SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 107600

Assigned Inspector: Bryan

☐ 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: UP 7/2/24 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:

10760B
#14768

2 JUL '24 AM 9:01

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

PERSON FILING APPLICATION:
NAME: Lee Price
ADDRESS: 2067 Two Sisters Drive
CITY: Lancaster
STATE: Sc ZIP: 29720
PHONE: (805) 612-4948
ALTERNATE PHONE: N/A
E-MAIL: Leemprice@hotmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Derek Eichler
ADDRESS: 3834 Hoodridge Lane
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (727) 420-9242
ALTERNATE PHONE: N/A
E-MAIL: derekeichler@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19522213
STREET ADDRESS: 3834 Hoodridge Ln.
CITY: Mint Hill
STATE: NC **ZIP:** 2822

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: 5
NUMBER OF OCCUPANTS: 1

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.

[redacted]
Owner's/Agent's Signature

07/01/2024
Date

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

File #: 107608

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: 3834 Hoodridge Ln Tax Parcel #: 19522213



*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

Customer meets required set backs for pool

Byron Davenport 7/5/24
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

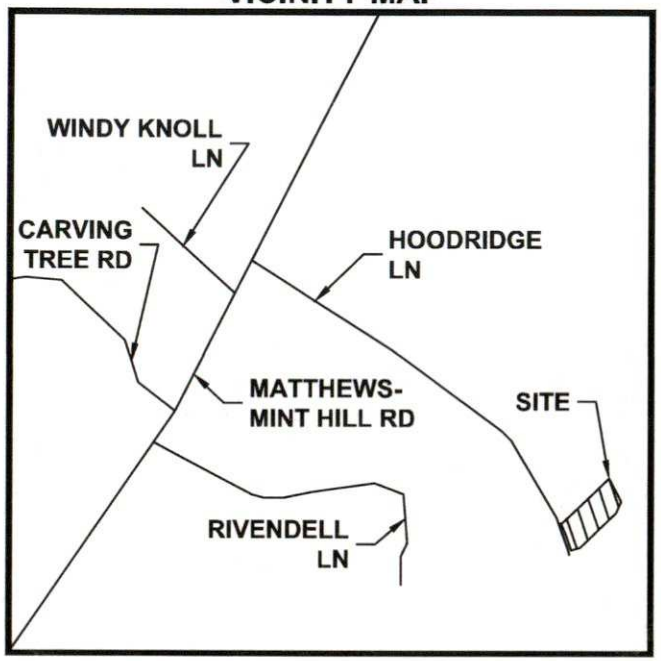
SHEET: 1 of 8
SCALE: 1"=40'-0"

ALL POOL SUCTION TO BE VGB COMPLIANT AND MEET LOCAL CODES

PLOT PLAN

DRAINAGE IN REAR AND ALONG SIDES OF RESIDENCE TO BE MAINTAINED

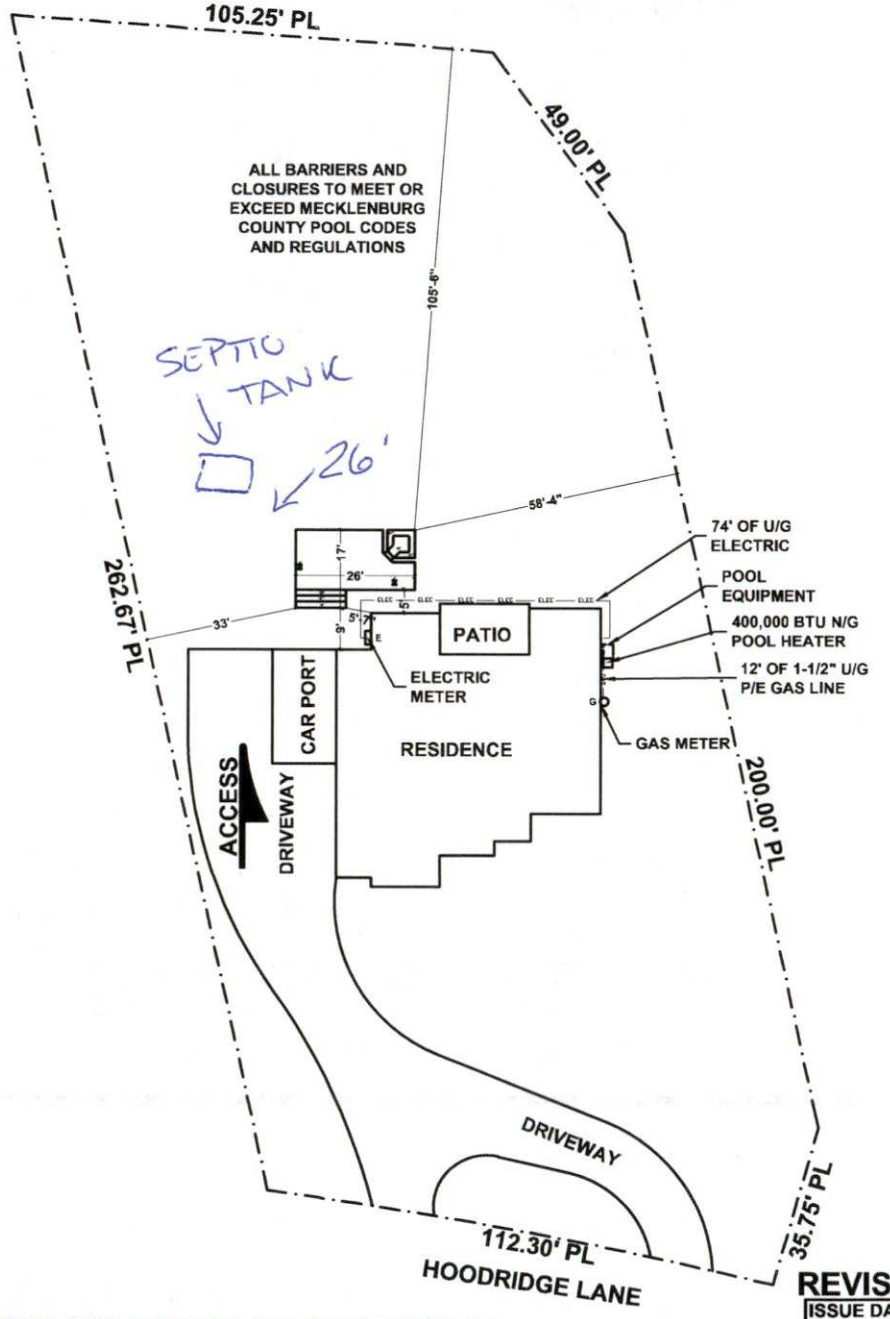
VICINITY MAP



PROPERTY INFORMATION

APN: 19522213
NEIGHBORHOOD: T501
LOT #: 4
JURISDICTION: MECKLENBURG COUNTY





NOTE: PROPERTY LINE LENGTHS AND DIMENSIONS TO PROPERTY LINES ARE APPROXIMATE.

REVISED
ISSUE DATE: 3-22-24

JOB #1442

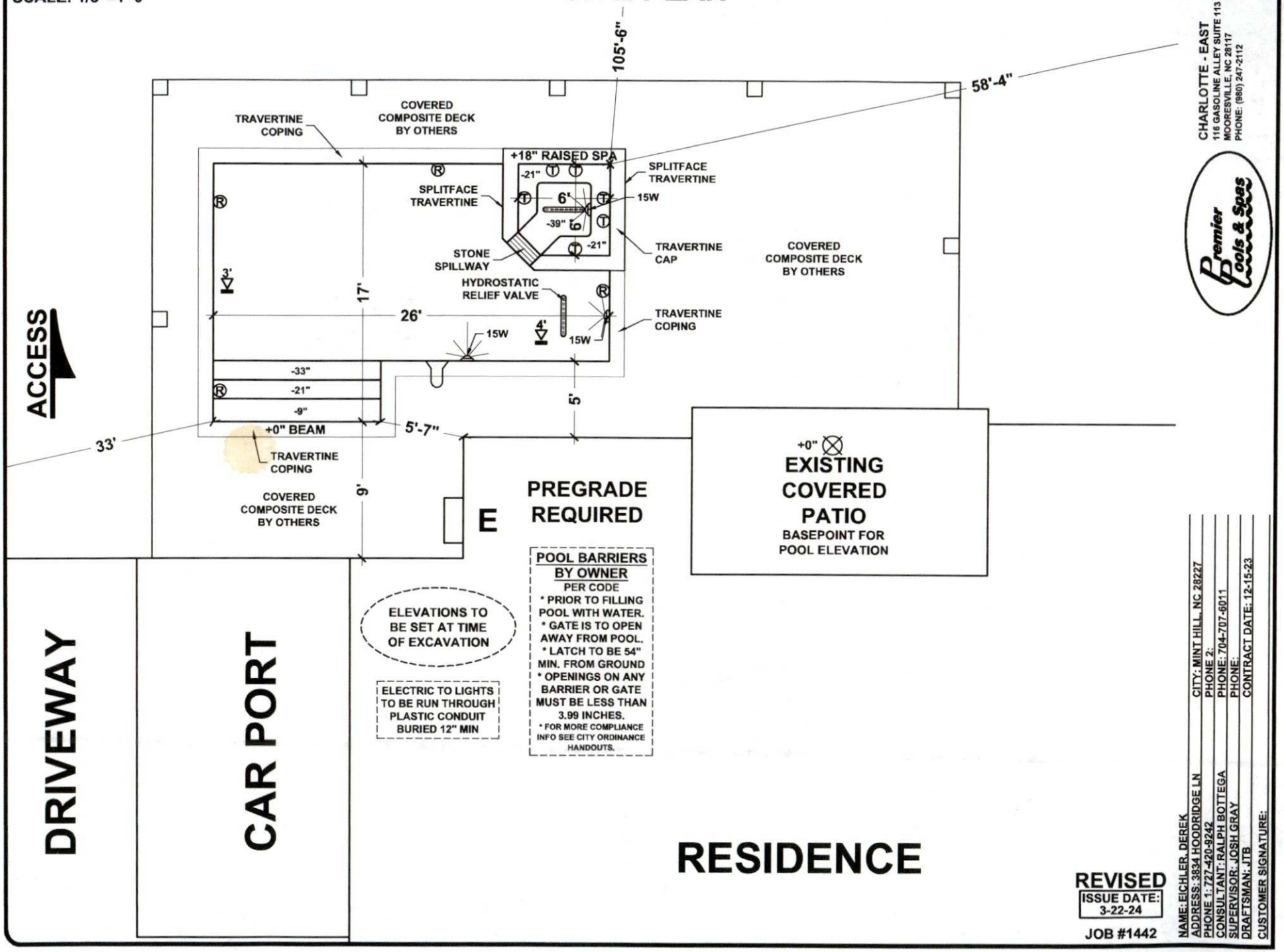
CHARLOTTE - EAST
116 GASOLINE ALLEY SUITE 113
MOORESVILLE, NC 28117
PHONE: (980) 247-2112

Premier Pools & Spas

NAME: EICHLER, DEREK
ADDRESS: 3834 HOODRIDGE LN
CITY: MINT HILL, NC 28227
PHONE 1: 727-420-9242
PHONE 2:
CONSULTANT: RALPH BOTTEGA
PHONE: 704-707-6011
SUPERVISOR: JOSH GRAY
PHONE:
DRAFTSMAN: JTB
CONTRACT DATE: 12-15-23
CUSTOMER SIGNATURE:

SHEET: 2 of 8
SCALE: 1/8"=1'-0"

SITE PLAN



CHARLOTTE - EAST
116 GASOLINE ALLEY SUITE 113
MOORESVILLE, NC 28117
PHONE: (980) 247-2112

Premier Pools & Spas

REVISED
ISSUE DATE: 3-22-24

JOB #1442

NAME: EICHLER, DEREK
ADDRESS: 3834 HOODRIDGE LN
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PHONE 1: 727-420-9242
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PHONE:
DRAFTSMAN: JTB
CONTRACT DATE: 12-15-23
CUSTOMER SIGNATURE:

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

   3834 HoodRidge L Mint Hill .
   Number Street Town
   (Or Parcel Number)

Derek Eichler
Property Owner (print name)

Property Owner (signature)

07/02/24
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/02/24	**Amount:**	100.00
Receipt #:	149707	**Tendered:**	100.00
Check / Auth #:	VISA 04163D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: LEE PRICE
Attn:
Address: 2067 TWO SISTERS DR
Address:
City/State/Zip: LANCASTER, SC 29720

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 3834 HOODRIDGE LN	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	2,737.50				