SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 125658

Assigned Inspector: Matt

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☑ Alteration Fees $300: 5/12/26 Vera Initial/Date

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

☐ Use Existing Fees $100.00: _____ 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:

125605B / 160313

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: 02766144

STREET ADDRESS: 7608 Turney Rd

CITY: Charlotte

STATE: NC **ZIP:** 28269

SUBDIVISION NAME: _____

LOT #: _____ **LOT SIZE (acres):** _____

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: _____

NUMBER OF BEDROOMS: _____

NUMBER OF OCCUPANTS: _____

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: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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: ____ ____ ____ ____ ____

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: Sohum Misra
ADDRESS: 850 Elizabeth St
CITY: San Francisco
STATE: CA ZIP: 94114
WORK PHONE: (813) 955-6071
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Tyler Maynard
ADDRESS: 2261 Market Street, Suite 10301
CITY: San Francisco
STATE: CA ZIP: 94114
WORK PHONE: (332) 333-3546
MOBILE PHONE: _____
FAX: _____
E-MAIL: tylermaynard@permitflow.com

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.

Tyler Maynard _____ 4/29/26

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

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O 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

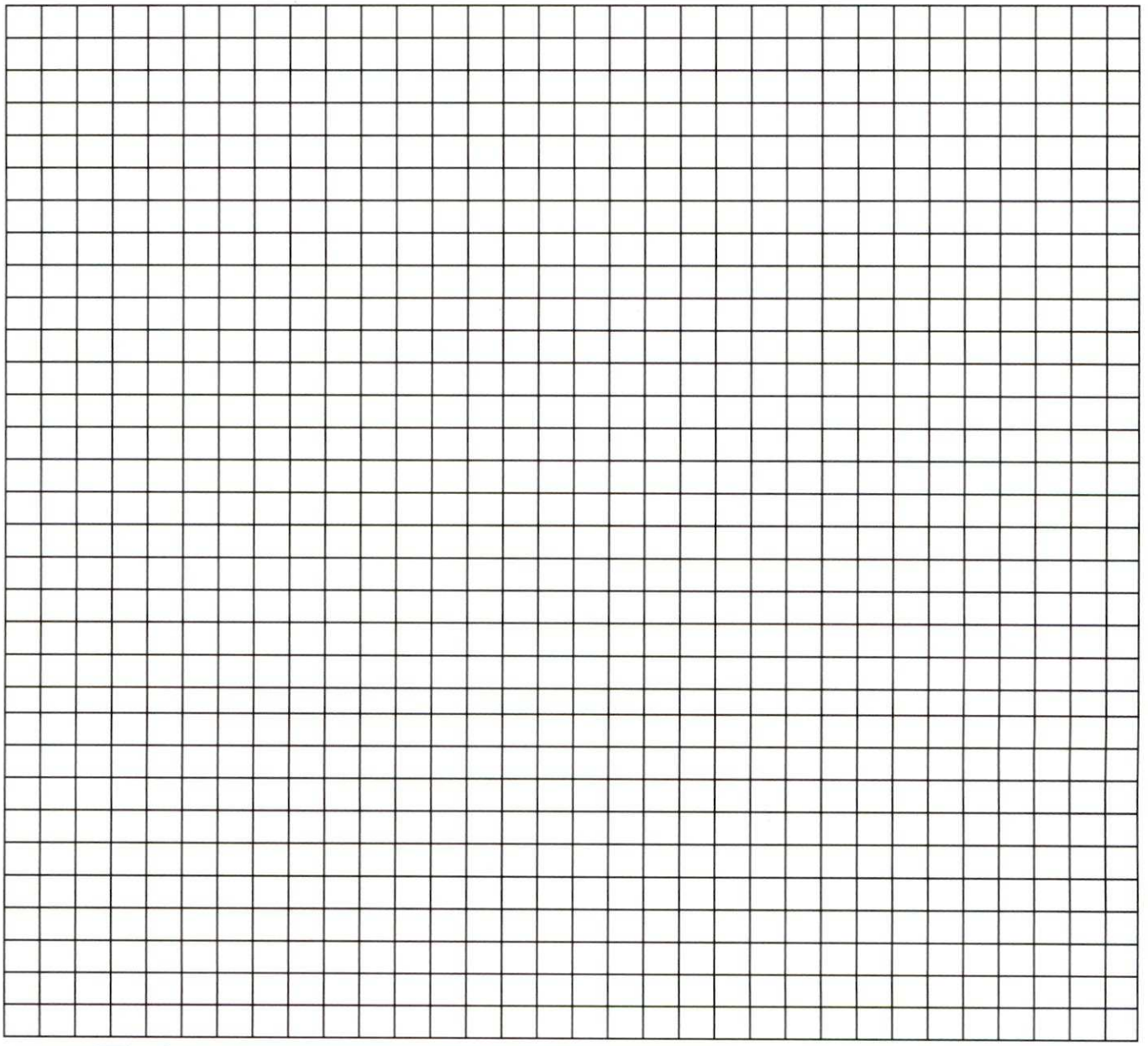
File #: _____

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: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Tyler Maynard
Property Owner's or Owner's Legal Representative Signature

04/29/2026
Date

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

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM TITLE REFERENCES AS SHOWN ON PLAT; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY MEETS OR EXCEEDS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600).

THIS 18th DAY OF MARCH, 2026.

PROFESSIONAL LAND SURVEYOR

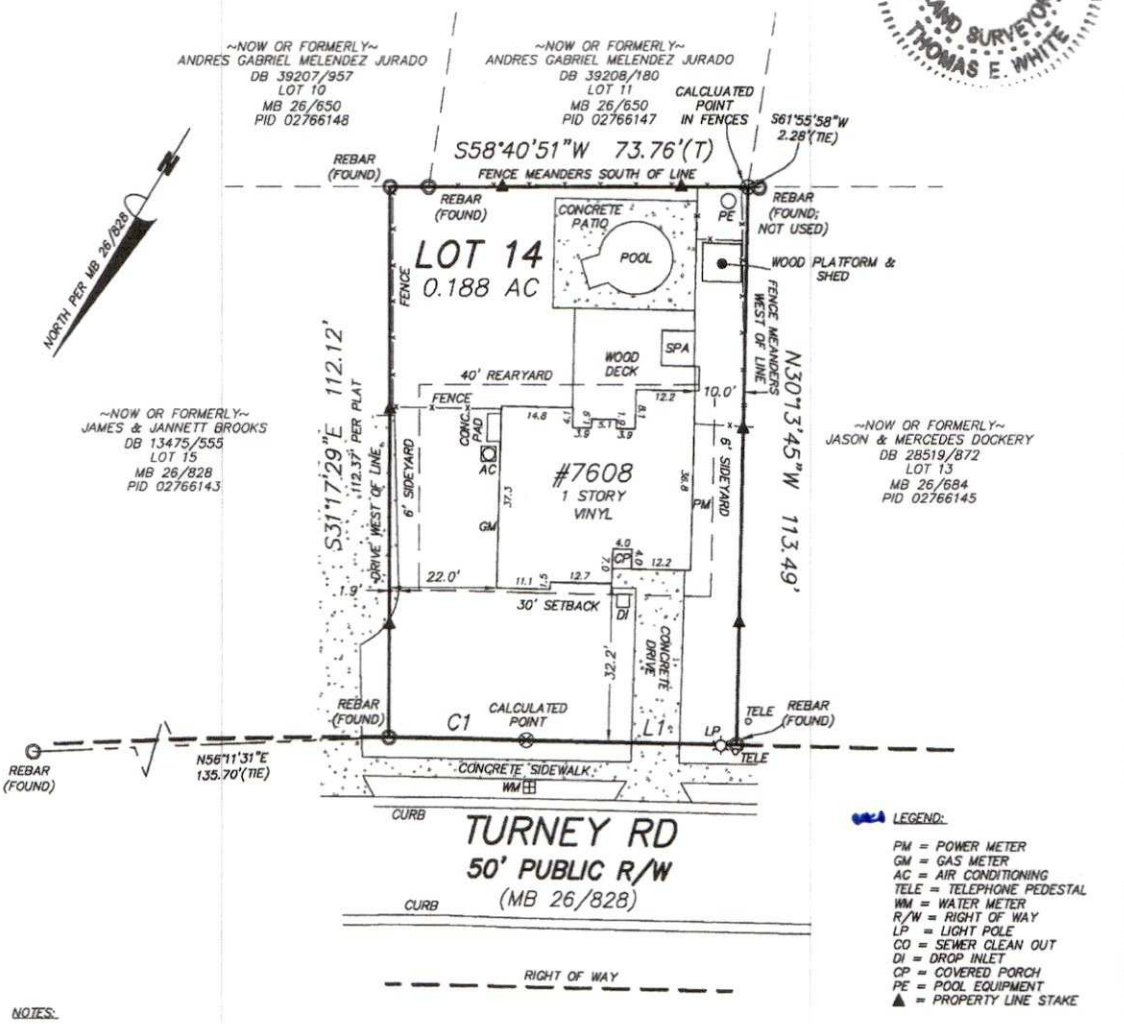
NORTH CAROLINA PROFESSIONAL SEAL L-4889 LAND SURVEYOR THOMAS E. WHITE

BOUNDARY LINE

TIE LINE

RIGHT OF WAY

ADJOINING LINE (NOT SURVEYED)



LEGEND:

PM = POWER METER
GM = GAS METER
AC = AIR CONDITIONING
TELE = TELEPHONE PEDESTAL
WM = WATER METER
R/W = RIGHT OF WAY
LP = LIGHT POLE
CO = SEWER CLEAN OUT
DI = DROP INLET
CP = COVERED PORCH
PE = POOL EQUIPMENT
▲ = PROPERTY LINE STAKE

NOTES:

1. PID 02766144

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS AND BUFFERS INCLUDING THOSE WITHIN THE APPLICABLE UNIFIED DEVELOPMENT ORDINANCE (UDO), RIGHTS-OF-WAY, IMPERVIOUS AREAS & BUILT UPON AREA (BUA) RESTRICTIONS, AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710456700K, WITH A DATE OF IDENTIFICATION OF 11/16/2018.

ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.

5. PROPERTY ZONED: N1-B
SETBACKS SHOWN ARE PER RECORDED PLAT AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

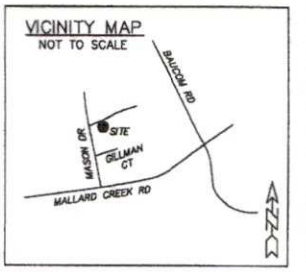
6. UNDERGROUND UTILITIES ARE NOT SHOWN. CONTRACTORS ARE RESPONSIBLE TO HAVE ALL UTILITIES ACCURATELY MARKED PRIOR TO CONSTRUCTION.

7. LINES SHOWN REPRESENTING FENCES AND WALLS ARE MEASURED FROM THE APPROXIMATE CENTERLINE AND DO NOT ACCOUNT FOR THE THICKNESS, PLUMBNESS OR MEANDER OF THE FENCE UNLESS OTHERWISE STATED.

LINE TABLE		
LINE	BEARING	LENGTH
L1	N59°46'15"E	43.40'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	1525.00'	28.27'	N59°44'43"E	28.27'

VICINITY MAP
NOT TO SCALE



PHYSICAL SURVEY
OF
LOT 14 of LANGLEY SUBDIVISION
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=30'

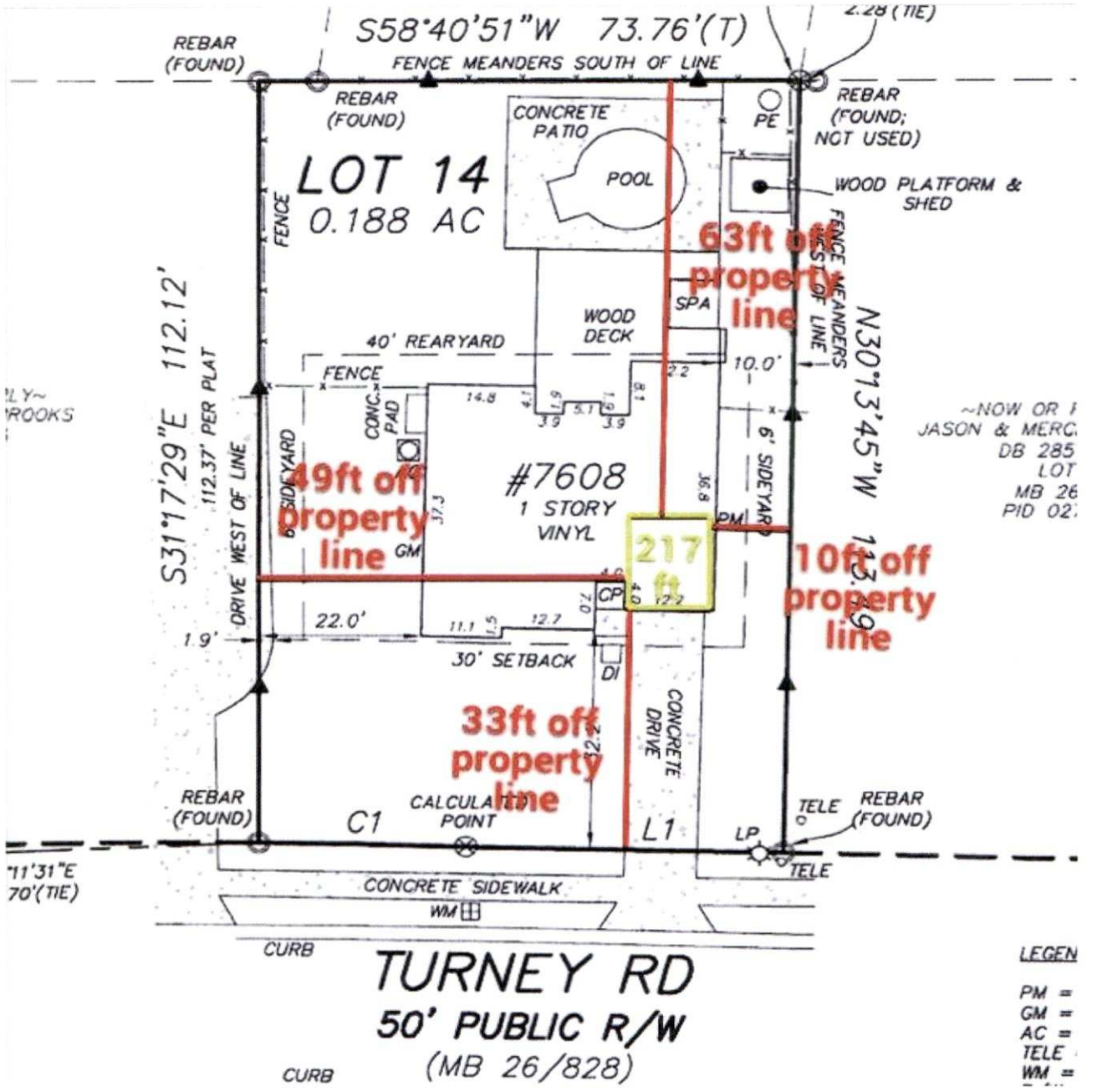
SURVEYED FOR SOHUM MISRA

MAP BOOK 26 PAGE 828 DEED BOOK 40058 PAGE 949

DRAWN BY CJ FIELD WORK AM FIELD BOOK #

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886

CARLSON\2026\BAT\Turney Ave #7608
2026\T\Turney Ave #7608
PROJECT: 26-0061


S58°40'51"W 73.76'(T)
FENCE MEANDERS SOUTH OF LINE
2.28 (TIE)
REBAR (FOUND)
REBAR (FOUND)
REBAR (FOUND; NOT USED)
CONCRETE PATIO
POOL
PE
WOOD PLATFORM & SHED
LOT 14
0.188 AC
FENCE
63ft off property line
SPA
WOOD DECK
FENCE MEANDERS WEST OF LINE
N30°13'45"W 113.49'
40' REARYARD
10.0'
FENCE
CONC. PAD
14.8
4.1
1.9
5.1
6.1
1.8
3.9
3.9
2.2
6' SIDEYARD
S31°17'29"E 112.12'
112.37' PER PLAT
DRIVE WEST OF LINE
6' SIDEYARD
49ft off property line
#7608
1 STORY
VINYL
37.3
36.8
PM
GM
217 ft
10ft off property line
CP
4.0
7.0
12.7
22.0'
1.9'
11.1
1.5
12.7
30' SETBACK
DI
33ft off property line
CONCRETE DRIVE
32.2
REBAR (FOUND)
C1
CALCULATED POINT
L1
LP
TELE
REBAR (FOUND)
TELE
CONCRETE SIDEWALK
WM
CURB
TURNEY RD
50' PUBLIC R/W
(MB 26/828)
CURB
~NOW OR
JASON & MERC
DB 285
LOT
MB 26
PID 02
LEGEN
PM =
GM =
AC =
TELE
WM =

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 Tyler Maynard is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   7608 Turney Rd (Number, Street) Mecklenburg (Town).
   (Or Parcel Number)

SOHUM MISRA
Property Owner (print name)

Property Owner (signature)

4/29/2026
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/30/26
Receipt #: 161311
Check / Auth #: VISA 7794
Received By: ALVARJS

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: TYLER MAYNARD
Attn: 7608 TURNEY RD
Address:
Address:
City/State/Zip:

Item	Description	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 7608 TURNEY RD	1	300.00	300.00

Permit#

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

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

CHARLOTTE WATER

Charlotte-Mecklenburg STORM WATER Services

STATEMENT OF SERVICES

BILL DATE	DUE DATE	AMOUNT DUE
04/16/26	05/07/26	$54.44

ACCOUNT NAME	EMAIL ADDRESS & PHONE	MAILING ADDRESS	SERVICE ADDRESS	ACCOUNT NO.	PARCEL
Sohum Misra	713-376-5001	850 Elizabeth ST SAN FRANCISCO CA 94114	7608 TURNEY RD CHARLOTTE NC 28269	1323840-166034	02766144

MESSAGE CENTER

Visit charlottewater.org to view account information, pay your water bill, and sign up for automatic payments.

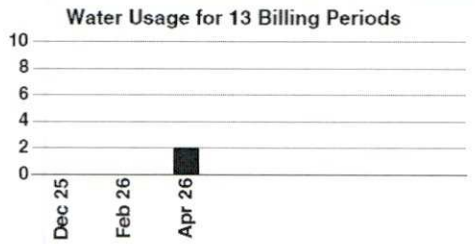
BILLING PERIOD

03/10/26 - 04/08/26 = 29 Days Cycle: 10

ACCOUNT SUMMARY

Previous Balance	$40.07
Payment Received	-$40.07
Amount Past Due	$0.00
Current Charges	$54.44
Additional Activity	$0.00
Total Amount Due	**$54.44**

WATER USAGE



Questions about your bill?

¿Preguntas sobre su cuenta?

Visit us online at:
charlottewater.org

Call Us:
311 or 704-336-7600
Monday-Friday 7:00 am-7:00 pm

CYCLE 10 17691

WATER CHARGES

Meter No.	Size	Current Read	- Previous Read	= Usage (Ccf)
103079663	5/8"	351	349	2

Water Fees (Fixed & Availability) $7.79

Usage Fees	Ccf	1-4	5-8	9-16	16+
		2			
Rate Type: RESID	Rate/Ccf	1.98	2.56	5.91	11.20
		$3.96			$3.96

Total Water Charges **$11.75**

SEWER CHARGES

Sewer Fees (Fixed & Availability) $16.38

Usage Fees	Rate/Ccf	x	Usage	
	$6.46		2	$12.92

Total Sewer Charges **$29.30**

STORM WATER CHARGES

Impervious Area = 2,199 square feet

Tier 2 Storm Water Services Fee $13.39

Total Storm Water Services Fee **$13.39**

CURRENT CHARGES $54.44

Does not need Envh Approval

- Matt M.

00132 44400

Service Address	7608 TURNEY RD CHARLOTTE NC 28269
Due Date	05/07/26
Bill Date	04/16/26

Please check box to indicate address / phone changes and Monthly Bank Draft enrollment on the reverse side. ☐

CITY OF CHARLOTTE
BILLING CENTER
P.O. Box 5053
BOONE, IA 50950-0053

Sohum Misra
850 Elizabeth ST
SAN FRANCISCO CA 94114

Amount Enclosed $ _____

Total Amount Due ***$54.44***