#11613

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

OK to Release Hold

(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 AP 09.27.20 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 ☐ _____

#11615

23 SEP '20 PM 4:23

MECKLENBURG COUNTY
HEALTH DEPARTMENT 0552A

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: KENT COUCH
ADDRESS: 155 LYNN COVE LN
CITY: MOORESVILLE
STATE: NC ZIP: 28117
PHONE: 704 340 5960
ALTERNATE PHONE:
E-MAIL: COUCHKENT@GMAIL.COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: MARCUS HOY
ADDRESS: 20821 LAGOONA DR.
CITY: CORNELIUS
STATE: NC ZIP: 28031
PHONE: 704 502 8701
ALTERNATE PHONE:
E-MAIL: MARCUS.HOY@SYMETRA.COM

JOB LOCATION INFORMATION
TAX PARCEL #: 00170118
STREET ADDRESS: 20821 LAGOONA DR
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: 3
NUMBER OF OCCUPANTS: 4

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 ADDING SPACE TO RELOCATE AN EXISTING BEDROOM. NO INCREASE IN # BEDROOMS OR BATHROOMS

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

9/23/20
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

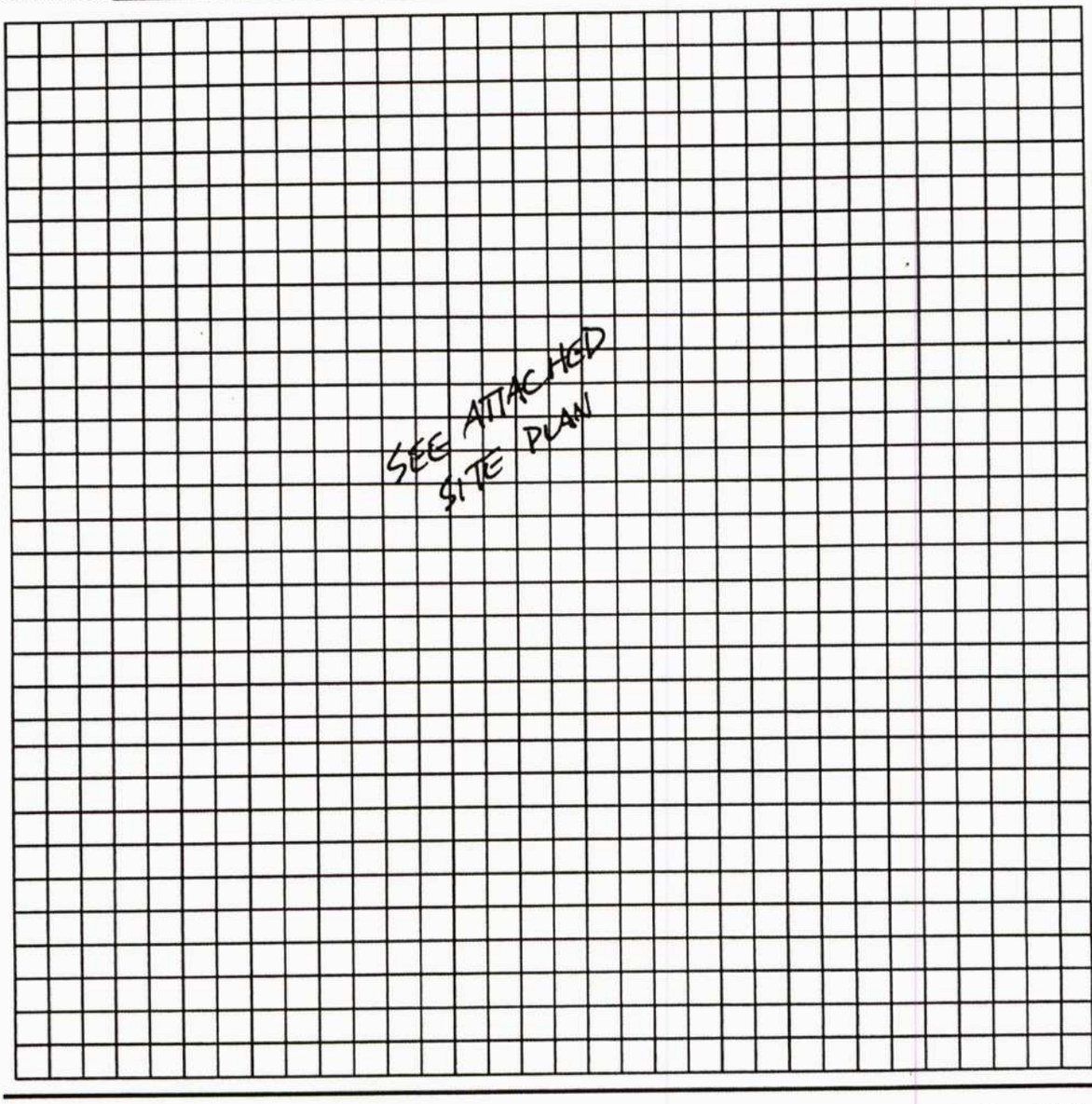
Revised on: 01/03/11

File #: _____

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: 20821 LAGOONA DR Tax Parcel #: 00170118 00111617



*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:

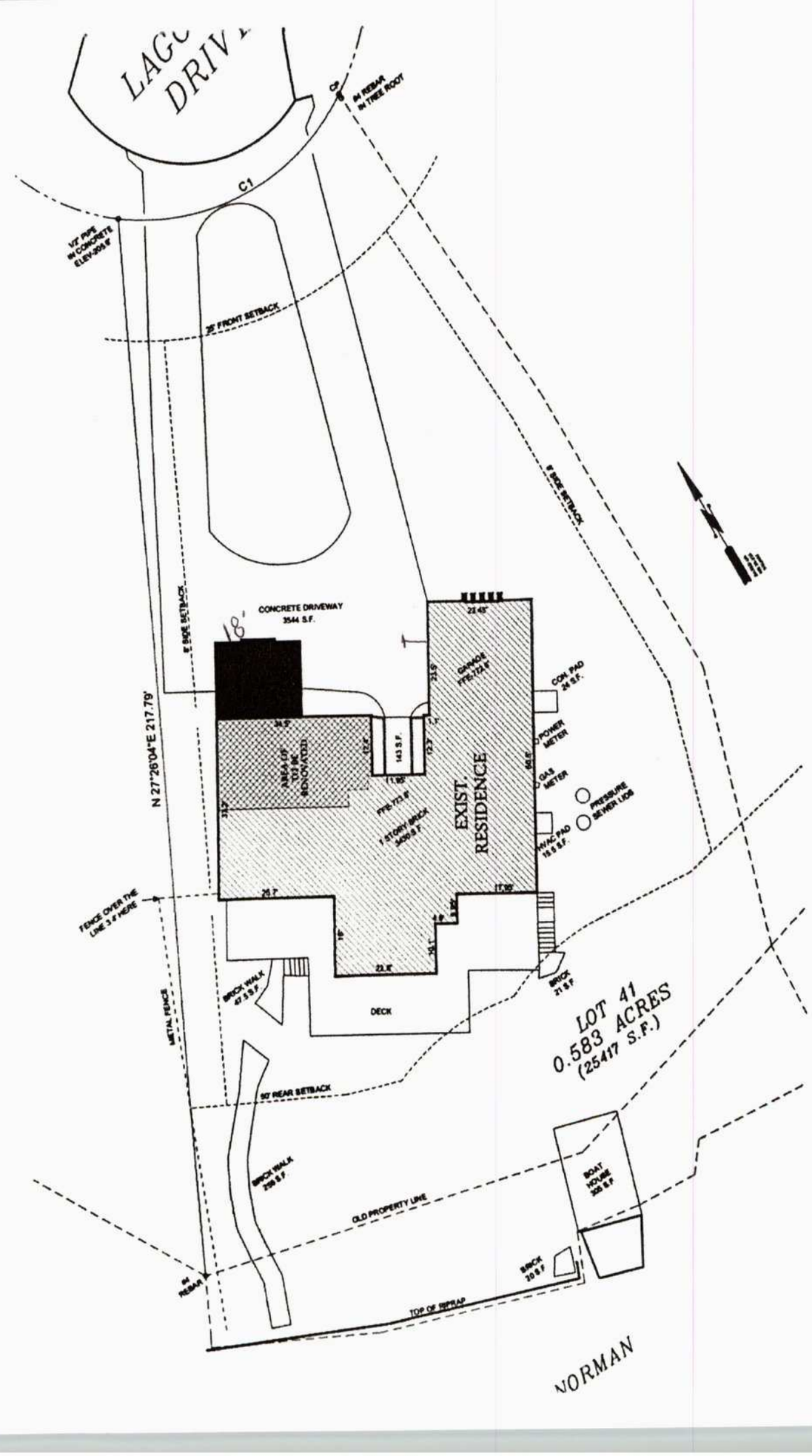
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

5/20/21- Well abandoned - addition
Approved - no bedroom change

REHS Signature 5-20-21 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


LAGO
DRIV
C1
1/2" PIPE IN CONCRETE ELEV=358.6'
IR REBAR IN TREE ROOT
25' FRONT SETBACK
8' SIDE SETBACK
8' SIDE SETBACK
CONCRETE DRIVEWAY 3544 S.F.
18'
N 27°26'04"E 217.79'
AREA OF FOUNDATION TO BE RENOVATED
143 S.F.
FFE=772.8'
1 STORY BRICK 3,003.9 S.F.
EXIST. RESIDENCE
GARAGE FFE=772.8'
CON PAD 24 S.F.
POWER METER
GAS METER
PRESSURE SEWER LIDS
HVAC PAD 15.6 S.F.
FENCE OVER THE LINE 3.4' HERE
METAL FENCE
BRICK WALK 47.5 S.F.
DECK
BRICK 21 S.F.
LOT 41
0.583 ACRES
(25417 S.F.)
50' REAR SETBACK
BRICK WALK 238 S.F.
BOAT HOUSE 305 S.F.
OLD PROPERTY LINE
IR REBAR
BRICK 20 S.F.
TOP OF RIPRAP
NORMAN

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/23/20
Receipt #: 124014
Check / Auth #: MC 74454Z
Received By: CABANLA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: COUCH, KENT
Attn:
Address: 155 LYNN COVE LN
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 20821 LAGOONA DR		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: KENT COUCH

Bill To:

KENT COUCH

Single Payment

Transaction Date: 09/23/2020 1:16 PM Pacific Time
Pay Method: **********8810
Approval #: 74454Z
Trace Number: ca128096-9dd5-4955-8568-b21c5dace123
Amount: $100.00

Payment Amount: $100.00

Total: **$100.00**

Thank you for your payment.