MECKLENBURG COUNTY
HEALTH DEPARTMENT

2185B. #9581

17 APR '18 PM 4:43

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: Gary Shamp
ADDRESS: 16715 Crosshave Dr
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (704) 361-0189
ALTERNATE PHONE: (704) 577-5953
E-MAIL: Garyshamp@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ken Wisz
ADDRESS: 18939 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 21720131
STREET ADDRESS: 18939 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28278

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: 2

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 Finish attic/bonus - extend foyer

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

4-17-18
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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Perm.t approved. New Const meets required setback to wastewater system & well
Bradley W. Hallman 4/24/18

VICINITY MAP

HERMAN PLACE
YOUNGBLOOD RD
SITE

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description in Book 14797, page 524 or other reference source _____); that the boundaries not surveyed are indicated as drawn from information in Book _____, page _____ or other reference source _____; that the ratio of precision or positional accuracy is 1:20000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56, 1600).

This 11 day of DECEMBER, 2017

SIGNED _____

STEPHEN B. MULLINS PLS
N.C.P.L.S. L-3059 S.C.R.L.S 10780
C-0640

SURVEY MAY BE SUBJECT TO ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, UTILITIES, COVENANTS OR RESTRICTIONS, THAT MAY BE OF RECORD.

NORTH CAROLINA PROFESSIONAL SEAL L-3059 LAND SURVEYOR STEPHEN B. MULLINS

Set Bales
ROAD 30'
Sides 10'
Line 50'
Line #570

PLAT

N

EDGE OF GRAVEL
PPOLE
YOUNGBLOOD ROAD
60' PUBLIC R/W
S50° 30' 00"W 21.33'
ERB
C7
S86° 55' 00"W 112.00'
ERB
ERB
P
P POLE
49.5'
ASPHALT DRIVEWAY
GATE
29.1
22.3
LOT 168
New Drive
IPS
BRICK
GARAGE
PATIO
WELL
Well
FENCE POST ENCROACHING
146'
0.86 ACRE
Septic Field
Septic Tank
New Garage
27.5
S38° 36' 00"W 19.20'
23.7'
1 STORY STUCCO
ENTRY
DECK
148'
20.81'
EIP
N85° 56' 00"E
N21° 14' 00"E 156.46'
LOT 166
S29° 36' 00"E 35.24'
ERB
WALL
WALL
WALL
WOOD WALK
S80° 34' 00"E 55.81'
36.1
55.5
64.94'
N40° 58' 00"E
N5° 43' 00"E 16.97'
EDGE OF WATER 12-11-2017
S59° 12' 00"E 30.23'
S72° 47' 00"E 43.96'
N55° 36' 00"E 23.43'
DOCK
LAKE WYLIE

NOTE:
CONVEYED TO: KENNY LEE WISZ & KATHERINE AMBROSE WISZ REVOCABLE TRUST

LEGEND

Curve Table

P.D.E. PUBLIC DRAINAGE EASEMENT - NPR NEW REBAR

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

18939 Youngblood Rd. Charlotte, NC 28278
Number Street Town
(Or Parcel Number)

Ken Wisz
Property Owner (print name)

Property Owner (signature)

4-17-18
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/18/18	**Amount:**	100.00
Receipt #:	110745	**Tendered:**	100.00
Check / Auth #:	VISA 808161	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: GARY SHAMP
Attn:
Address: 16715 CROSSHAVEN DR
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 18939 YOUNGBLOOD RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: GARY SHAMP

Bill To:

GARY SHAMP
16715 CROSSHAVEN DR

Charlotte, NC 28278

Single Payment

Transaction Date: 04/18/2018 6:16 AM Pacific Time
Pay Method: VISA **********2649
Approval #: 808161
Trace Number: 975fae57-e7ca-4fc7-a0b0-1baf726d1ff8
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☒ Alteration ☐ Modified Plot Plan ☐

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 4/18/18 LE 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. ☐ _____