Need to Scan

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it back to 704-336-6894 or mail it to 700 N Tryon St, Suite 211, Charlotte NC 28202 or email it to: WellReg@MeckNC.gov

CONTACT INFORMATION	
NAME	Cecilia Carbajal
MAILING ADDRESS	5822 Catus Valley Rd Char NC 28277
PHONE NUMBER	704-846-4868
EMAIL ADDRESS	CC4America@yahoo.com
PERMITTING ADDRESS	1111 W. Rocky River Rd
REFUND AMOUNT	250 00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

Decided not to build on that lot.

Thank you.

Signature

6/4/19
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/28/19
Receipt #: 117359
Check / Auth #: MC 007497
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CARBAJAL, CECILIA
Attn:
Address: 5822 CATUS VALLEY RD
Address:
City/State/Zip: CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 1111 W ROCKY RIVER RD		1	250.00	250.00

Outstanding Balances

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

6/4/19

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REFUND AMOUNT	250 00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

Signature

Date

3 JUN '19 PM12:57

Ellis, Loretta

From: CECILIA <cc4america@yahoo.com>
Sent: Friday, May 31, 2019 8:22 PM
To: Ellis, Loretta
Subject: [External]Re: 1111 W ROCKY RIVER RD

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Loretta. I spoke with Jacob Presley and he explained that getting the results would take at least one month and probably more. We were not able to get an agreement on this transaction, so we would like to cancel the permit. We would like to request a refund for the $250. Please let me know how to go about it. Thank you,

Cecilia Carbajal, ABR, SLS, SFR
America's Real Estate Group, Inc.
Broker/Realtor in NC & SC
Mobile (704) 519-9199
Main (704) 540-4646
Fax (704) 540-4645
cc4america@yahoo.com

"Five Star Professional Award Recipient "

The North & South Carolina Real Estate Commissions require all brokers to present a Working With Real Estate Agents brochure for your review and to make you aware of how agency works. Here is the link to these brochures: http://www.ncrec.gov/Brochures/WorkingwAgents.pdf. and http://www.llr.state.sc.us/pol/rec/recpdf/agencylawbrochure05r.pdf. I will be glad to answer any questions.

On Tuesday, May 28, 2019, 11:47:28 AM EDT, Ellis, Loretta <Loretta.Ellis@mecklenburgcountync.gov> wrote:

Your receipt. Thank you

Loretta W. Ellis

Administrative Assistant III

Environmental Health Services

Mecklenburg County Health Department

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
CECILIA CARBAJAL

Bill To:

CECILIA CARBAJAL
5822 CACTUS VALLEY RD

Charlotte, NC 28277

Single Payment

Transaction Date: 05/28/2019 8:38 AM Pacific Time
Pay Method: ********3693
Approval #: 007497
Trace Number: 8757442a-84e2-4b68-9daf-d9dabf43941d
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

10305B

MECKLENBURG COUNTY
HEALTH DEPARTMENT #10441

28 MAY '19 AM11:50
28 MAY '19 AM11:50

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: 049-211-24
STREET ADDRESS: 1111 W. Rocky River Rd.
CITY: Charlotte
STATE: NC ZIP: 28213
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 0.62
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 Vacant Lot
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 1
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 COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:**

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? 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?** 6/7/20 ☐ N/A

12. **PROPERTY OWNER:**

NAME: R. Harry Cooksey Jr.
ADDRESS: 4762 Mosley Rd
CITY: Kershaw
STATE: SC ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

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

NAME: Bill DeVore
ADDRESS: 10550 Independence Pointe Pkwy Ste 102
CITY: Matthews
STATE: NC ZIP: 28105
WORK PHONE:
MOBILE PHONE: (704) 846-4868
FAX:
E-MAIL: CC4America@yahoo.com

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.

BDV (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.

_____ (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.

Bill DeVore
Property Owner's or Owner's Legal Representative Signature

5/24/20
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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:

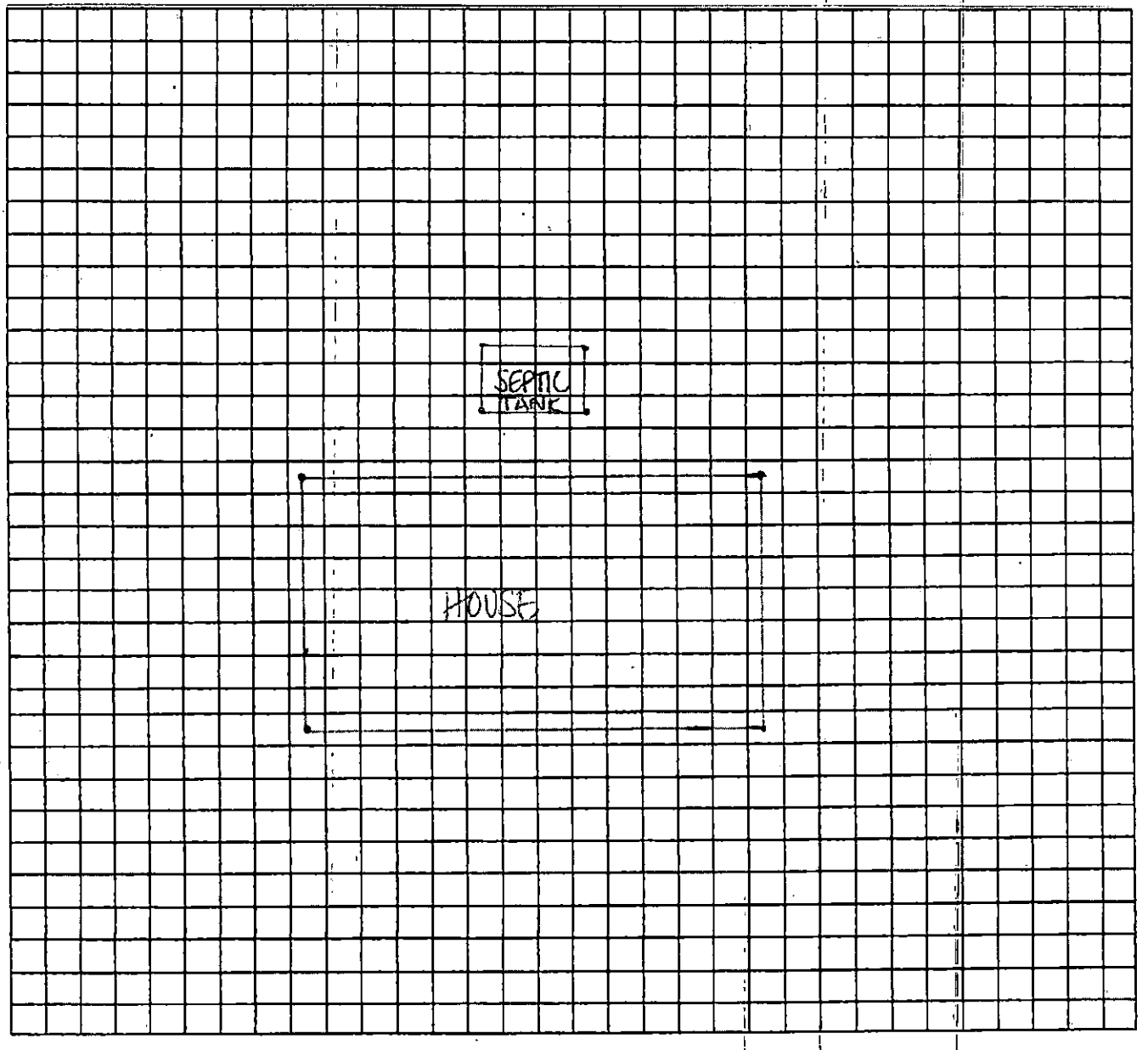
File #: _____

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: 1111 W. Rocky River Rd. Charlotte 28213 Tax Parcel #: 049-211-24

Subdivision Name: _____ Lot #: _____



Bill DeVore 5/24/20

Property Owner's or Owner's Legal Representative Signature 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

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

1111 W. Rocky River Rd, Charlotte, NC 28213 (Parcel # 049-211-24)
Number Street Town
(Or Parcel Number)

R. Harry Cooksey, Jr.
Property Owner (print name)

R. Harry Cooksey, Jr.
Property Owner (signature)

05-23-2019
Date

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) LE 5/08/19 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 _____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 ☐ _____