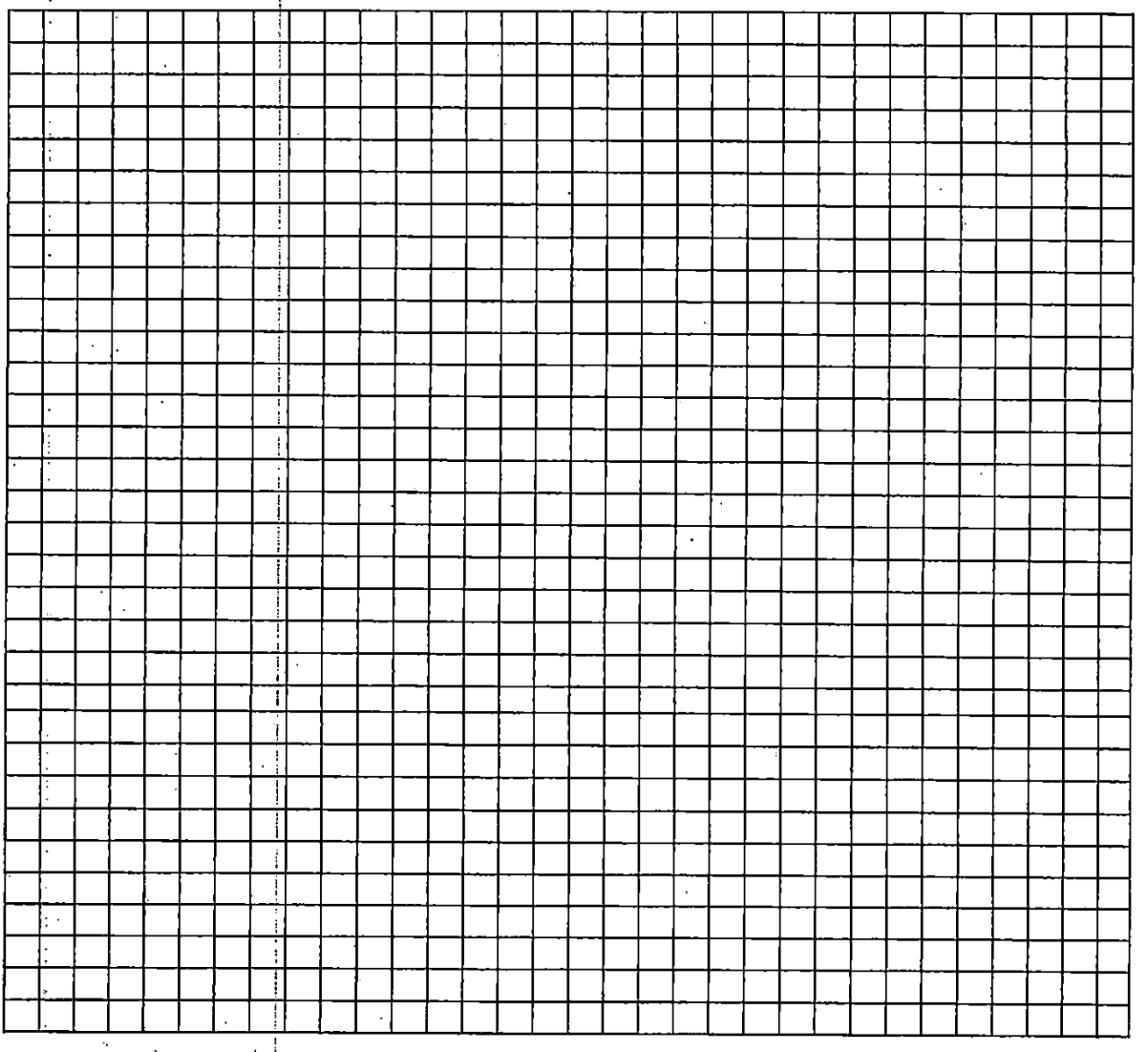
File #: _____

## 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: 7232 Sample Road  Tax Parcel #: 0232114

Subdivision Name: _____  Lot #: _____



Property Owner's or Owner's Legal Representative Signature

10/3/16
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

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*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/07/16 | **Amount:** | 250.00 |
| **Receipt #:** | 102383 | **Tendered:** | 250.00 |
| **Check / Auth #:** | MC 537604 | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** 200000
**Contractor:** REEDER,CELIA
**Attn:**
**Address:** 19709 BUSTLE RD
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>7232 SAMPLE RD #2 | | 1 | 250.00 | 250.00 |

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

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

# Payment Receipt

**Mecklenburg County POS**

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: CELIA REEDER

**Bill To:**

CELIA REEDER
19709 BUSTLE RD

Cornelius, NC 28031

**Single Payment**

Transaction Date: 11/07/2016 5:43 AM Pacific Time
Pay Method: ********9737
Approval #: 537604
Trace Number: f5be6e92-8bcb-4bb0-b8b9-86021875a424
Amount: $750.00

Payment Amount: $750.00

**Total: $750.00**

Thank you for your payment.

# Payment Receipt

**Mecklenburg County POS**

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: CELIA REEDER

**Bill To:**

CELIA REEDER
19709 BUSTLE RD

Cornelius, NC 28031

**Single Payment**

Transaction Date: 11/07/2016 5:47 AM Pacific Time
Pay Method: **********9737
Approval #: 539131
Trace Number: d4034ac0-2390-4b6f-84c3-47c86a83d04d
Amount: $10.00

Payment Amount: $10.00

**Total: $10.00**

Thank you for your payment.

# 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

02321113 | 02321118 | 02321115 | [redacted] | 02321114 | 02321119 | 02321120 | 02321116 | 02321125
Number Street Town 02321117 | [redacted] | 02
(Or Parcel Number)

Jim Puckett
Property Owner (print name)

Property Owner (signature)

9/21/16
Date

Any Questions, Feel Free to call
704.363.1379

JIM PUCKETT
Mecklenburg County Commissioner
District 1

MECKLENBURG COUNTY GOVERNMENT

P.O. Box 31787
Charlotte, NC 28231
Office: 980-314-2876
Fax: 704-336-5887
Mobile: 704-620-5570
Jim.Puckett@MecklenburgCountyNC.gov

http://bocc.charmeck.org