Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

~~SCAN~~ Scan in onBASE

New Septic Fees Paid:

IP ($250.00) _____ 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

10968 Application # 7490

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: C. Matthew Jones (for "Jones Civil Design, P.C.")
ADDRESS: 334 Sandymead Road
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 412-8523
ALTERNATE PHONE:
E-MAIL: Matt@JonesCivilDesign.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Collision Properties, LLC
ADDRESS: 7016 Meadow Run Lane
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: (704) 588-3613
ALTERNATE PHONE:
E-MAIL: Jerry@JerryRhynesCollision.com

JOB LOCATION INFORMATION
TAX PARCEL #: 20503202 CR
STREET ADDRESS: 12629 Downs Road
CITY: Pineville
STATE: NC ZIP: 28134

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: Auto Repair
EMPLOYEES PER SHIFT: 6
OF SHIFTS: 1

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

4-28-2015
Date

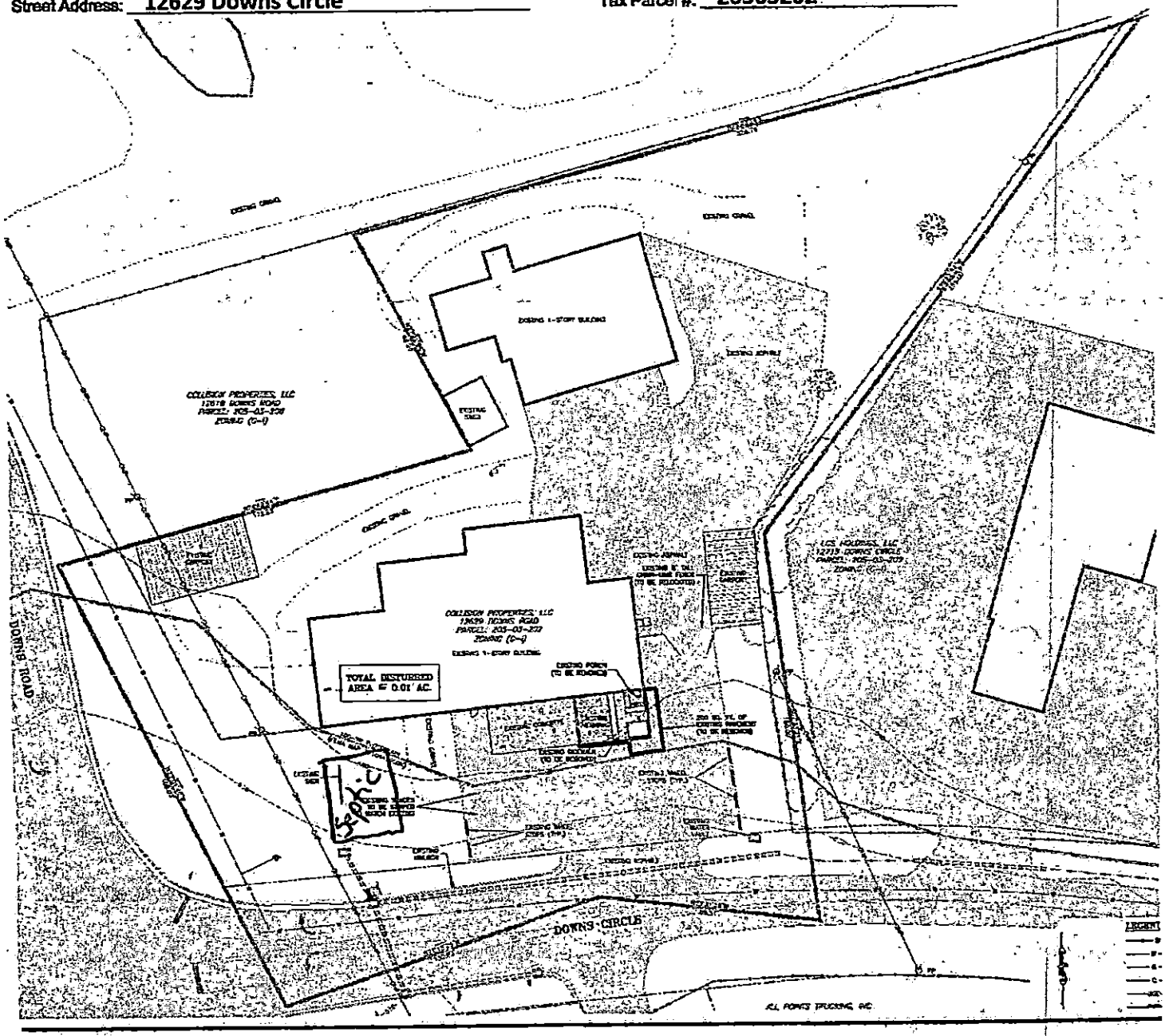
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 12629 Downs Circle Tax Parcel #: 20503202



*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

NIA in POSSE site - falls under rule 1962 applicable

Jeremy Michael 5/18/15

REHS Signature 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

JONES
CIVIL DESIGN
Civil Engineering | Land Solutions

334 Sandymead Road
Matthews, NC 28105
Ph: (704) 412-8523

LETTER OF TRANSMITTAL

DATE:	04/28/15	JOB NUMBER:	14024
ATTENTION:	PLANS REVIEWER		
RE:	RYHNE'S AUTO BODY SHOP "USE EXISTING SYSTEM" APP.		

TO MECK. CO. GROUNDWATER/WASTEWATER
700 N. TRYON ST., SUITE 211
SUITE 211
CHARLOTTE, NC 28202

WE ARE SENDING YOU ☑ ATTACHED ☐ UNDER SEPARATE COVER VIA _____ THE FOLLOWING ITEMS:

☐ SHOP DRAWINGS ☐ REPORT ☐ PLANS ☐ CALCULATIONS ☑ APPLICATIONS ☐ SPECIFICATIONS

☐ COPY OF LETTER ☐ DISK ☐ OTHER _____

COPIES	DATE	NO. of PAGES	DESCRIPTION
1	Apr 28, 2015	2	"USE EXISTING SYSTEM" PERMIT APPLICATION

THESE ARE TRANSMITTED AS CHECKED BELOW:

☑ FOR APPROVAL ☐ APPROVED AND SUBMITTED ☐ RESUBMIT _____ COPIES FOR APPROVAL

☐ FOR YOUR USE ☐ APPROVED AS NOTED ☐ SUBMIT _____ COPIES FOR DISTRIBUTION

☑ AS REQUESTED ☐ RETURNED FOR CORRECTIONS ☐ RETURN _____ CORRECTED PRINTS

☐ FOR REVIEW AND COMMENT ☐ OTHER _____

REMARKS:

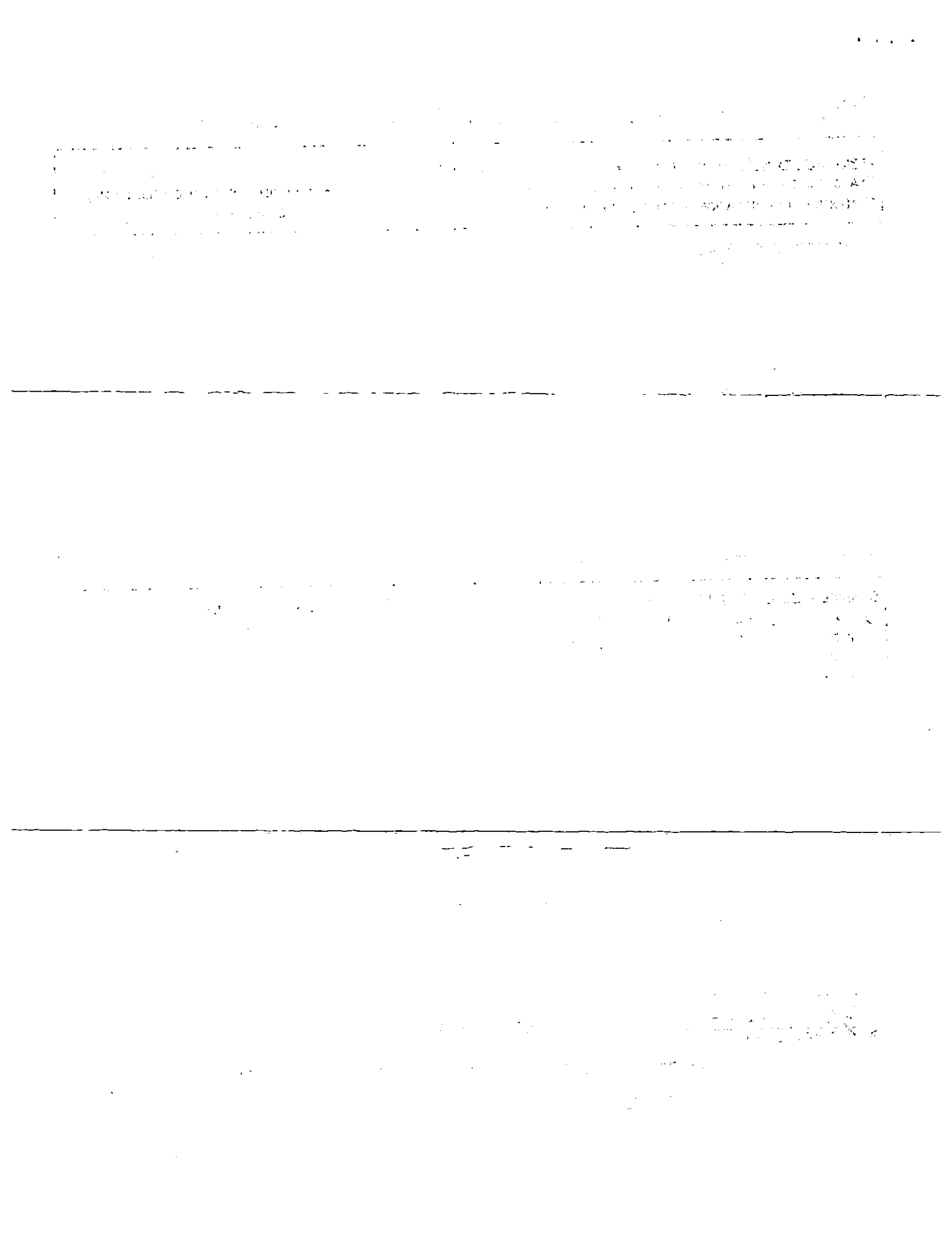
PLEASE FIND, ATTACHED, ITEM(S) LISTED ABOVE.

LET ME KNOW IF YOU HAVE ANY QUESTIONS OR IF YOU REQUIRE ADDITIONAL INFORMATION.

CORDIALLY,

COPY TO: FILE

C. Matthew Jones, P.E.



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/12/15	**Amount:**	100.00
Receipt #:	94731	**Tendered:**	100.00
Check / Auth #:	CHECK 1862	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: G.H. RHYNE, INC
Attn: DBA JERRY RHYNE'S COLLISON REP
Address: 6915 OLD LAWYERS ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 12629 DOWNS ROAD		1	100.00	100.00

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

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