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 LE 3/4/16 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. ☐ _____

7556A #8068

3 MAR '16 PM 1:22

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
⊗ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: James Cummings
ADDRESS: 19101 Calloway Hills Ln
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-340-5933
ALTERNATE PHONE: 00308139
E-MAIL: craigc8@yahoo.com

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

JOB LOCATION INFORMATION
TAX PARCEL #:
STREET ADDRESS: 19101 Calloway Hills Ln
CITY: Davidson NC
STATE: NC ZIP: 28036

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: 4
NUMBER OF OCCUPANTS: 5

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

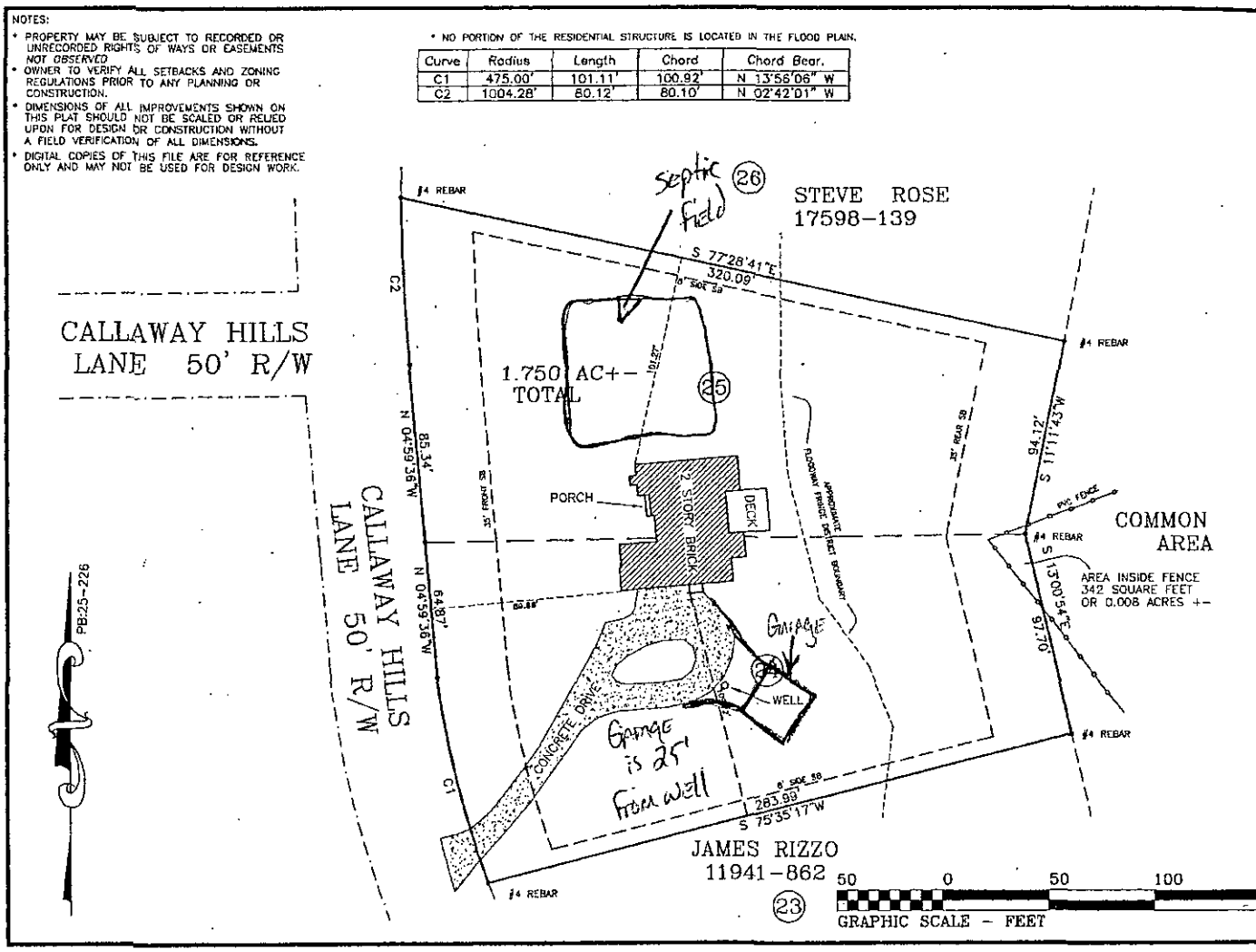
*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 3/3/16

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



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*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

Project approved, Well & Septic set backs met.

Ann Garrett 3/7/16

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

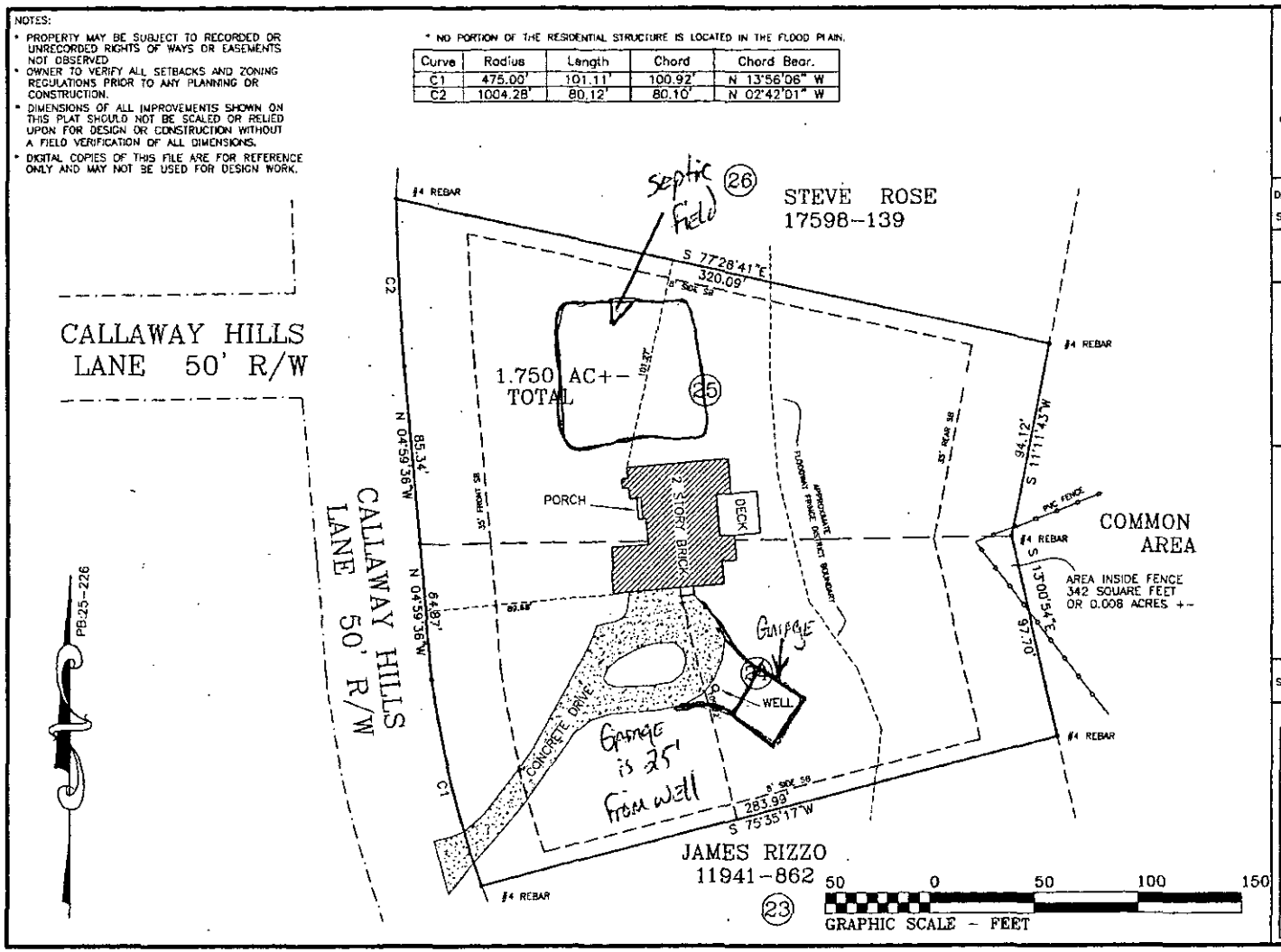
Revised on: 01/03/11

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.

* NO PORTION OF THE RESIDENTIAL STRUCTURE IS LOCATED IN THE FLOOD PLAIN.

Curve	Radius	Length	Chord	Chord Bear.
C1	475.00'	101.11'	100.92'	N 13°56'06" W
C2	1004.28'	80.12'	80.10'	N 02°42'01" W



PHYSICAL SURVEY
FOR

JAMES C. CUMMINGS
& WIFE SARA CUMMINGS

LOT #24 & #25 PLAT BOOK 25-226

DATE: 8-19-08	DB: 21638	PG: 938
SCALE: 1" = 50'	DB:	PG:
	PB: 25	PG: 226

DEWEESE TOWNSHIP

MECKLENBURG COUNTY, NC

DEDMON SURVEYS

RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

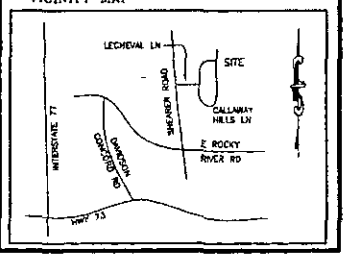
NORTH CAROLINA PROFESSIONAL ENGINEER SEAL L-3762 DAVID C. POPE LAND SURVEYOR

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

3762
PROFESSIONAL LAND SURVEYOR — LICENSE NO.

SURV. BY: HL	DRAWN: CP	JOB# ROG1

VICINITY MAP



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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/04/16	**Amount:**	100.00
Receipt #:	99284	**Tendered:**	100.00
Check / Auth #:	VISA 01017D	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: CUMMINGS,JAMES
Attn:
Address: 19101 CALLAWAY HILL LN
Address:
City/State/Zip: 28036,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 19101 CALLAWAY HILLS LN		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
730.00	130.00				

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: JAMES CUMMINGS

Bill To:

JAMES CUMMINGS
19101 CALLAWAY HILLS LN

Davidson, NC 28036

Single Payment

Transaction Date: 03/04/2016 6:36 AM Pacific Time
Pay Method: VISA **********1963
Approval #: 01017D
Trace Number: *76461c71-788a-48e5-9568-a152c7011dfb*
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.