MECKLENBURG COUNTY
HEALTH DEPARTMENT

100078
#9664

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

25 MAY '18 AM10:47

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: Jason Dove
ADDRESS: PO Box 3284
CITY: Huntersville
STATE: NC ZIP: 28070
PHONE: (704) 609-4724
ALTERNATE PHONE:
E-MAIL: jasonleedove@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Earl Dove
ADDRESS: PO Box 948
CITY: Huntersville
STATE: NC ZIP: 28070
PHONE: (704) 516-2397
ALTERNATE PHONE:
E-MAIL: earldove@att.net

JOB LOCATION INFORMATION
TAX PARCEL #: 01702114
STREET ADDRESS: 10335 Mt Holly-Huntersville Rd
CITY: Huntersville
STATE: NC ZIP: 28078

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: 4

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

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Rebuilding primary residence from house fire

*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.

Earl Dove
Owner's/Agent's Signature

5-24-18
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

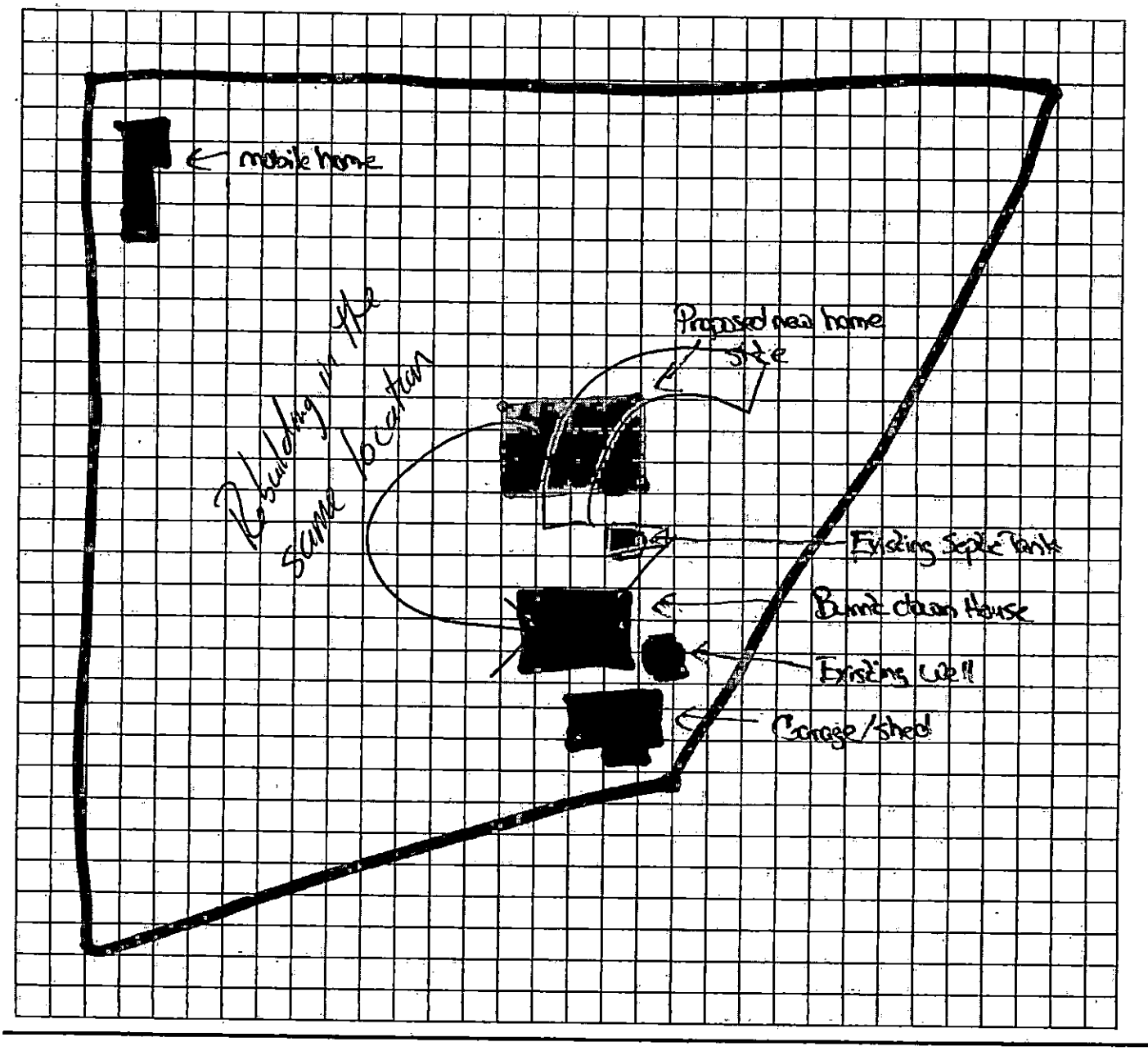
Revised on: 4/20/17

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: 10335 Mt Holly-Huntersville Rd Tax Parcel #: 01702114



"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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO USE TO Re-build a new 3 Bedroom House

REHS Signature _____ Date 6/12/18

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JASON DOVE

Bill To:

JASON DOVE
PO BOX 3284

Huntersville, NC 28070

Single Payment

Transaction Date: 05/29/2018 10:14 AM Pacific Time
Pay Method: VISA **********9176
Approval #: 03428C
Trace Number: 37b60c26-81b0-4ff0-803d-b024e08edab4
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Cust Ledger Entries

Posting Date:	05/29/18	Remaining Amt:	0.00
Doc Type:	Invoice	Due Date:	06/30/18
Doc/Check No:	111397	Applies To Doc Type:	
Cust No:	200000	Applies To Doc No:	
Description:	Invoice 111397	Open:	No
Trans No:	2260605	User ID:	ABDUSAI
ID Pmt/Proj/MiscF:		Source Code:	SALES
Trans Date:	05/29/18	Office Location:	ENH
Trans Time:	1:31:07 PM	Journal Batch Name:	
Trans Remarks:	Use Existing System	Payment Method Code:	VISA
Trans Comments:	10335 MT HOLLY HUNTERSVILLE RD	Trans User ID:	
Closed By Amount:	100.00	Trans Batch:	0
Closed By Entry No.:	4507521	Entry No:	4507519
Amount:	100.00		

Gibbie Harris, MSPH, BSN
Health Director

MECKLENBURG COUNTY
Public Health

(704) 336-4700

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

10335 Mt. Holly Huntersville Rd. - Huntersville, N.C. 28078
Number Street Town
(Or parcel Number)

EARL R. DOVE
Property Owner (print name)

Earl R Dove
Property Owner (signature)

5-30-18
Date

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

May 9, 2018

True Homes
2649 Breckonridge Center Drive
Monroe NC, 28110

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(Specify Permit ID/owner's name/property location/site legal description):
30000817 8/ True Homes/8219 Aspen CT Mint Hill NC 28227/ Tax ID # 139-282-04

D- D-to Segoe Cm. Sol

I _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 8/14/07 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

D D to R





MUSKEGON

Shown with optional exterior features

First Floor: 2,090 sq. ft. finished

Second Floor: 1,365 sq. ft. unfinished

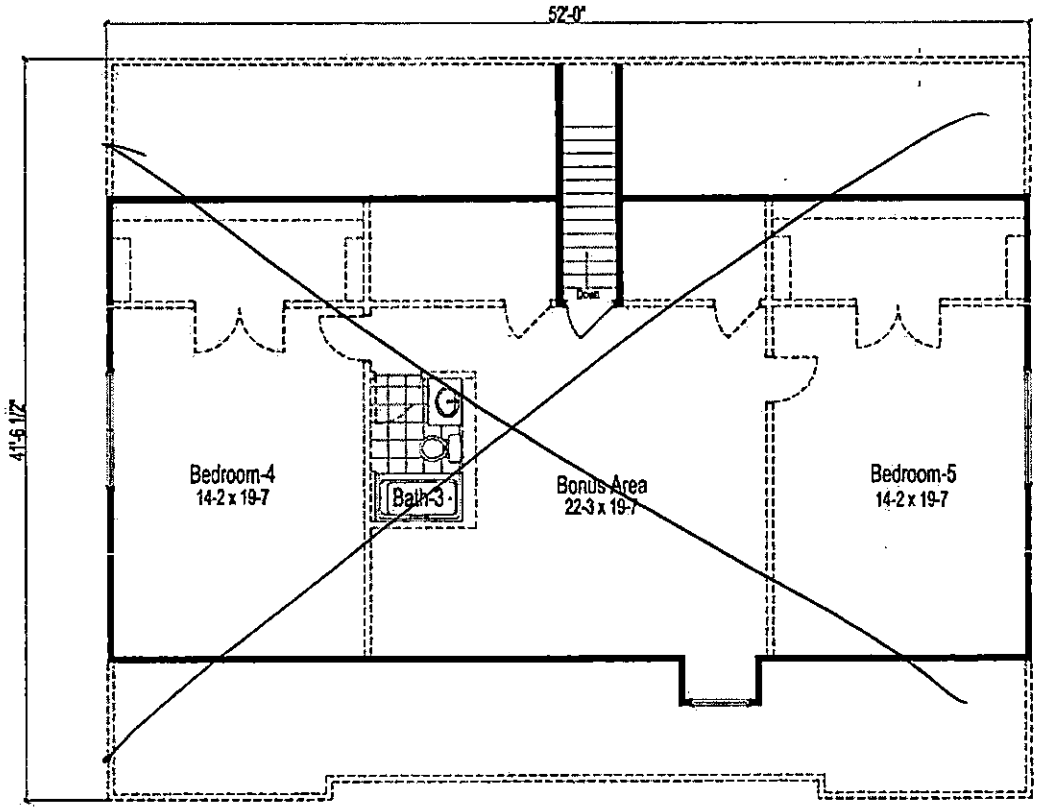
NATIONWIDE Homes

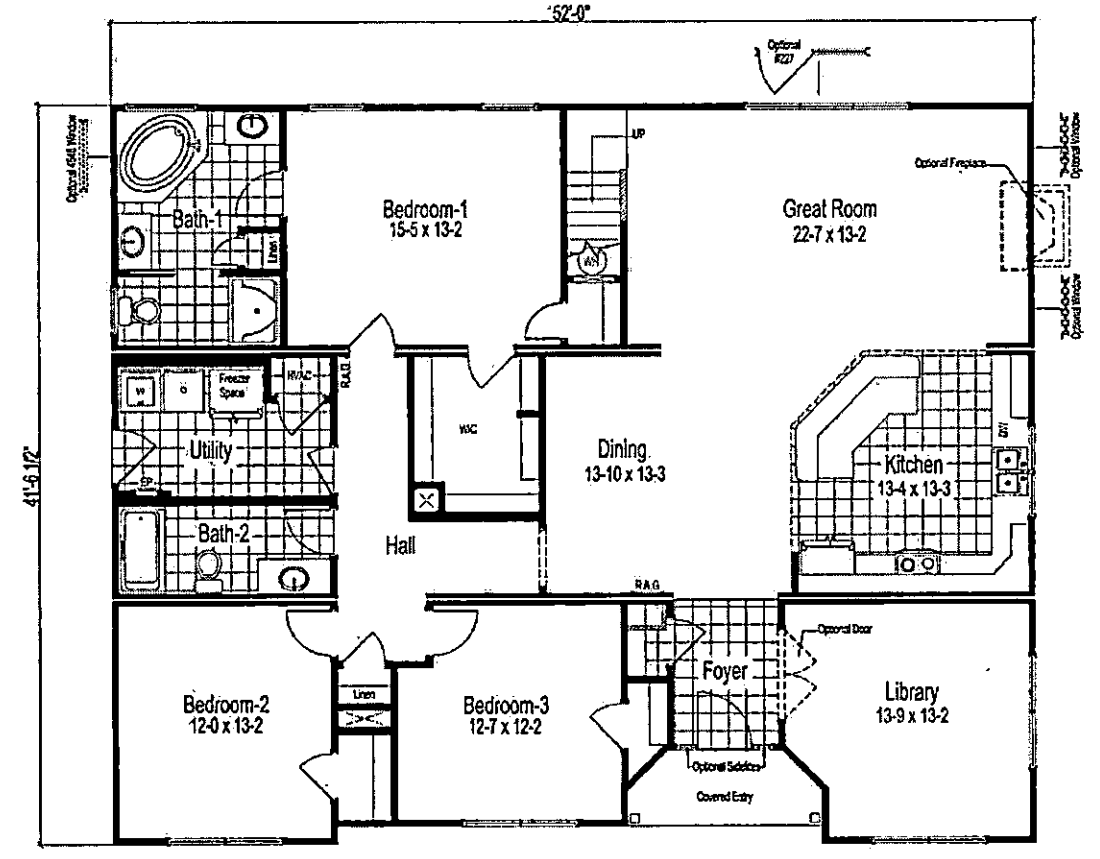
HIPERFORMANCE BUILDERS

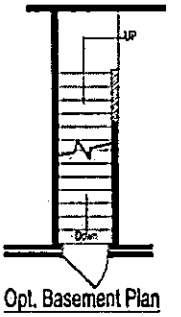
nationwide-homes.com • facebook.com/nationwidehome

Panorama
COLLECTION

UNFINISHED







Opt. Basement Plan

MUSKEGON

These are artist renditions for sales purposes only.
Refer to working drawings for actual dimensions.
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NATIONWIDE Homes
HIPERFORMANCE BUILDERS

Michelone, Jeremy

From: Jason Dove <jasonleedove@gmail.com>
Sent: Wednesday, June 13, 2018 8:51 AM
To: Michelone, Jeremy
Subject: [External]10335 Mt Holly-Huntersville Rd
Attachments: muskegon_modular_home_email.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.

Jeremy,

Thank you for all your time yesterday. I talked with my wife and we are just going to place the new house with in about 20 feet of the existing one that I am tearing down as per your recommendations. I have also attached the plans of the house we are building. Please note on the on the bottom left of the first page of the pdf I am sending it states First Floor: Finished. Second Floor: Unfinished.

Please let me know if you need anything else from me.

Thank you again!!

Jason Dove
704.609.4724

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 ABS 5/30/18 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. ☐ _____