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 Seye Initial/Date 2/21/22

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 ☐ _____

6WS# 4264B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 12875

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: Mark Ray
ADDRESS: 10306 Glenmac Rd
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704 400 5672
ALTERNATE PHONE:
E-MAIL: MARCFAY@Bellsouth.Net

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 11111506
STREET ADDRESS: 10306 Glenmac Rd
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: Cedar brook Acres
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

*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

2/21/22
Date

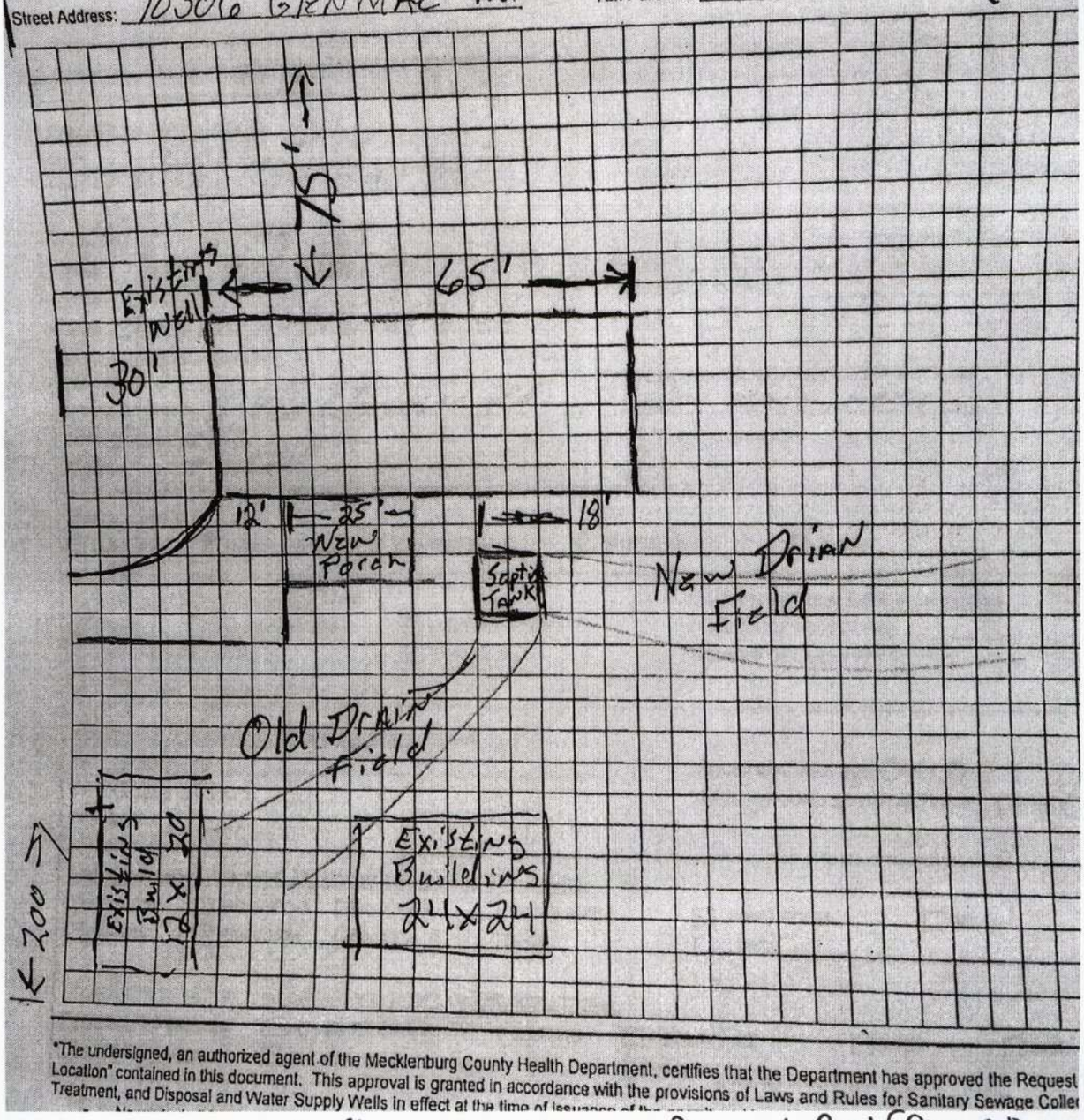
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

PROPOSED PLOT PLAN

e #: _____

drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easem
ight-of-ways; proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), l
existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, a
aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10306 Glenmac Rd Tax Parcel #: 111-115-06



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Colle Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the

Braedan Shelton 2/28/22

Approved, Porch (Proposed) meets setback requirements.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/21/22
Receipt #: 133533
Check / Auth #: VISA 011220
Received By: GALLOSE

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RAY MARK
Attn: USER EXISTING SYSTEM
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 10306 GLENMAC RD		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: MARK RAY

Bill To:

MARK RAY

Single Payment

Transaction Date: 02/21/2022 8:02 AM Pacific Time
Pay Method: VISA **********2579
Approval #: 011220
Trace Number: 0d63c47a-0a6b-4123-9c00-b358fbad4ae7
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

AC

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4264B DATE: 4-12-00

TC: 111-115-06 ☑ L ☐ CRT

SERIAL Nº 18156

PD

Name of Owner MARK RAY Juris.:

Address of Property 10306 GLENMACK ROAD

Inspection Data:

Tank Material EXISTING
REPAIR

Total Length of Drainfield 210'

Number of Lines 10 @ 9' @ 70'

Cover Depth 12" MINIMUM

Water Supply Source EXISTING MUNICIPAL

Distance to Water Source 210'

Excavation Inspected 4-12-00

Tank(s) Inspected PUMPED 4-11-00

Wash Line Inspected

High Water Alarm Inspected

SEE INSTALLATION PERMIT

PLOT

Design REPAIR 9' WIDE BY 70' LONG 18" STONE CTR# A.H. STEWART

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II

(1) 12" OF STONE SPECIFIED BUT 18" REQUESTED BY HOMEOWNER. "T" INSTALLED IN TANK FOR A HIGHER ELEVATION TO ALLOW TOTAL USAGE OF EXISTING SYSTEM

J. Andrew Walker RS
Environmental Health Specialist

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