SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: H530B / H535

Assigned Inspector: Heather

☐ 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~~: Affa day + Rec'd MO 3/21/24 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:

4530B / 14535

22 MAR '24 AM 8:43

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: Jonathan Basnett
ADDRESS: 9902 Washam Potts Rd
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (980) 722-7199
ALTERNATE PHONE:
E-MAIL: basnettj@bellsouth.net

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

JOB LOCATION INFORMATION
TAX PARCEL #: 00509112
STREET ADDRESS: 9902 Washam Potts Rd
CITY: Cornelius
STATE: NC **ZIP:** 28031

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:
NUMBER OF OCCUPANTS:

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 enlarging bedroom & den

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: 3/22/24

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

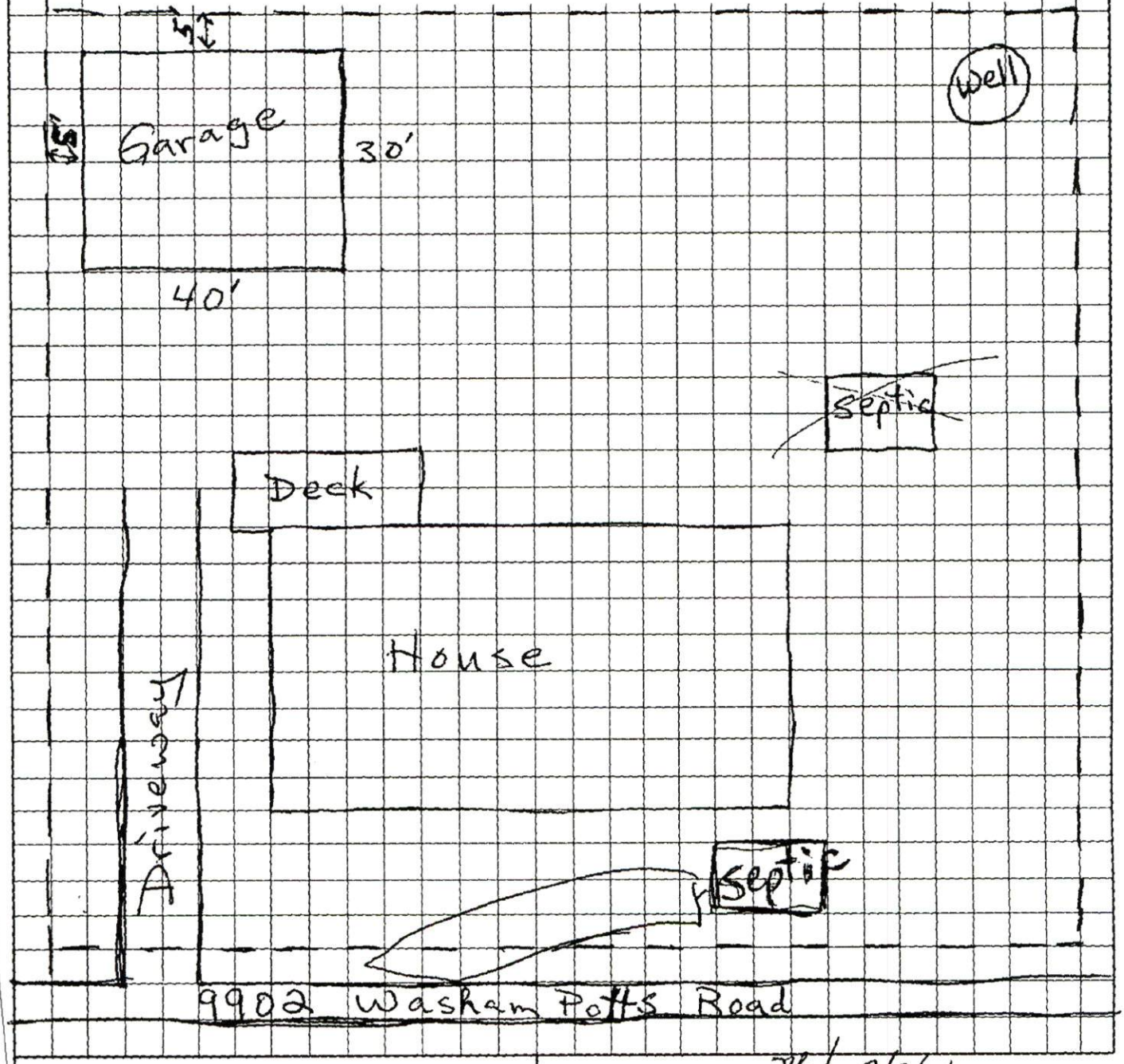
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4530B

TC: 105-091-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Mike Summers
OWNER/AGENT SIGNATURE

DATE 1/29/01

APPROVAL DATE PSW 2/9/01

White - Health Department's Copy

Canary - E.H.S. Copy

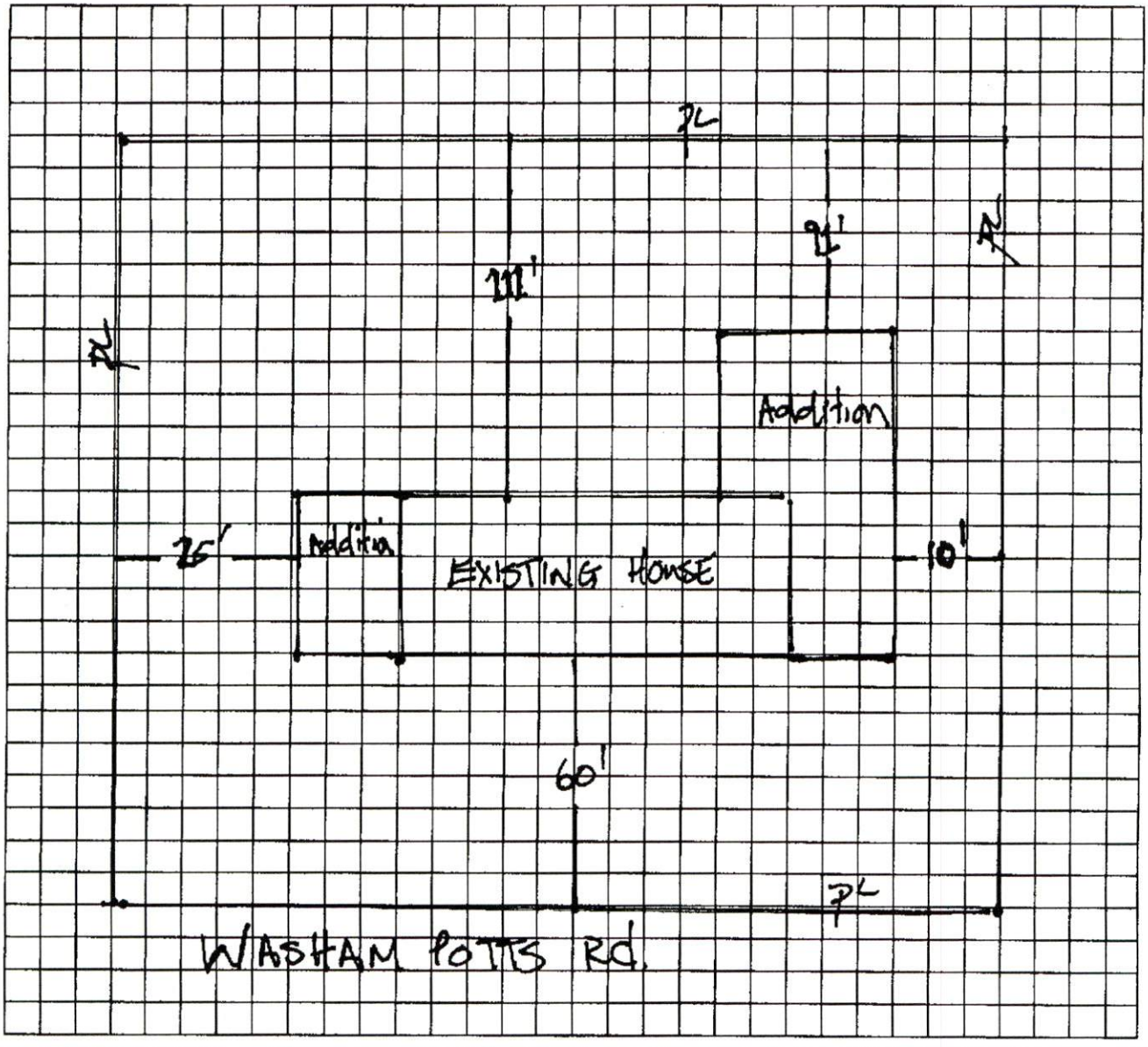
Pink - Owner's Copy

File #: H530B

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: 9902 Washam Potts rd Tax Parcel #: 005-091-12



*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

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

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

9902 Washam Potts, Cornelius
Number Street Town
(Or Parcel Number)

Jonathan Bassett
Property Owner (print name)

Jr Bassett
Property Owner (signature)

Date

This property is on city water.

Ortiz-Noga, Manuela

From: Jennie West <jennie@pelicanpoolsanddesign.com>
Sent: Friday, March 22, 2024 8:21 AM
To: Ortiz-Noga, Manuela
Subject: RE: [External]9902 Washam Potts Rd
Attachments: 9902 Washam Potts-well, septic-Meck Co.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Manuela.

Thank you so much for all of your help yesterday.
Please find attached the form in which you sent to me for this permit.
There are no additions to the home, only expansion of both the bedroom and the den. I trust that I filled out the correct boxes but if not, please let me know.
Thank you so much and I hope that you have a wonderful weekend.

Jennie West
Director of Operations
704-661-3261

Pelicanpoolsanddesign.com

18637 Northline Dr., Ste C
Cornelius, NC 28031

From: Ortiz-Noga, Manuela <Manuela.Ortiz@mecklenburgcountync.gov>
Sent: Thursday, March 21, 2024 4:32 PM
To: Jennie West <jennie@pelicanpoolsanddesign.com>
Subject: RE: [External]9902 Washam Potts Rd

Hello Jennie,

Please see attached Use Existing System application. Once completed please send back to me to process.

Cordially,

Manuela Ortiz Noga
Senior Bilingual Administrative Support Assistant
Public Health | Environmental Health
Mecklenburg County Government
980-314-1620 | MeckNC.Gov

Mecklenburg County Confidentiality Statement

From: Jennie West <jennie@pelicanpoolsanddesign.com>
Sent: Thursday, March 21, 2024 4:21 PM
To: WellReg <WellReg@mecklenburgcountync.gov>
Subject: [External]9902 Washam Potts Rd

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon.

Please find the two documents attached that were sent to me from Mecklenburg County.
Once sent, I will pay the $100 fee over the phone.
Thank you and have a great day.

Jennie West
Director of Operations
704-661-3261

Pelicanpoolsanddesign.com

18637 Northline Dr., Ste C
Cornelius, NC 28031

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

_____ Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
9902 Washam Potts rd, Cornelius, NC, 28031

I, Jonathan Paul Basnett,

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

J. Basnett _____

(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 21 day of March, 2024

Paige H Spray

Signature of Notary Public

Paige H Spray

Printed Name of Notary Public

My Commission Expires: 11-06-2027 (Notary Stamp or Seal)

PAIGE H SPRAY NOTARY PUBLIC MECKLENBURG COUNTY, NC My Comm. Exp. 11/06/2027