Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☑ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 3/7/16 CE Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

4950

4 MAR '16 PM12:29

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL # 8077

APPLICATION TYPE: (X) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(X) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Donald KNAPP
ADDRESS: 2527 Shelburne Pl
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-545-5629
ALTERNATE PHONE: 706-836-8012
E-MAIL: Don@Dknapp.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19505503
STREET ADDRESS: 2527 Shelburne Pl
CITY: Mint Hill
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
(X) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(X) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 6

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
[X] 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.

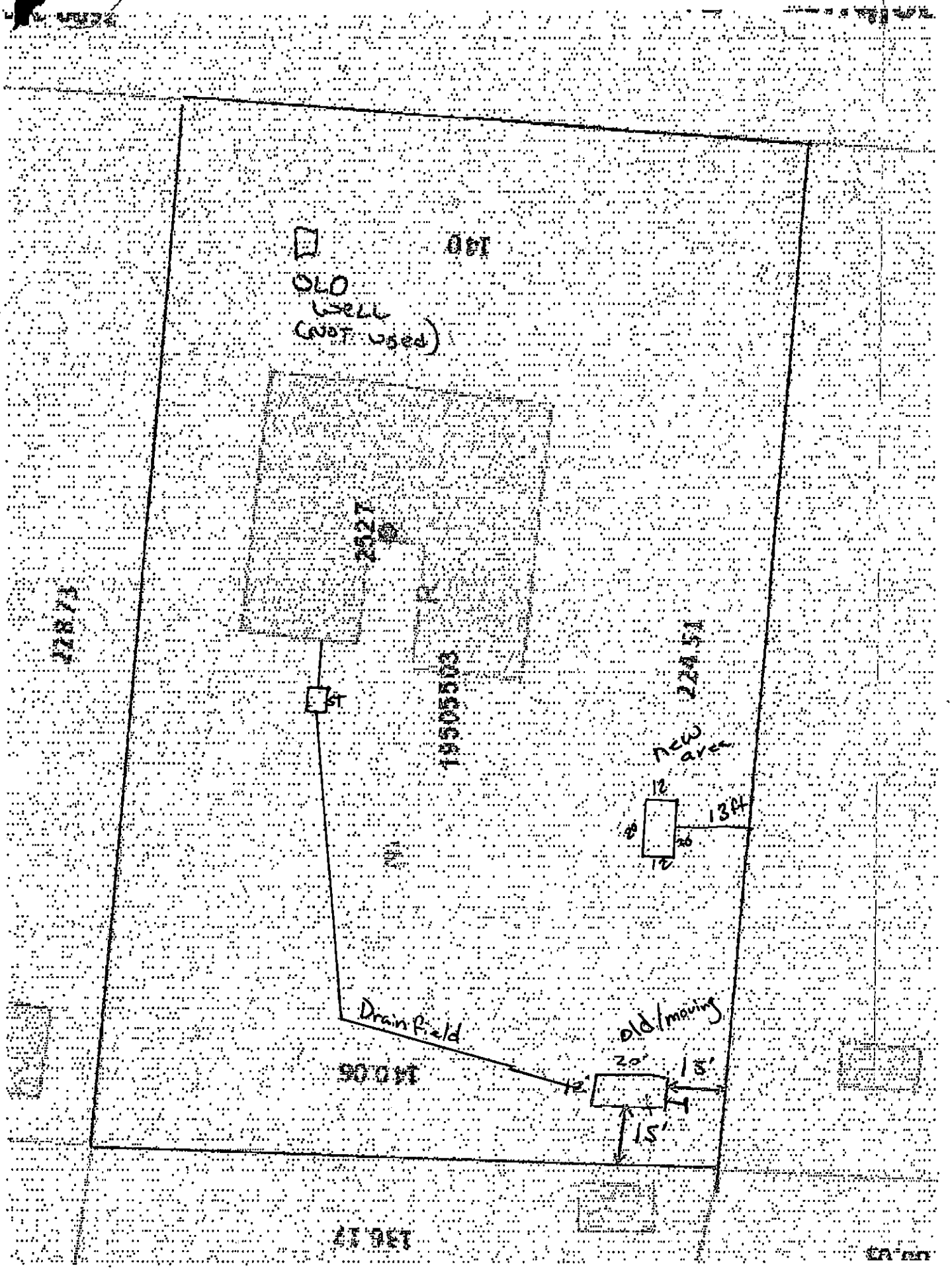
Owner's/Agent's Signature 3/4/16 Date

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

Bya Darpat 3/9/16 will be moving shed away from drainfield

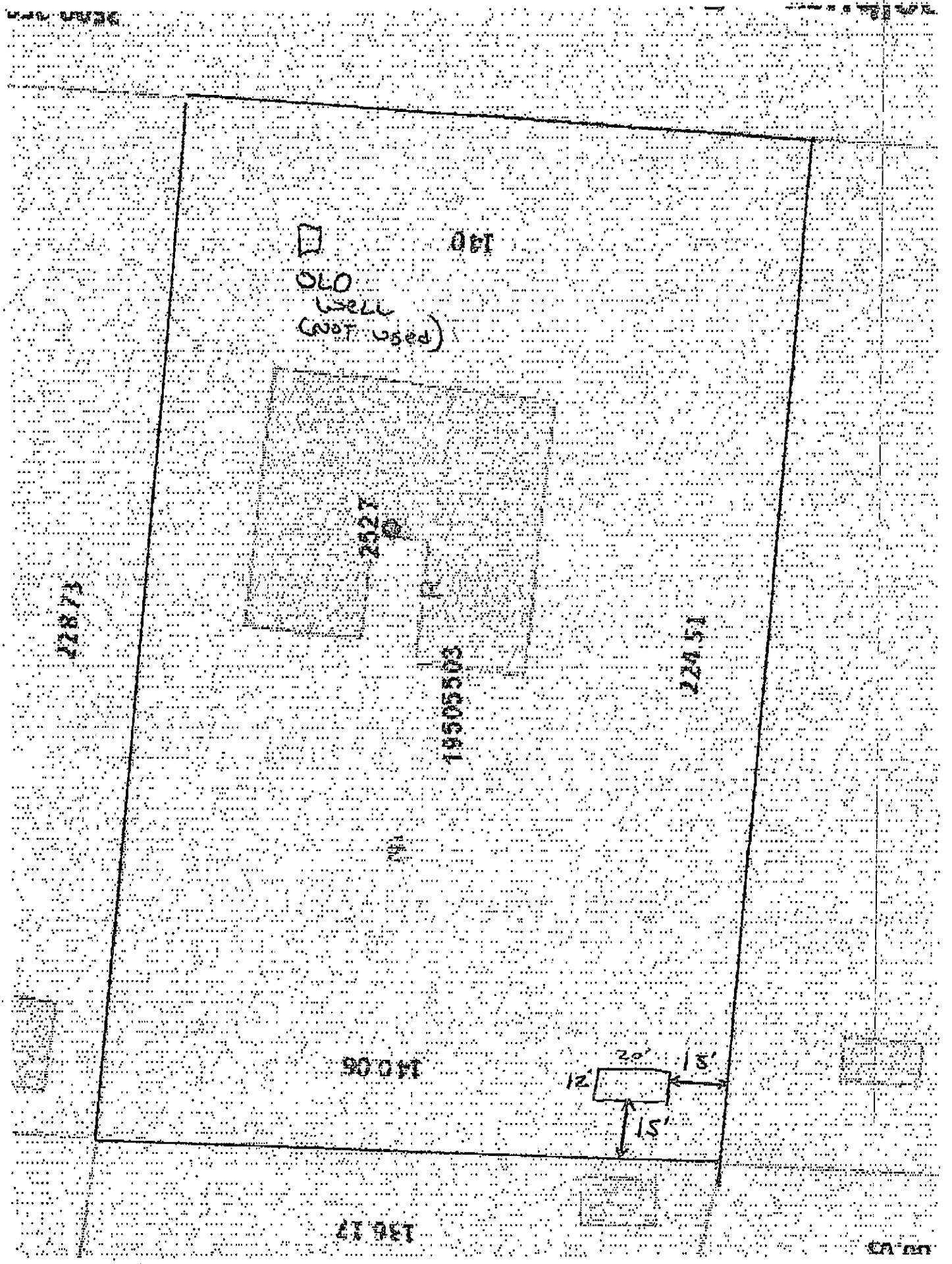

OLD
well
(not used)
new area
13ft
Drain Field
old/moving
20'
15'
15'

BD 3/9/16

going to move shed

- 3/[illegible]/16 septic drainfield is over his current spot

- will submit new plans


OLD
WELL
(NOT USED)
2426 sq ft
1,505,503
224.51
228.73
140.06
20'
15'
12'
15'

Fax

To : Groundwater & Wastewater **Date :** 2016-03-04

Fax : 17043366894 **Subject :** Donald Knapp application

From : Donald & Elizabeth Knapp **Email :** don@dknapp.com

Phone : 704-545-5629 **Pages :** 3

☐ **Urgent** ☐ **Please Reply** ☐ **For Review** ☐ **Please Recycle** ☐ **Please Comment**

Comments :

Application.

2527 Shelburne Pl
Mint Hill, NC 28227

POWERED BY iFAX
cnetdotnet.com/ifax

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
DONALD KNAPP

Bill To:

DONALD KNAPP
2527 SHULBURNE RD

Charlotte, NC 28227

Single Payment

Transaction Date: 03/07/2016 7:43 AM Pacific Time
Pay Method: VISA **********0089
Approval #: 007138
Trace Number: adcefb56-57a3-4eb1-842e-7dbfe4786382
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/07/16
Receipt #: 99311
Check / Auth #: VISA 007138
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KNAPP,DONALD
Attn:
Address: 2527 SHELBURNE PL
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 2527 SHELBURNE PL		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
730.00	130.00				