## SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 7535A

Assigned Inspector: Heather.

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☑ Use Existing Fees $100.00: 1/28/20 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester/ Accela: _____

**Comments:** Informed owner that alteration would be required to add bedrooms. Or he could hook to sewer owner is going to check his options & call back

7535A/14121

**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: PAUL & RICHELL LESLIE
ADDRESS: 15838 PINEKNOLL LN
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: (919) 745-7713
ALTERNATE PHONE:
E-MAIL: PMLESLIE1@GMAIL.COM

**PROPERTY OWNER:** [✓] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 00101437
**STREET ADDRESS:** 15838 PINEKNOLL LN
**CITY:** HUNTERSVILLE
**STATE:** NC **ZIP:** 28075

**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

**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 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: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

7535A

**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: 00101437
STREET ADDRESS: 15838 PINEKNOLL LN
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: BAY SHORES
LOT #: 8 LOT SIZE (acres): 1/2
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: 2704
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
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:** NO ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 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 EXISTING SEPTIC
8A. **RANK:** ____ ____ ____ ____ 1

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

| | | | | | |
|---|---|---|---|---|---|
| N/A | BURIED CABLES, LANDFILLS, STUMPHOLES | ○ YES ○ NO | GRADING/SOIL REMOVAL PERFORMED | ○ YES ☒ NO |
| | EXISTING WASTEWATER (SEPTIC) SYSTEMS | ☒ YES ○ NO | JURISDICTIONAL WETLANDS | ○ YES ☒ NO |
| N/A | WELLS, SPRINGS, OR WATER LINES | ○ YES ○ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ○ YES ☒ NO |
| N/A | 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: PAUL + RICHELL LESLIE
ADDRESS: 15838 PINEKNOLL LN
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
WORK PHONE: —
MOBILE PHONE: 919-745-7713
FAX: _____
E-MAIL: pmleslie1@hotmail.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.

_____ 1-21-21

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

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*OFFICE USE ONLY*

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____



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

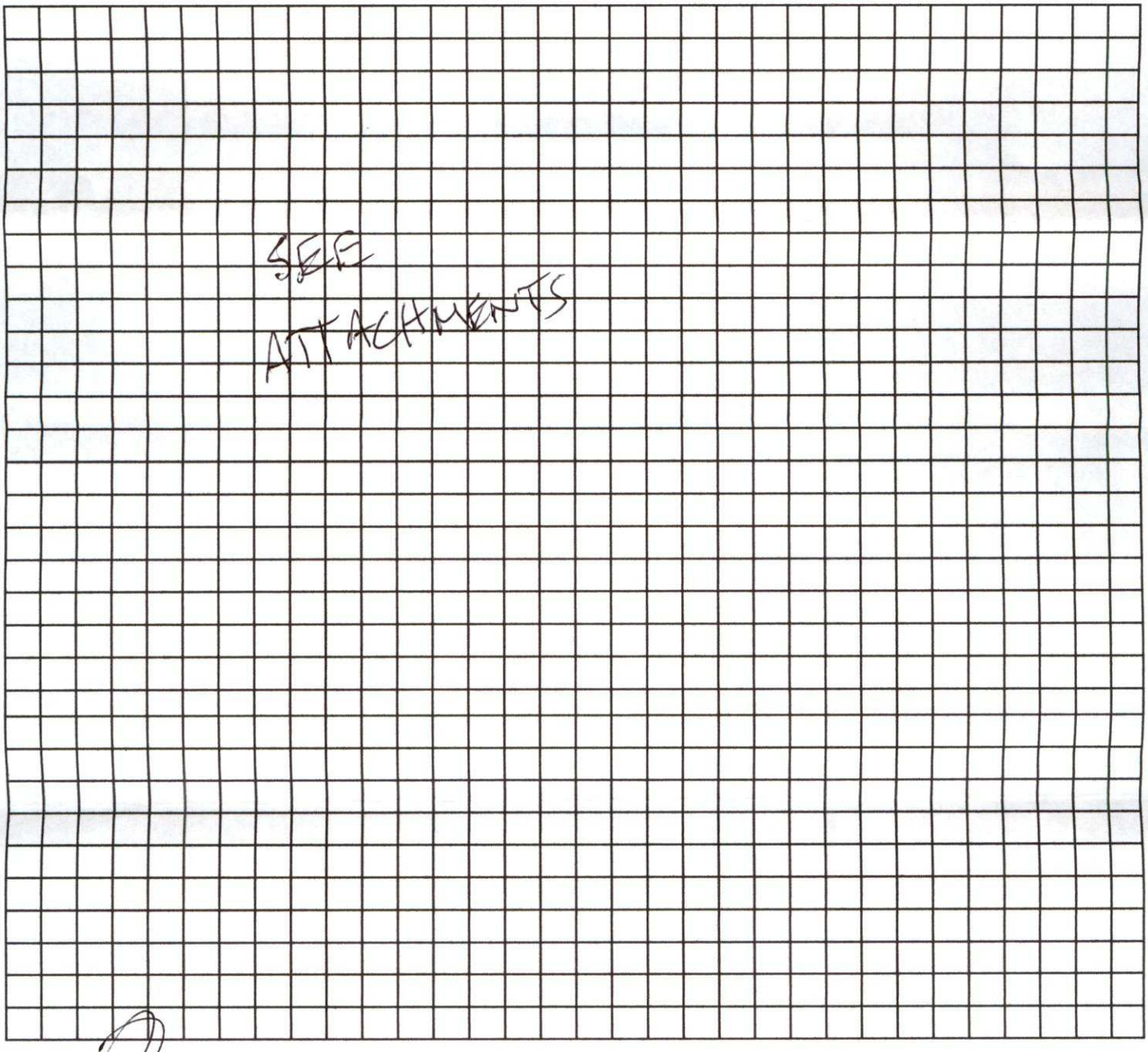
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 15838 PINEKNOLL LN

Tax Parcel #: 00101437

Subdivision Name: BAY SHORES

Lot #: 8




Property Owner's or Owner's Legal Representative Signature

1-21-26
Date



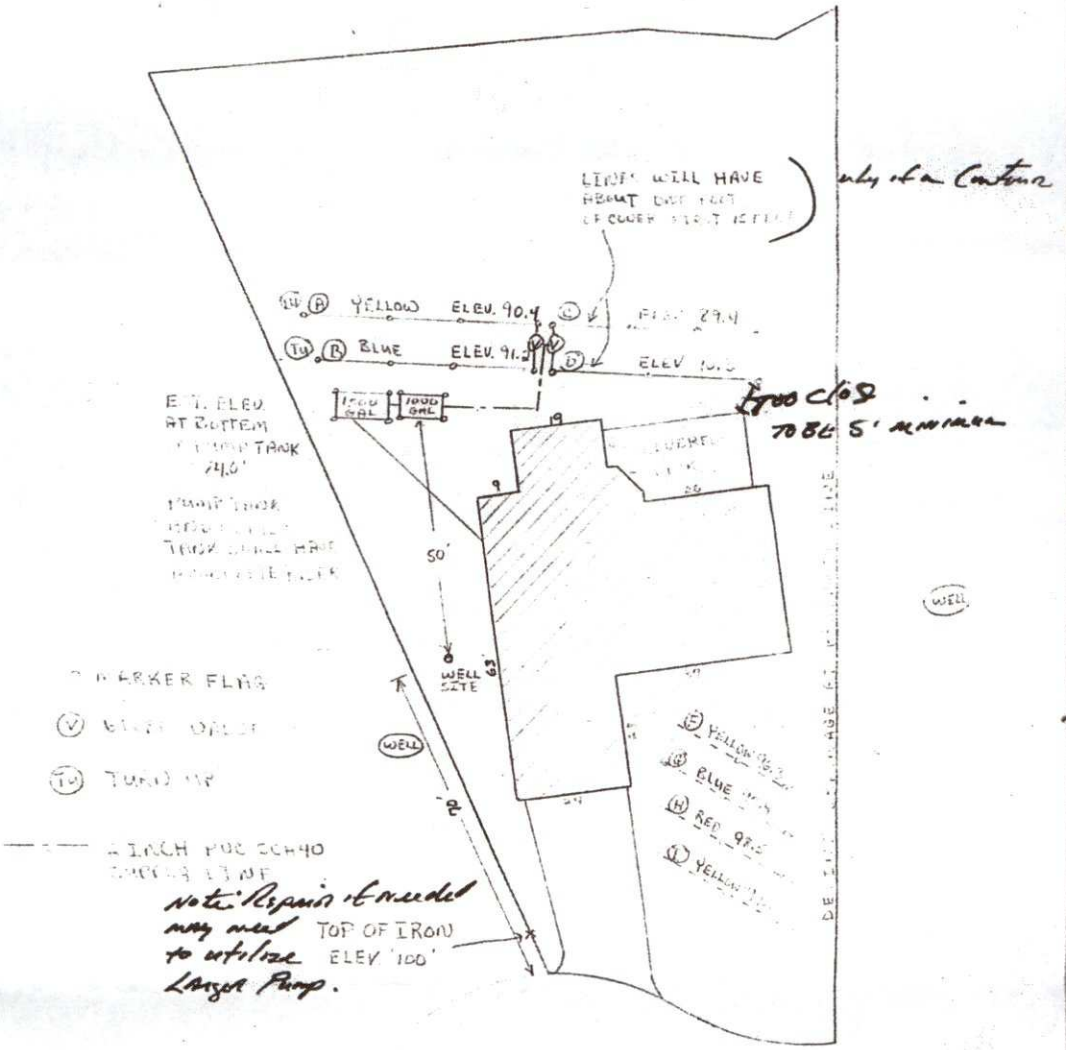
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
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Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

LOT [illegible], PHASE II

FILE # 7535H

LAKE NORMAN



Pd. 7/15/91
CR #025731
Amt. 200.00

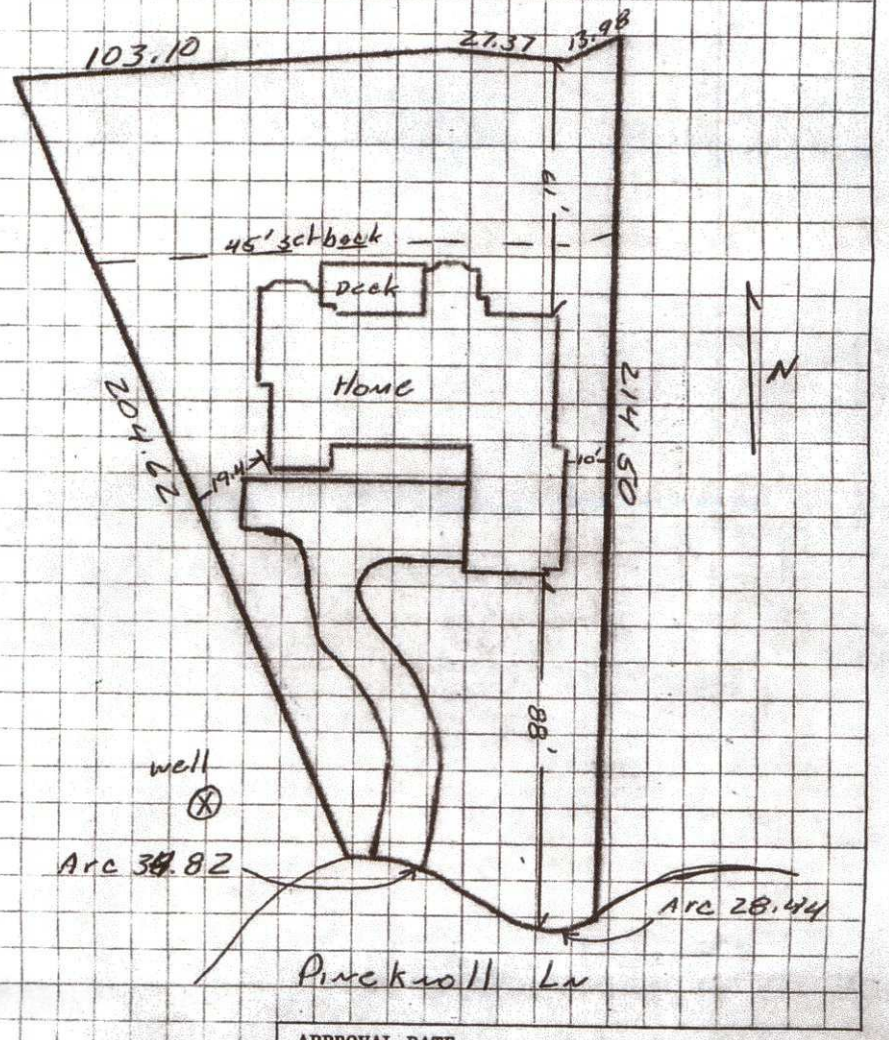
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7535-A

TC: 001-014-3

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

PANEL Block - Pressurized

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7535-A DATE: 11/13/91

TC: 001-014-37 ☐ L ☑ CRT

SERIAL № 13811

Name of Owner Simonini Builders Juris.:

Address of Property 15838 Pineknoll Lane (Lot 8)

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 186'

Number of Lines 4 @ 47'

Cover Depth 4"-6"

Water Supply Source P/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1,500 ST, 1,000 PT, P1, mod. 372 SF TP, 24" SAND (CECIL like) CTR# 11

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Installed according to approved plan. Zoeller pump. Installed without installation permit, Contractor had copy panel block design.

Tim Whittaker, R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit N/A Yes ( ) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000

Character & Porosity of Soil clay loam over clay

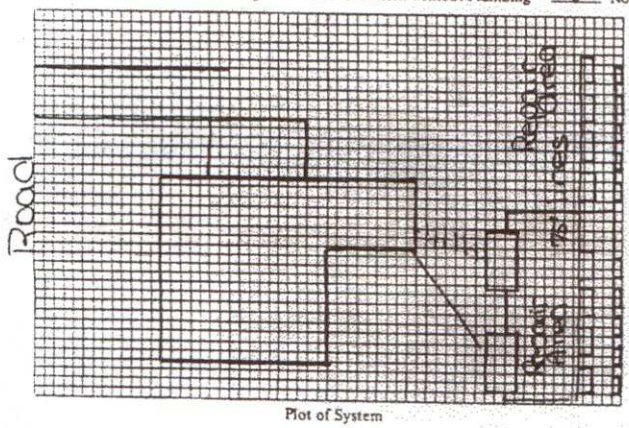
Percolation Rate 0.4 gal/ft²/day

Topography level slope

Depth to Water Table >60"

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pressure Distribution




Plot of System

Size of Tank 1,000 septic / 1000 pump Gals.

Nitrification Field:

No. of Lines 2 (5) lines of T-5

Sq. Ft. 900 Linear Ft. 150

Depth of Stone in Lines 24" sand

Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 01/28/26
**Receipt #:** 158861
**Check / Auth #:** CHECK 2053
**Received By:** ALVARJS

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** PAUL & RICHELL LESLIE
**Attn:** 15838 PINEKNOLL LN
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>15838 PINEKNOLL LN | 1 | 100.00 | 100.00 |

Permit#

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

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

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