6579B/13385

MECKLENBURG COUNTY
HEALTH DEPARTMENT

20 SEP '22 AM 8:44

APPLICATION FOR A COMMERCIAL 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: 193-434-98
STREET ADDRESS: 2306 Sam Newell Road
CITY: Matthews
STATE: NC ZIP: 28105
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
◉ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Church Fellowship Hall
253 Occupants
◉ COMMERCIAL ○ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 4,500
NUMBER OF EMPLOYEES PER SHIFT: _____
NUMBER OF SHIFTS: _____ NUMBER OF SEATS: 253
TYPE OF WASTEWATER GENERATED:
◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☑ N/A

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:** 1 2 3 4 5

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: Movimiento Internacional Iglesia De Dios Pentecostal
ADDRESS: PO Box 691415
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: (704) 814-0376
MOBILE PHONE: (704) 807-0007
FAX: _____
E-MAIL: lorenzo1069@att.net

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

**Owner's Authorization form is required if legal representative is submitting application*

NAME: Kenneth Kornegay - CSE Engineering Consultants
ADDRESS: 8511 Davis Lake Parkway, Suite C6-200
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: (704) 509-5428
MOBILE PHONE: _____
FAX: _____
E-MAIL: kkornegay@cse-engineers.com

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

Revised on: 03/27/19

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.

LB (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.

_____ 9-9-2022

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
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

File #: _____

PROPOSED PLOT PLAN

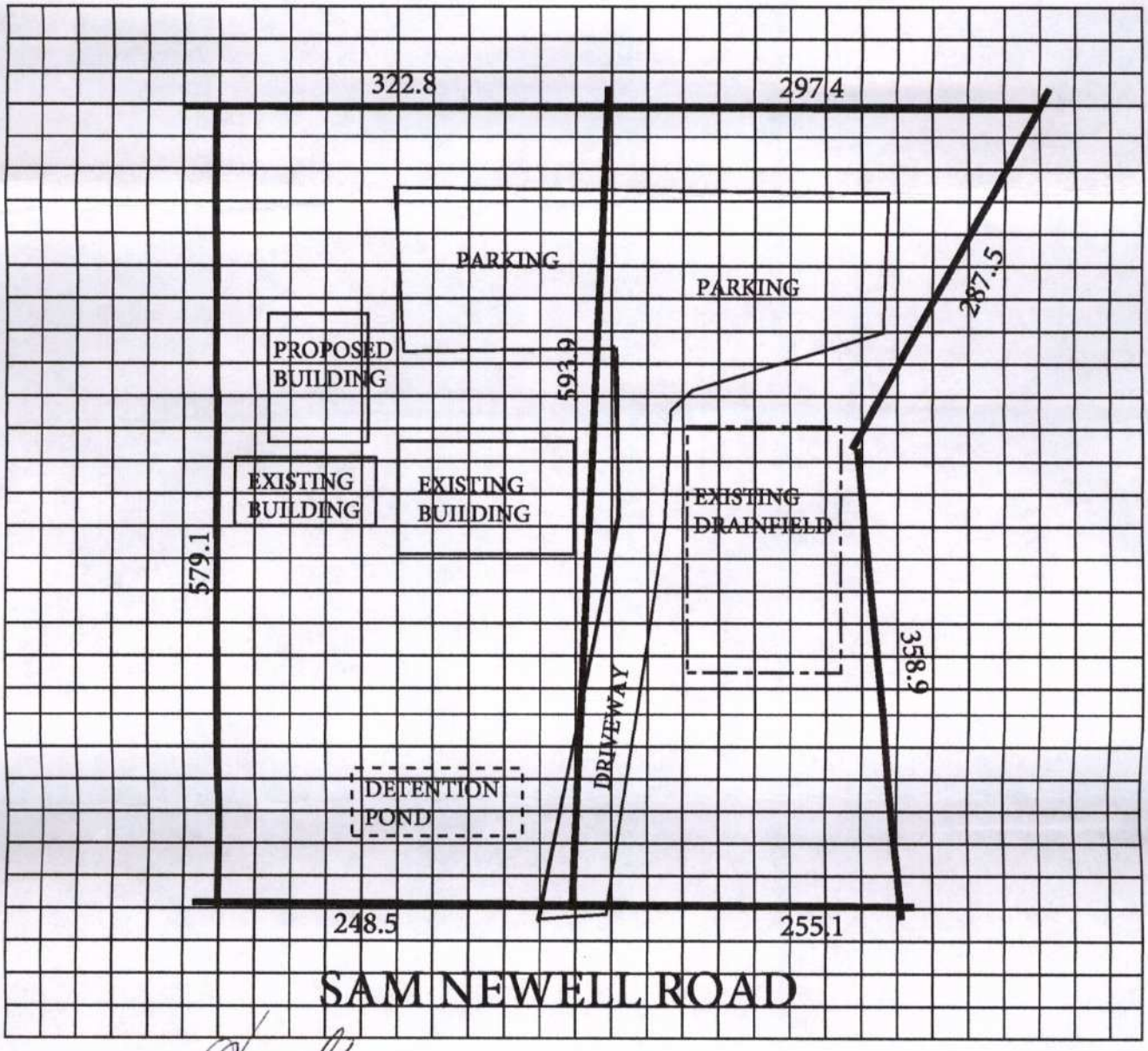
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 2306 Sam Newell Road

Tax Parcel #: 193-434-98

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

9-9-2022

Date

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Kenneth Kornegay, CSE Eng Consultants is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   2306 Sam Newell Road, Matthews .
   Number Street Town
   (Or Parcel Number)

Movimiento Internacional Iglesia De Dios Pentecostal
Lorenzo Barron
Property Owner (print name)

Property Owner (signature)

9-9-2022
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/19/22
Receipt #: 137738
Check / Auth #: CHECK 5510
Received By: RAMSEMA

Amount: 450.00
Tendered: 450.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MOVIMIENTO INTERNACIONAL INGL
Attn: DOSAN CORP
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 2306 SAM NEWELL RD		1	450.00	450.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
410.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/19/22	**Amount:**	200.00
Receipt #:	137740	**Tendered:**	200.00
Check / Auth #:	CHECK 5510	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: MOVIMIENTO INTERNACIONAL INGL
Attn: DOSAN CORP
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 2306 SAM NEWELL RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
205.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/19/22	**Amount:**	200.00
Receipt #:	137741	**Tendered:**	200.00
Check / Auth #:	CHECK 5510	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: MOVIMIENTO INTERNACIONAL INGL
Attn: DOSAN CORP
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 2306 SAM NEWELL RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
205.00					

#13385

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid
Commercial $450 MR 9/19/22

IP ($250.00) _____ Initial/Date

CA ($200.00) MR - 9/19/22 Initial/Date

OP ($200.00) MR - 9/19/22 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 _____ Initial/Date

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 ☐ _____