#11615

# 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 AB 09.23.20 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 ☐ _____

#11615

23 SEP '20 PM 4:23

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT** 05552A

# 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: KENT COUCH
ADDRESS: 155 LYNN COVE LN
CITY: MOORESVILLE
STATE: NC ZIP: 28117
PHONE: 704 340 5960
ALTERNATE PHONE:
E-MAIL: COUCHKENT@GMAIL.COM

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: MARCUS HOY
ADDRESS: 20821 LAGOONA DR.
CITY: CORNELIUS
STATE: NC ZIP: 28031
PHONE: 704 502 8701
ALTERNATE PHONE:
E-MAIL: MARCUS.HOY@SYMETRA.COM

**JOB LOCATION INFORMATION**
TAX PARCEL #: 00170118
STREET ADDRESS: 20821 LAGOONA DR
CITY: CORNELIUS
STATE: NC ZIP: 28031

**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: 3
NUMBER OF OCCUPANTS: 4

**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 ADDING SPACE TO RELOCATE AN EXISTING BEDROOM. NO INCREASE IN # BEDROOMS OR BATHROOMS

**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

9/23/20
Date

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



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

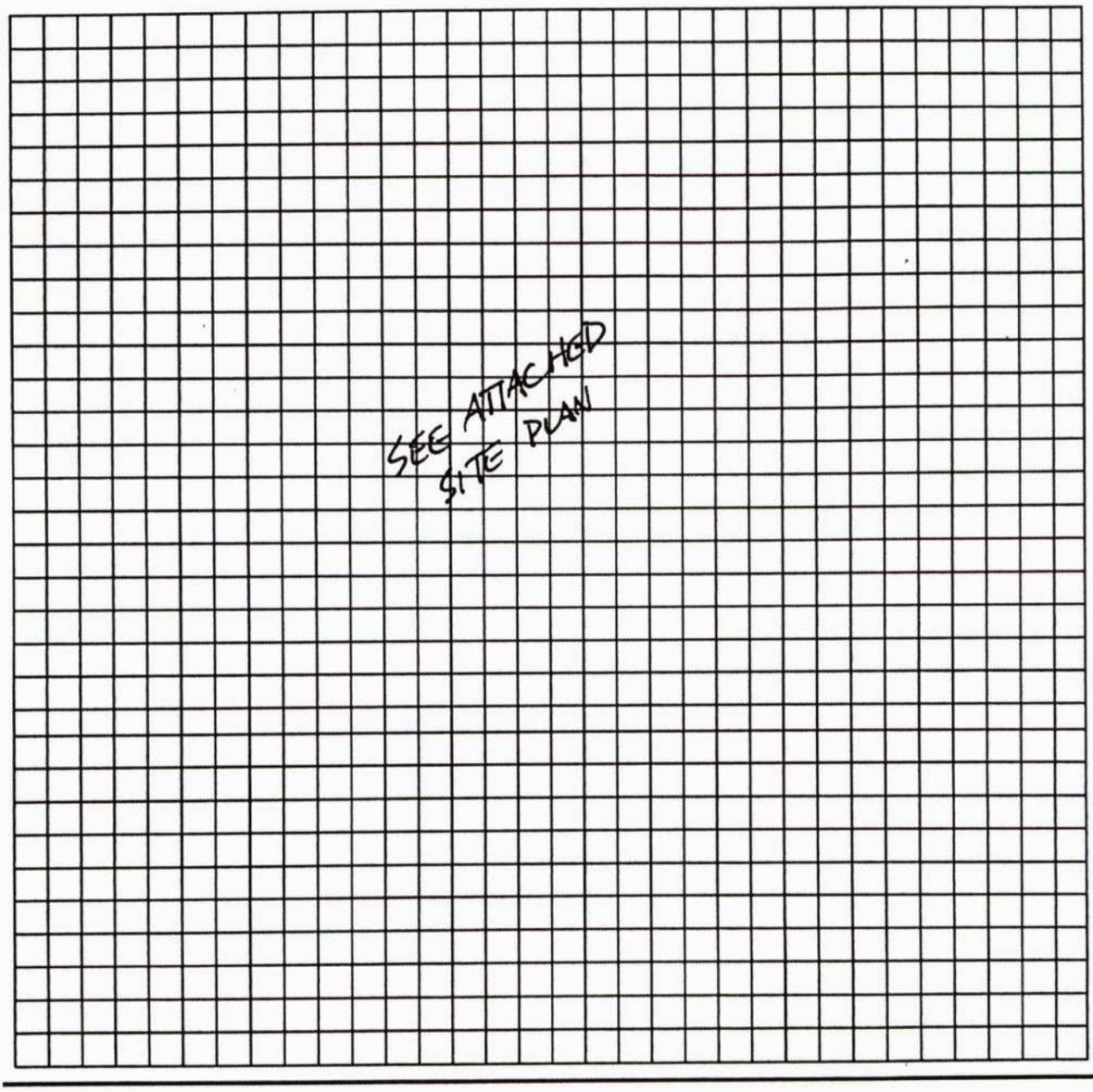
Revised on: 01/03/11

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: 20821 LAGOONA DR Tax Parcel #: 00170118 00116117




*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

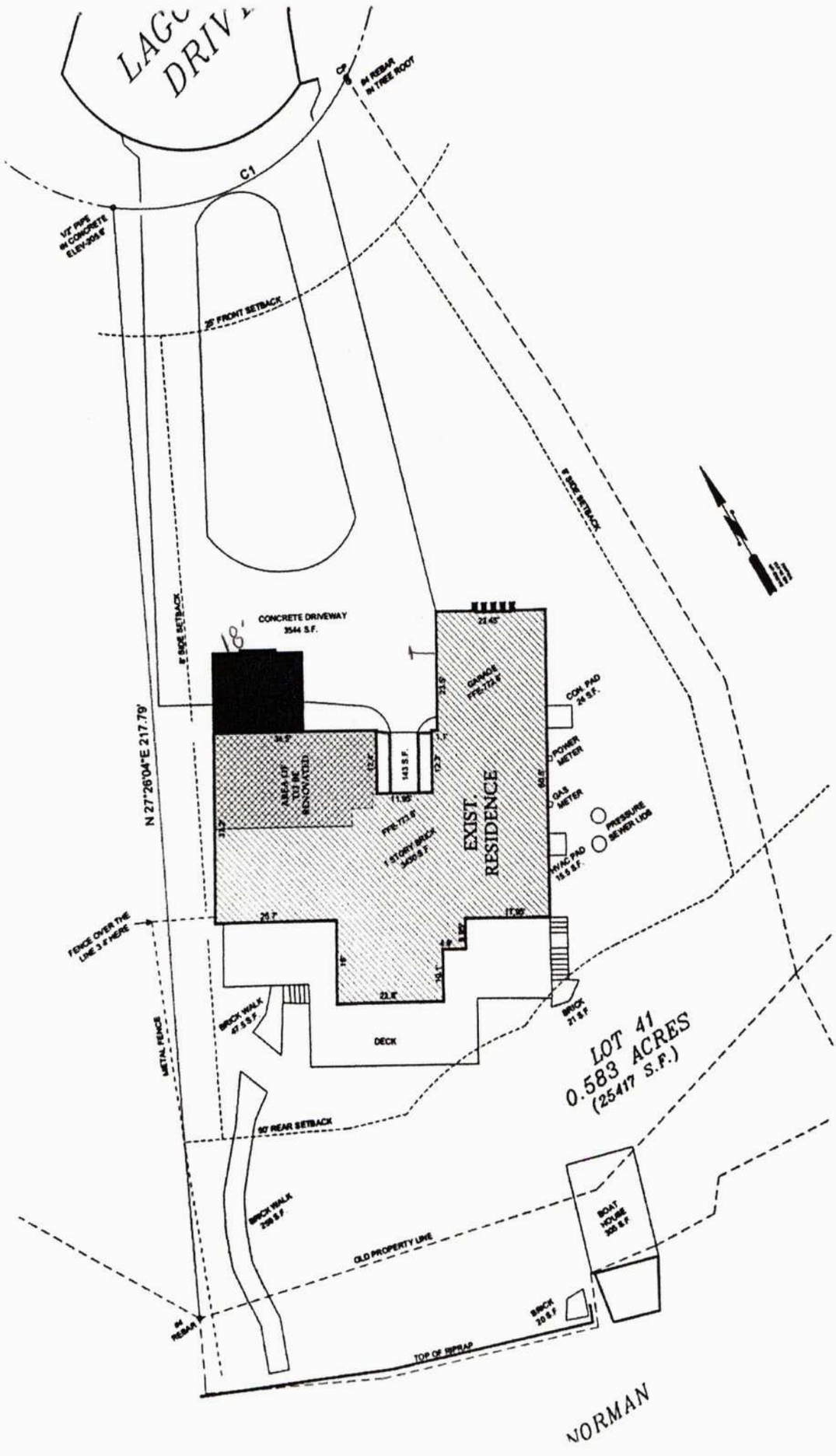
5/20/21- Well abandoned - addition approved - no bedroom change

REHS Signature 5-20-21 Date



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

Revised on: 01/03/11


LAGO
DRIV
C1
1/4 REBAR IN TREE ROOT
1/2" PIPE IN CONCRETE ELEV-309.8'
25' FRONT SETBACK
8' SIDE SETBACK
8' SIDE SETBACK
CONCRETE DRIVEWAY 3544 S.F.
18'
N 27°26'04"E 217.79'
AREA OF 703 SF RENOVATED
143 S.F.
EXIST. RESIDENCE
1 STORY BRICK 3439.8 F
FFE-723.8'
GARAGE FFE-722.8'
CON PAD 24 S.F.
POWER METER
GAS METER
PRESSURE SEWER LIDS
HVAC PAD 15.6 S.F.
FENCE OVER THE LINE 3.1' HERE
METAL FENCE
BRICK WALK 47.5 S.F.
DECK
BRICK 21.6 S.F.
LOT 41
0.583 ACRES
(25417 S.F.)
50' REAR SETBACK
BRICK WALK 219 S.F.
OLD PROPERTY LINE
BOAT HOUSE 320.8 F
BRICK 20.6 F
1/4 REBAR
TOP OF RIPRAP
NORMAN

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

**Receipt Information**

**Date:** 09/23/20
**Receipt #:** 124014
**Check / Auth #:** MC 74454Z
**Received By:** CABANLA

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** COUCH, KENT
**Attn:**
**Address:** 155 LYNN COVE LN
**Address:**
**City/State/Zip:** MOORESVILLE, NC 28117

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>20821 LAGOONA DR | | 1 | 100.00 | 100.00 |

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

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

# Payment Receipt

**Mecklenburg County**

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: KENT COUCH

**Bill To:**

KENT COUCH

**Single Payment**

Transaction Date: 09/23/2020 1:16 PM Pacific Time
Pay Method: **********8810
Approval #: 74454Z
Trace Number: ca128096-9dd5-4955-8568-b21c5dace123
Amount: $100.00

Payment Amount: $100.00

**Total:** **$100.00**

Thank you for your payment.