Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND AUTHORIZATION FORM

Please refund Barry Smith for a request received on
Customer Name

3/17/22, for the following reason:
Date of request

[ ] Overpayment

[ ] Unable to obtain a permit

[X] Other *(Please give a detailed explanation)*: will not be building

Refund the amount listed from the following accounting line:

Department: HLT
Fund: 0001
Unit: 3620
Revenue Code: 3122
Activity: 6038
Function: SC4340
Amount: $ 250

Mail refund to: 8529 Bartlet Road
Mint Hill, NC 28227

Employee Processing Request 3/17/22 Date

Managers Approval 3/17/22 Date

Attachments: *Copy of client request*
Original payment receipt

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it back to 704-336-6894 or mail it to 3205 Freedom Drive, Suite 8000, Charlotte NC 28208.

CONTACT INFORMATION	
NAME	BARRY SMITH
MAILING ADDRESS	8529 BARTLETT RD. MINT HILL NC 28227
PHONE NUMBER	704-516-5665
EMAIL ADDRESS	SMITHBARRY595@GMAIL.COM
REFUND AMOUNT	$250.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

MY SON WAS GOING TO BUILD ON MY LAND BUT CHANGED HIS MIND.

Signature

3-1-22
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/21/22	**Amount:**	250.00
Receipt #:	133531	**Tendered:**	250.00
Check / Auth #:	MC 05390Z	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: BARRY SMITH
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 8529 BARTLETT RD		1	250.00	250.00

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

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

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) SP 2/21/22 Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____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 ☐ _____

10353B # 12876 21 FEB '22 AM 11:36

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 SYSTEM APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PILOT PLAN

2. WELL SYSTEM APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 13906134
STREET ADDRESS: 8529 BARTLETT RD.
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): 1
COUNTY:
○ 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: 2,000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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 DOCUMENTATIO

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ●
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ●
WELLS, SPRINGS, OR WATER LINES	● YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ●
EASEMENTS OR RIGHT-OF-WAYS	● YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ●
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ●
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ●

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: BARRY SMITH
ADDRESS: 8529 BARTLETT RD.
CITY: MINT HILL
STATE: NC ZIP: 28227
WORK PHONE: 704-516-5666
MOBILE PHONE: 704-516-5665
FAX: _____
E-MAIL: SMITHBARRY575@GMAIL.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABL
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

COUNTY GROUNDWATER & WASTEWATER SERVICES

(initial here for septic system applications)

(initial here for well applications)

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.

Property Owner or Owner's Legal Representative Signature

2-16-22
Date

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: _____

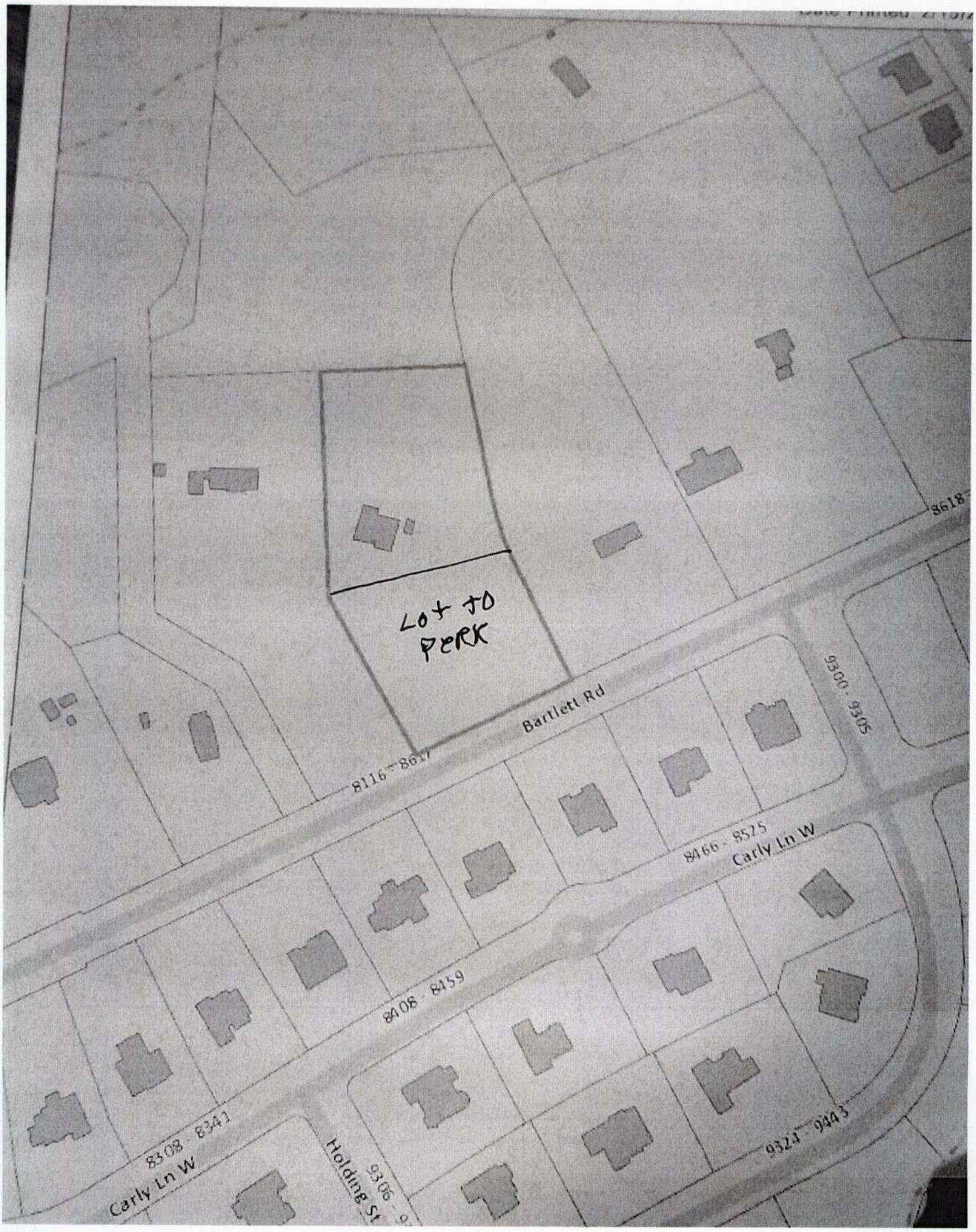
SWIS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

SEE POLARIS MAP

I PLAN ON SELLING THE FRONT 1 ACRE


LOT TO PERK
Bartlett Rd
8116 - 8617
9300 - 9305
8466 - 8525
Carly Ln W
8408 - 8459
8308 - 8341
Carly Ln W
Holding St
9306 -
9323 - 9443