14819 / 15165

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: Andrew Waltz
ADDRESS: 1513 Dennbriar Dr Nw
CITY: Concord
STATE: NC ZIP: 28027
PHONE: 717-503-5394
ALTERNATE PHONE:
E-MAIL: andrew@newgateco.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: John Willi
ADDRESS: 2900 Foxfire Rd
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 540-295-9251
ALTERNATE PHONE:
E-MAIL: jwillivt@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #:
STREET ADDRESS: 2900 foxfire Rd
CITY: Charlotte
STATE: NC ZIP: 28270

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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
NUMBER OF OCCUPANTS

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.

Andrew Waltz
Owner's/Agent's Signature

12/6/24
Date

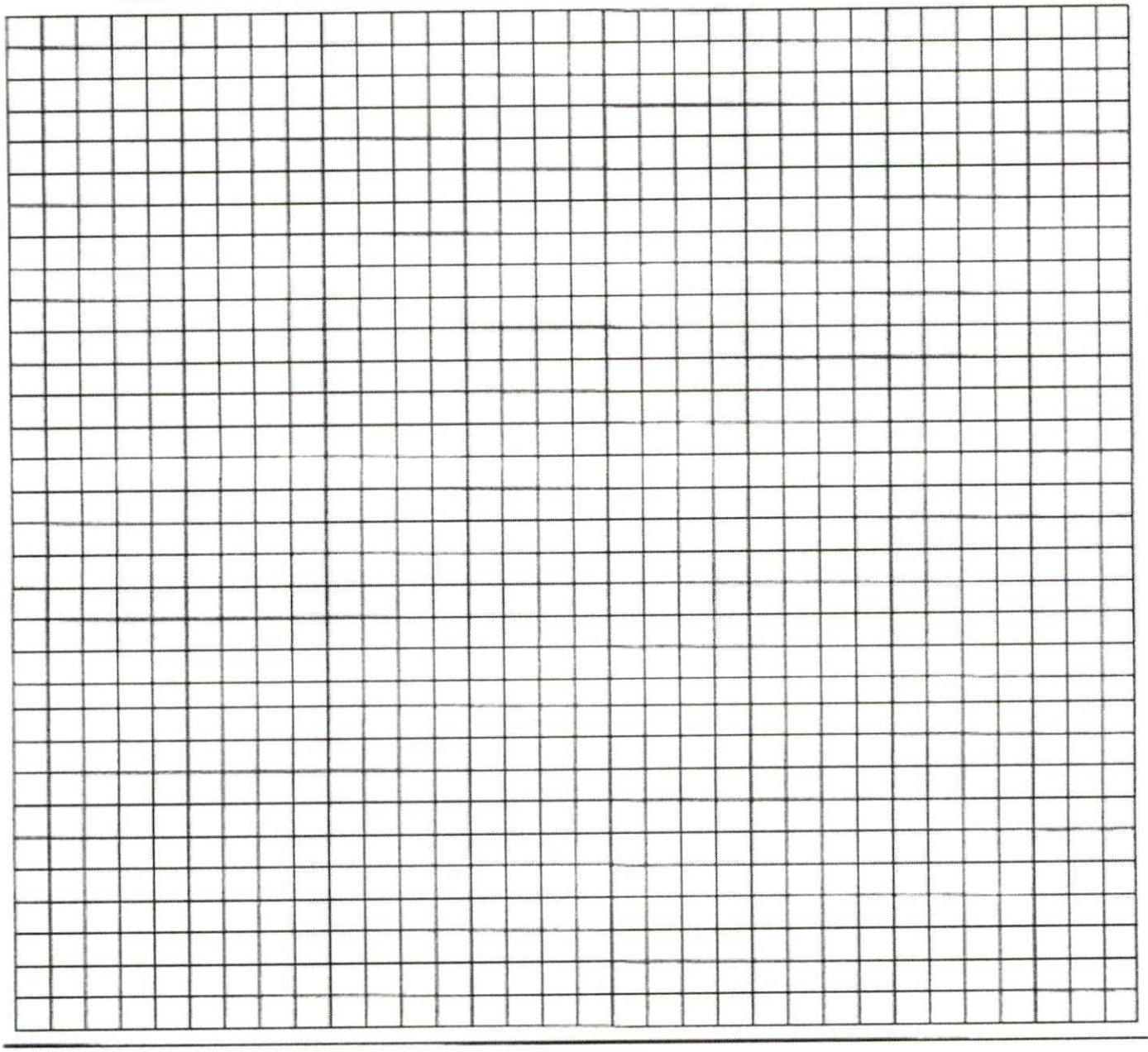
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application

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

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: _____ 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.

Customer meets required set backs. Not adding a bedroom

Dayna Daypat — REHS Signature

12/30/24 — Date

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Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

avnard Washington, PhD, MPH
lealth Director

(704) 336-4700

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 Andrew Waltz is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

2900 foxfire Rd charlotte.
Number Street Town
(Or Parcel Number)

JOHN WILLI
Property Owner (print name)

John Willi
Property Owner (signature)

12/17/24
Date

Residential Plot Plan
For Internet Permit Application

For Department Use
Permit #

ENTER SUBMITTAL NUMBER HERE: 664892889

Master Plan #

LOCATION/SITE DATA

2900 (Street #) (N,S,E,W) **FOXFIRE** (Street Name) **RD** (Av,Rd,St) Unit:

Project / Subdivision Name: Phase Section

Lot # Block # Land Area (sq. ft.)

OWNER INFORMATION Address: 2900 Foxfire Rd

Owner: John Willi

City: Charlotte State: NC Zip: 28270 Phone # (540)295-925

FOR DEPARTMENT USE Tax Parcel # 22713203 Tax Jurisdiction: CHARLOTTE CHAR

Zoning: Juris CHAR Map # R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front Left Side Right Side Rear

Remarks:

PROJECT DATA

Type Work:

__ New ✓ Addition __ Accessory

Project Description:

2900 Foxfire

Area (sq.ft.):

Heated 1207 Unheated 950

Deck(s) 0

Utilities: __New X Existing

Public:

1-Indiv Meter/Conn. X Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

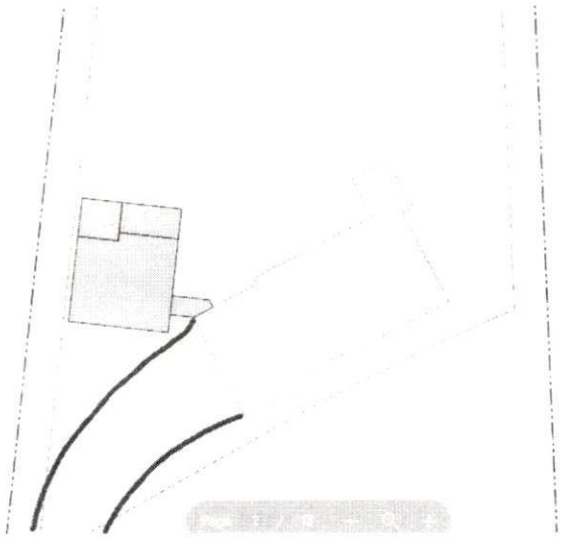
3-Individual Well X Septic

4-Community Well Septic

Note: This plot plan must be uploaded before your Internet permit will be processed.

Central office: 980-314-CODE

DRAW PLOT PLAN- Show what the permit is requesting.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

ANDREW WALTZ (Applicant's Signature) 12/16/2024 (Date) Andrew Waltz (Print Applicant's Name) Contact # (717)503-5394 ext:

Contractor Name: WALTZ ANDREW Contractor Acct #: X63915

Email: ANDREW@NEWGATECO.COM

For Department Use: Zoning Approved by:
Initial Date:

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(980) 314-CODE, fax (866) 851-3553

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/18/24
Receipt #: 152058
Check / Auth #: VISA 059488
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ANDREW WALTZ
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 2900 FOXFIRE RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		580.00		2,737.50	