#12410

MECKLENBURG COUNTY HEALTH DEPARTMENT 1508A

10 AUG '21 PM 2:00

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: 19507113

STREET ADDRESS: 3438 Beech mint dr

CITY: Mint Hill

STATE: NC **ZIP:** 28227

SUBDIVISION NAME:

LOT #: 9 **LOT SIZE (acres):** 5.57

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

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 0

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: 1 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? 1988 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 08/23/21 ☐ N/A

12. PROPERTY OWNER:

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

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Vitaliy Kovalinskiy
ADDRESS: 4000 Hoodridge Ln
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: 7046412098
MOBILE PHONE: 7042771422
FAX:
E-MAIL: vitaliy@kovalinskiydesign.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

VK (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.

_____ 08/09/21

Property Owner's or Owner's Legal Representative Signature — 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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MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

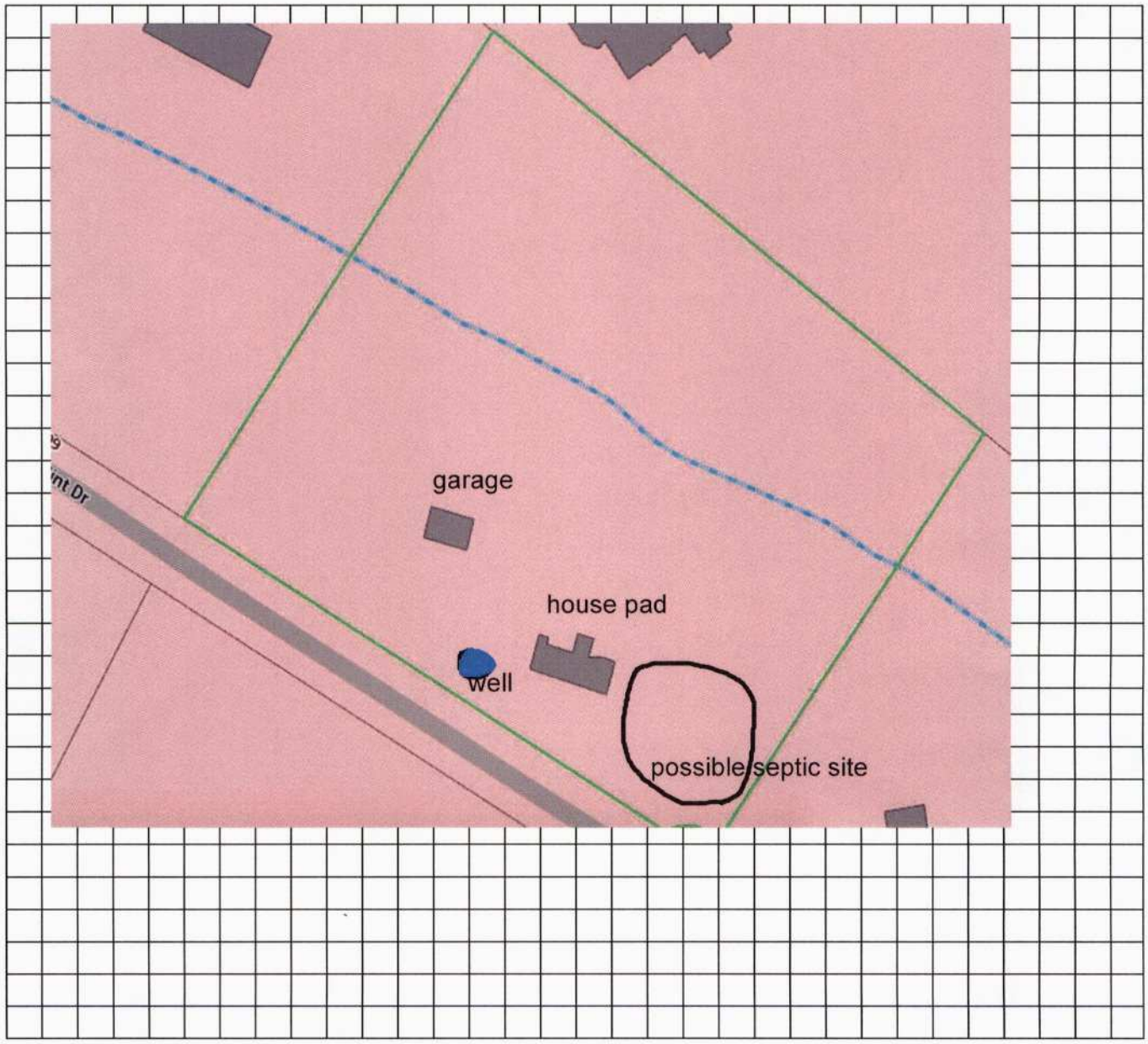
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 3438 Beech Mint Dr

Tax Parcel #: 19507113

Subdivision Name: _____

Lot #: 9



Property Owner's or Owner's Legal Representative Signature

08/09/21
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
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Revised on: 4/20/17

Authentisign ID: 9DE93256-1F4F-476A-8C01-6E6789F51EB6

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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 Vitaliy Kovalinskiy is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 3438 Beech Mint Mint Hill NC 28227.

Number Street Town
(Or Parcel Number)

Lionel Neubauer
Property Owner (print name)

Authentisign
Lionel Neubauer
Property Owner (signature)

08/10/2021
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/17/21
Receipt #: 130170
Check / Auth #: VISA 03141G
Received By: CABANLA

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KOVLINSKIY, INNA
Attn:
Address: 3438 BEECH MINT DR
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 3438 BEECH MINT DR		1	300.00	300.00

----------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: INA KOVLINSKIY

Bill To:

INA KOVLINSKIY

Single Payment

Transaction Date: 08/17/2021 12:34 PM Pacific Time
Pay Method: VISA **********1018
Approval #: 03141G
Trace Number: dd1c0a4e-85ad-4b36-b425-3828e85cdaae
Amount: $300.00

Payment Amount: $300.00

Total: $300.00

Thank you for your payment.