SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ 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 SP 10/19/20 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 ☐ _____

1+

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: Evelena Thompsen
ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-596-1150
ALTERNATE PHONE:
E-MAIL: emt045@att.net

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION
NAME: Evelena Thompson
ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-596-1150
ALTERNATE PHONE:
E-MAIL: emt045@att.net

JOB LOCATION INFORMATION
TAX PARCEL #: 03717507
STREET ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: Havana Park
LOT #: N/A

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: 1

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 handicap ramp

one of existing bedrooms will be converted to an office so there will be no additional bedrooms after addition

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.

Evelena Thompson — Owner's/Agent's Signature
10-12-20 — Date

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

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

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MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: Evelena Thompson
ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-596-1150
ALTERNATE PHONE:
E-MAIL: emt045@att.net

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION
NAME: Evelena Thompson
ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-596-1150
ALTERNATE PHONE:
E-MAIL: emt045@att.net

JOB LOCATION INFORMATION
TAX PARCEL #: 03717507
STREET ADDRESS: 5301 Dayan Dr.
CITY: Charlotte
STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:
Havana Park
LOT #: N/A

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: 1

Void amended

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? YES NO
UNDERGROUND STORAGE TANKS? YES NO

See app

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
(BEDROOM) (BATHROOM) KITCHEN DINING ROOM LIVING ROOM DEN
GARAGE SUNROOM (PORCH) DECK OTHER handicap ramp

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.

Evelena Thompson — Owner's/Agent's Signature
10-12-20 — Date

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

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Revised on: 03/27/19

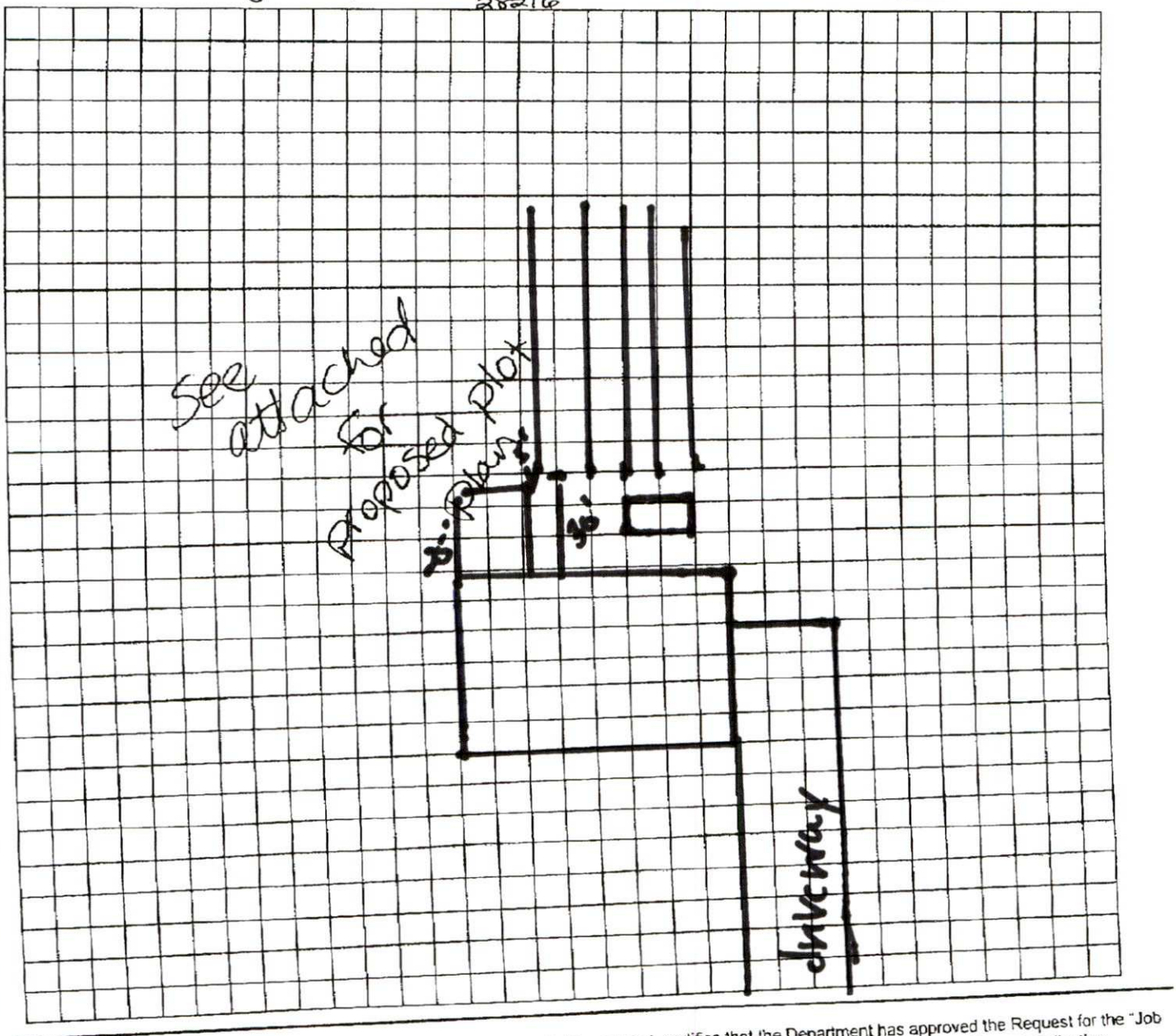
Oct 18 20, 10:55p p.2

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: 5301 Dayan Dr, Charlotte NC 28216 Tax Parcel #: _____



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

House to remain 3 bedroom
One existing room to be changed to office
to allow for new Bdroom

REHS Signature _____ Date 10-21-20

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

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/19/20
Receipt #: 124306
Check / Auth #: VISA 155797
Received By: PLACILJ

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: EVELENA THOMPSON
Attn:
Address: 5301 DAYAN DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 5301 DAYAN DR		1	100.00	100.00

Mecklenburg
Environmental Health
[illegible] Freedom Drive
Charlotte, NC 28208
Phone: (980) 314 1651
10/19/20 08:59

Sale

Merchant ID: 153629
Sequence #: 001
Card Type: VISA
Auth. Code: 155797
Acct. No: **********5580

Amount : 100.00

APPROVED

Phone Payment
Signature

I agree to pay the above total amount according to the card issuer agreement (Merchant agreement if credit voucher)

We appreciate your business!
Thank You Very Much!

Merchant Copy

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

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