Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid

IP ($250.00) LE 3/20/18 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 _____ 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. ☐ _____

7240A
#9508

20 MAR '18 AM 9:56

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 01920308
STREET ADDRESS: 13220 Berkley Ave
CITY: charlotte
STATE: NC ZIP: 28078
SUBDIVISION NAME: n/a
LOT #: 28 LOT SIZE (acres): 0.48
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: 2,400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 8
FOUNDATION TYPE:
◉ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

VOID

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ 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?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: john santangelo
ADDRESS: 8249 flowes store road
CITY: concord
STATE: nc ZIP: 28025
WORK PHONE: (704) 995-6454
MOBILE PHONE: _____
FAX: _____
E-MAIL: John@dieselder.com

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

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

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.

_____ (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.

_____ 3/20/18

Property Owner's or Owner's Legal Representative Signature — Date

---

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:

Septic System only

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

NOTES:

1. APPARENT SOURCE OF TITLE:
LOT 28 (BLOCK 1) OF NEW HAVEN PARK, RECORDED IN MAP BOOK 8 PAGE 339.
PID #01920308 (13220 BERKLEY AVENUE)

2. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
TOTAL LOT AREA 23,357 sqft/0.536 acres.

3. SUBJECT TO HUNTERSVILLE NR ZONING REGULATIONS.

4.

MINIMUM SETBACK	30'
MINIMUM SIDE YARD	10' (CORNER 30')
MINIMUM REAR YARD	25'

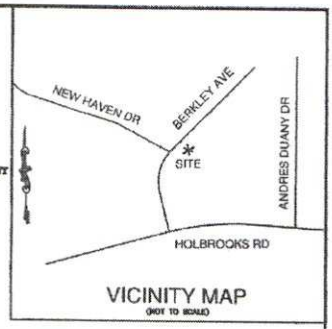
5. THIS PARCEL MAY BE SUBJECT TO EASEMENTS AND/OR R/W'S EITHER RECORDED OR IMPLIED. A COMPLETE AND FULL TITLE SEARCH WAS NOT PERFORMED FOR THIS SURVEY.

6. TOTAL PROPOSED IMPERVIOUS AREA LOT 28 = 2,033 S.F.

7. THIS PARCEL DOES NOT LIE WITHIN A COMMUNITY OR FEMA FLOOD ZONE PER FIRM #3710465000J DATED MARCH 2, 2009.

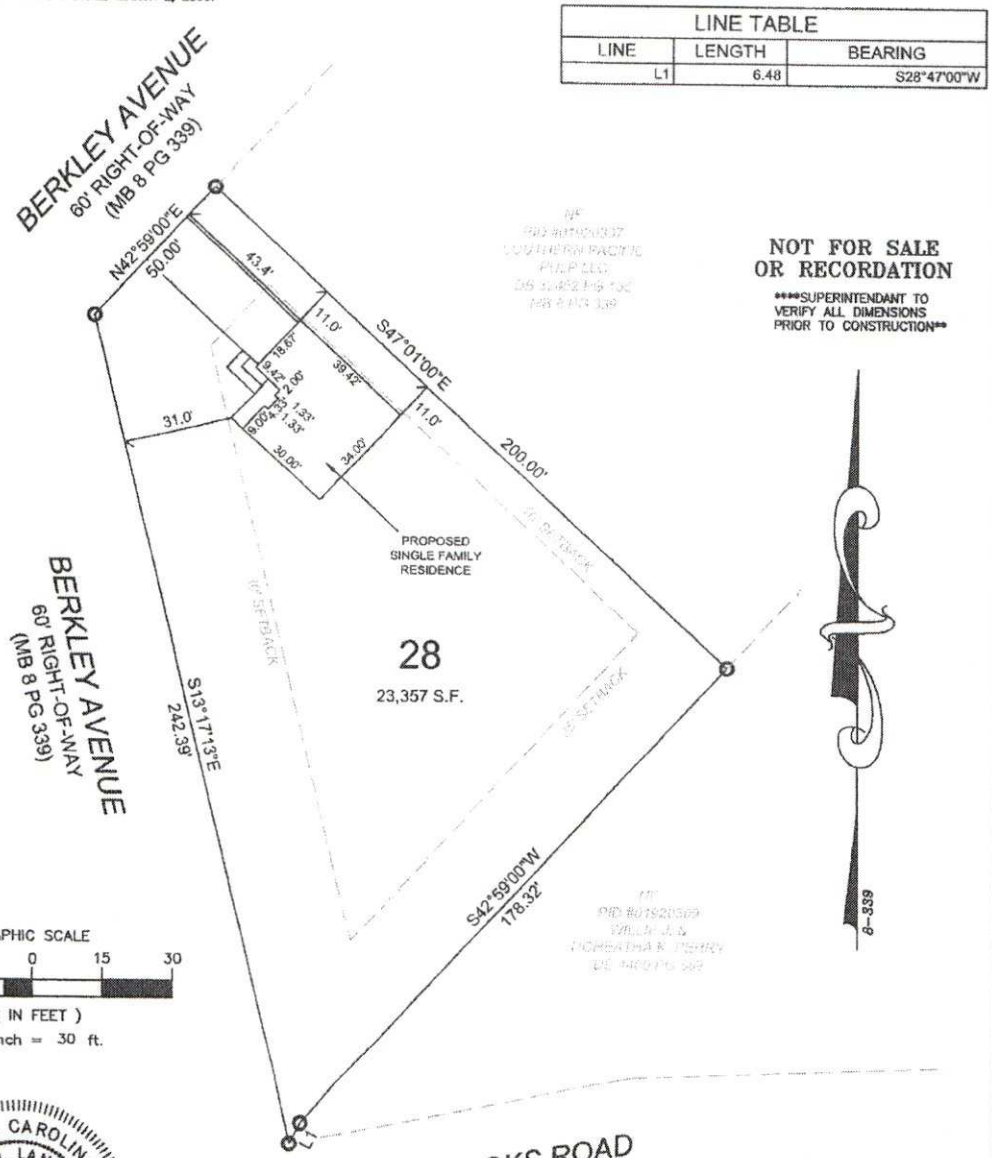
LEGEND

- LINES NOT SURVEYED
- HVAC ..... HEATING AND AIR UNIT
- R/W ..... RIGHT-OF-WAY
- ..... PROPERTY CORNER, AS DESCRIBED
- CB ..... CURB INLET
- CO ..... SANITARY SEWER CLEAN OUT
- CF ..... COMBINED SCALE FACTOR
- PSDE ..... PUBLIC STORM DRAINAGE EASEMENT
- TV ..... TELEVISION PEDESTAL
- ..... POWER TRANSFORMER
- ..... TELEPHONE PEDESTAL
- WM ..... WATER METER
- GM ..... GAS METER
- PM ..... POWER METER



VICINITY MAP
(NOT TO SCALE)

LINE TABLE		
LINE	LENGTH	BEARING
L1	6.48	S28°47'00"W



NOT FOR SALE
OR RECORDATION

***SUPERINTENDANT TO VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION**

GRAPHIC SCALE
30 0 15 30
(IN FEET)
1 inch = 30 ft.

HOLBROOKS ROAD
60' RIGHT-OF-WAY
(MB 8 PG 339)

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR
L-3617
JULIA A. McDONALD

THIS IS AN EXISTING PARCEL OF LAND WITHIN A MUNICIPALITY THAT REGULATES PARCELS OF LAND.

I CERTIFY THAT THIS MAP DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DESCRIPTION RECORDED IN DEED BOOK 32452 PAGE 135); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN PLAT BOOK 8, PAGE 339; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THIS 2nd DAY OF MARCH, 2018.

REGISTERED LAND SURVEYOR REGISTRATION # L-3617

PLOT PLAN
OF
13220 BERKLEY AVENUE

DATE: 02 MAR 2018 SCALE: 1"= 30'
CHARLOTTE, NORTH CAROLINA

PROPERTY OWNER: SOUTHERN PACIFIC PULP LLC
P.O. BOX 3035
MATTHEWS, NC 28016
REVISION #1: ADJUST SETBACKS

SURVEY BY:
3556A CENTRE CIRCLE
FORT MILL, SC 29715
(844) 865-5263

C-4291

TIDEMARK LAND SERVICES

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/20/18
Receipt #: 110286
Check / Auth #: MC 045085
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SANTANGELO, JOHN
Attn:
Address: 8249 FLOWES STORE RD
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 13220 BERKLEY AVE		1	250.00	250.00

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

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

{forte}

Tuesday, March 20, 2018

Logged in as: Zineb York Home | Logout

Transactions

Transaction Response

Add is not available

Search

Export

Response Description :	**APPROVED**
Date Time :	3/20/2018 12:37:09 PM PDT
Merchant ID:	153629
Transaction Type:	CC Void
Total Amount $:	500.00
Name:	Santangelo/John A
Company Name:	N/A
Response Type:	A APPROVED
Response Code:	APPROVED A01
Authorization Code:	04508S
Last 4 digits of CC#:	3469
Exp Date:	09/2020
Entered by:	zyork
Trace Number:	02D74426-1A4A-430B-8BB2-28CFAB785197

Reporting
Clients
Knowledge Center
User Options

NewVT

For Lots 27 & 28
Zachary Ave.