X53525

MECKLENBURG COUNTY
HEALTH DEPARTMENT

7567A
#10894 6 DEC '19 AM 9:15

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: 00308148
STREET ADDRESS: 19415 Callaway Hills Lane
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: Runneymede
LOT #: 16 LOT SIZE (acres): 1.59
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: 3,088
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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: 2
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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:** ____ ____ ____ existing ____ ____ ____

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?** ____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: David Tyrell
ADDRESS: 19415 Callaway Hills Lane
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE:
MOBILE PHONE: (704) 607-8077
FAX:
E-MAIL: david.tyrell@gmail.com

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

NAME: Scott Liseno
ADDRESS: 18809 West Catawba Ave, Suite 204
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: -
MOBILE PHONE: (704) 726-8912
FAX:
E-MAIL: scott@omniaconstruction.com

Built 2001, 4 bedrooms

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.

SL
_____ (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.

_____ 12/4/20
Property Owner's or Owner's Legal Representative Signature — Date

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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

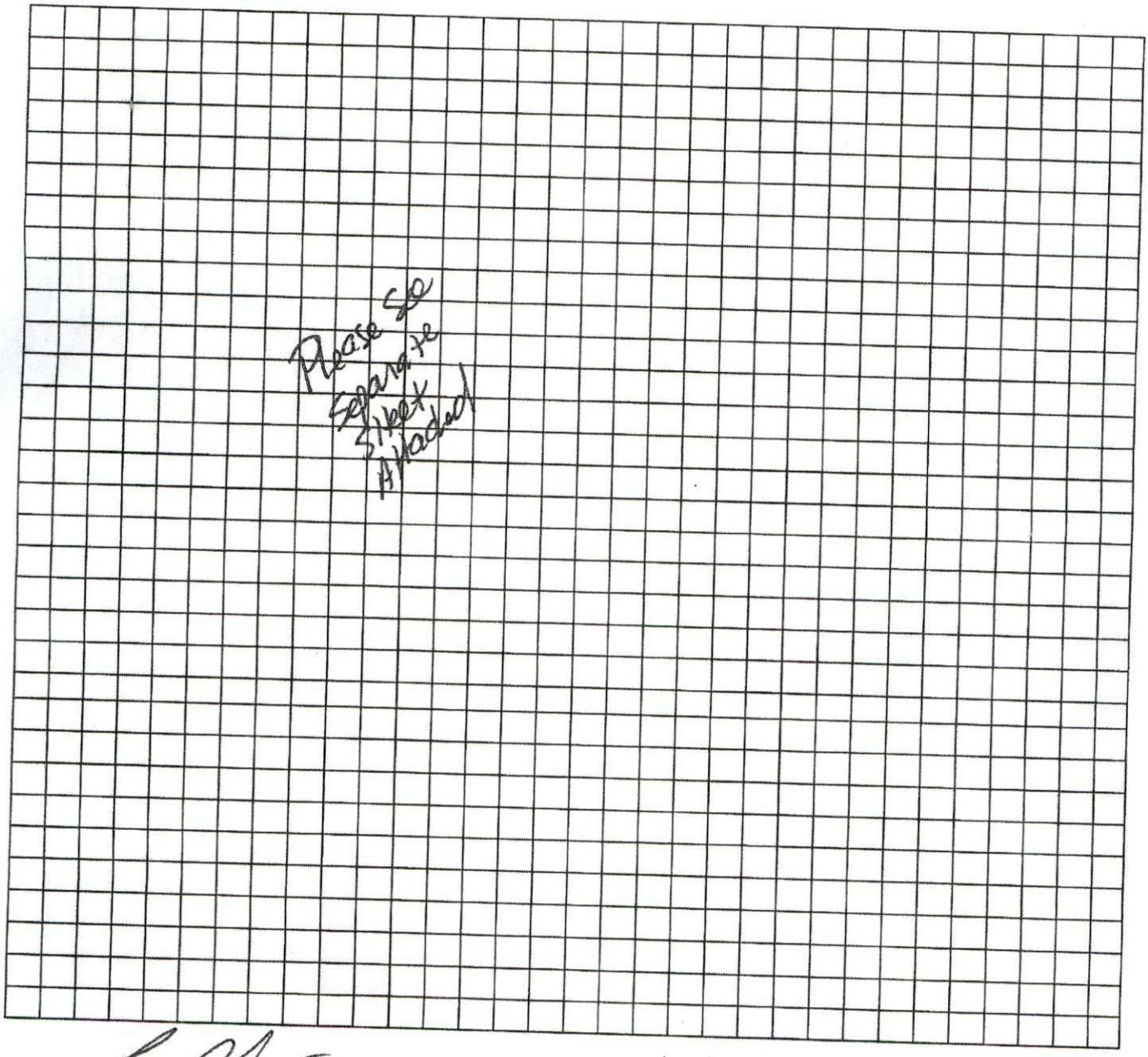
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 19415 Callaway Hills Lane

Tax Parcel #: 00308148

Subdivision Name: Runnymede

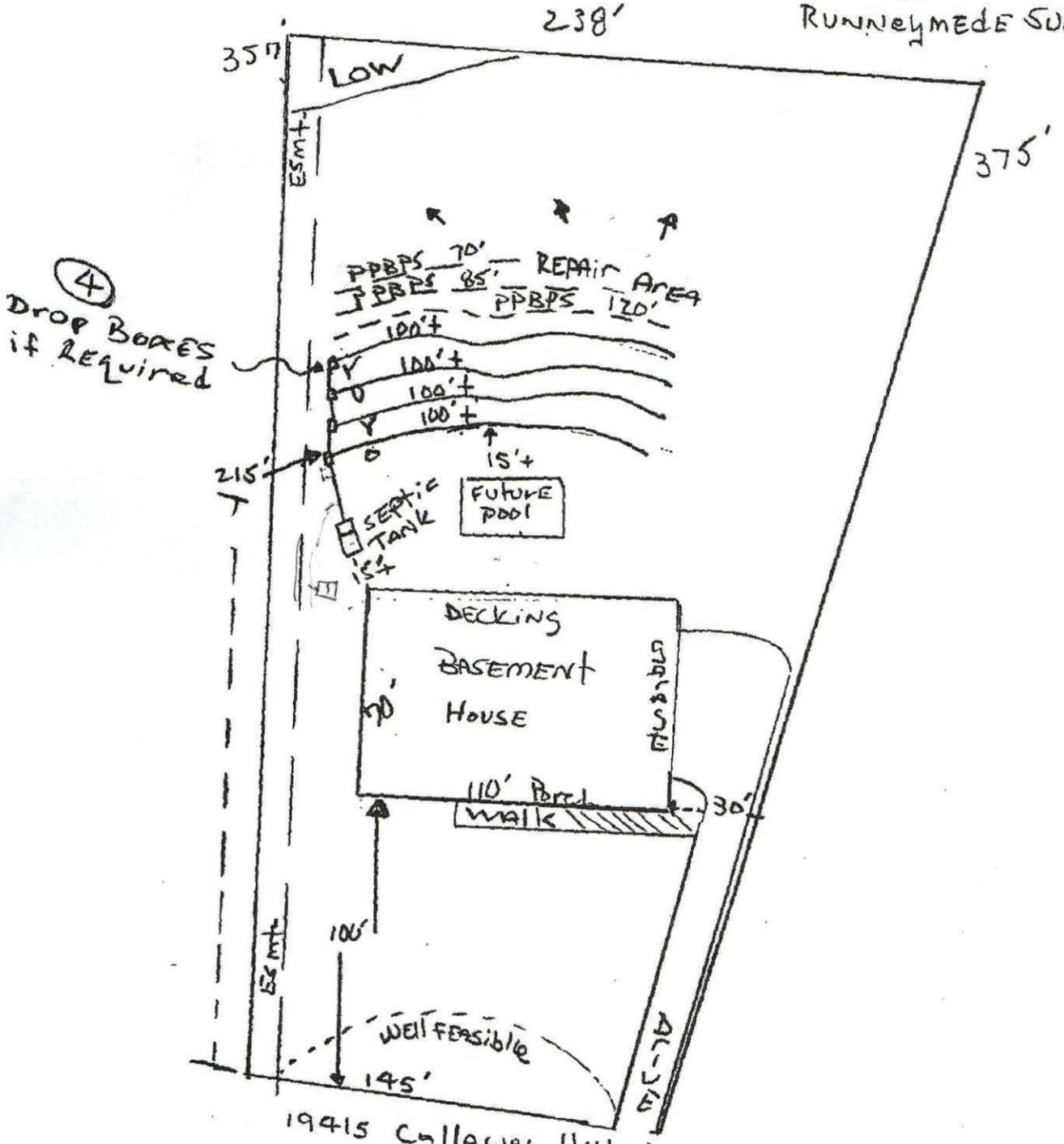
Lot #: 16



Property Owner's or Owner's Legal Representative Signature

12/04/2019
Date

MCHD.
File: 7562-A
Lot 16A
RUNNEYMEDE SUB.



④ Drop Boxes if Required

*(4) Bedrm. Gravity Fed EEE-222 LAY (2012) SEPTIC PLAN. (4) 100' LINES, 400' total
PANEL Block REPAIR - 275'

T. Whittaker
866-9540

Scale 50

Gibbie Harris, MSPH, BSN
Director

MECKLENBURG COUNTY
Health Department

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

19415 Callaway Hills Lane, Davidson
Number Street Town
(Or Parcel Number)

David Tyrell
Property Owner (print name)

Property Owner (signature)

12/5/19
Date

Ellis, Loretta

From: Scott Liseno <scott@omniaconstruction.com>
Sent: Thursday, December 5, 2019 11:18 AM
To: WellReg
Subject: [External]Septic Alteration Request
Attachments: Residential Permit Application - Septic.pdf

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.

Good morning,

Please find the attached septic alterations request, along with the Owner's authorization form allowing us to act as their agent for this process, for address 19415 Callaway Hills Lane, Davidson.

Please let me know if I am missing information or if we need to complete additional steps for this process to begin. The Owner would like to add 2 bedrooms to a 4-bedroom home on a septic system.

Thank you in advance for your help.

Scott Liseno, CGB, CAPS
Omnia Contstruction Group, LLC
18809 W. Catawba Ave, Suite 204
Cornelius, NC 28031
704.603.7705 Office
704.726.8912 Direct

omnia
CONSTRUCTION GROUP

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/06/19
Receipt #: 119647
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: X53525
Contractor: OMNIA CONSTRUCTION GROUP LLC
Attn:
Address: 18809 W CATAWBA AVE
Address: SUITE 204
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 19415 CALLAWAY HILLS LANE		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	863.71				