# SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 118208 / 14242

Assigned Inspector: Heather R.

☐ 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: HR 11/28/23 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: _____

**Comments:**

11820B / 142162

MECKLENBURG COUNTY
HEALTH DEPARTMENT

28 NOV '23 PM 4:52

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

**APPLICATION TYPE:** ○ SEPTIC ONLY ○ WELL ONLY (X) SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE — EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(X) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE — COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: Ingrid Sandoval Castañeda
ADDRESS: 2033 A Ave
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 704-756-3355
ALTERNATE PHONE: N/A
E-MAIL: sandovalingrid390@gmail.com

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

**JOB LOCATION INFORMATION**
TAX PARCEL #: ~~N/A~~ 041-012-35
STREET ADDRESS: 2033 A Ave
CITY: Charlotte
STATE: NC ZIP: 28216

**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: 3

**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.

Ingrid Sandoval — Owner's/Agent's Signature
11/28/23 — Date

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



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

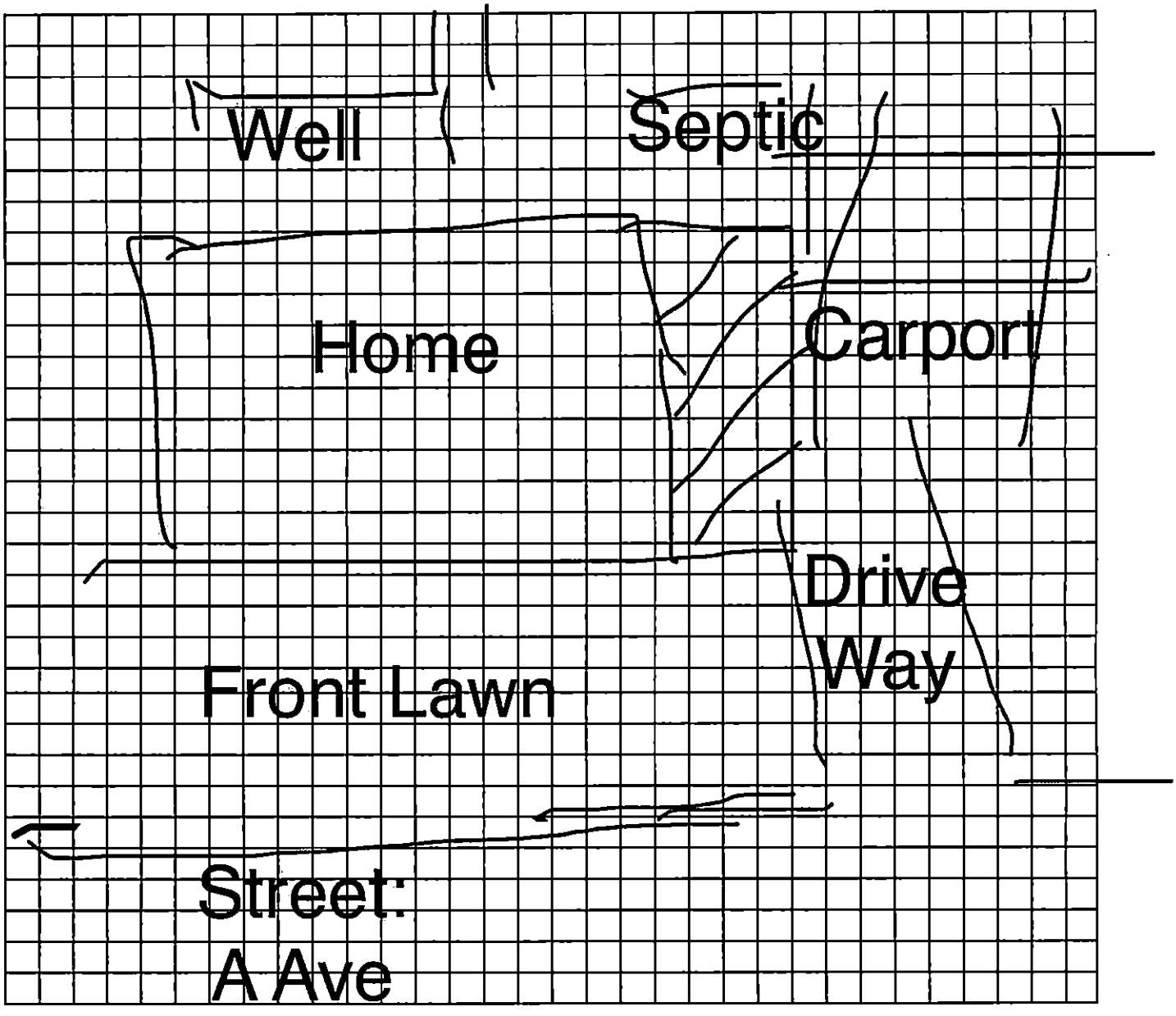
Revised on: 01/03/11

File #: 11820B

## 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: 2033 A Ave Charlotte, NC 28216 Tax Parcel #: 041-012-35




*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

approved to add covered Patio

REHS Signature 12-12-23 Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 11/28/23 | **Amount:** | 100.00 |
| **Receipt #:** | 145262 | **Tendered:** | 100.00 |
| **Check / Auth #:** | MC 191832 | **Returned:** | 0.00 |
| **Received By:** | ORTIZMP | | |

**Account Information**

**Account #:** 200000
**Contractor:** INGRID SANDOVAL CASTAÑEDA
**Attn:**
**Address:** 2033 A AVE
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28216

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>2033 A AVE | | 1 | 100.00 | 100.00 |

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | | | | 555.00 | |