SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 8796B

Assigned Inspector: Brian Davenport

☐ 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: MR/4/20/23 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:

8796B / 13788

20 APR '23 PM 3:23

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: MARQUES SOUZA
ADDRESS: 13940 IDLEWILD RD
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704-201-2619
ALTERNATE PHONE:
E-MAIL: MSOU2018@GMAIL.COM

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

JOB LOCATION INFORMATION
TAX PARCEL #: 21526122
STREET ADDRESS: 13940 IDLEWILD RD
CITY: MATTHEWS
STATE: NC **ZIP:** 28105

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

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

4/20/2023
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

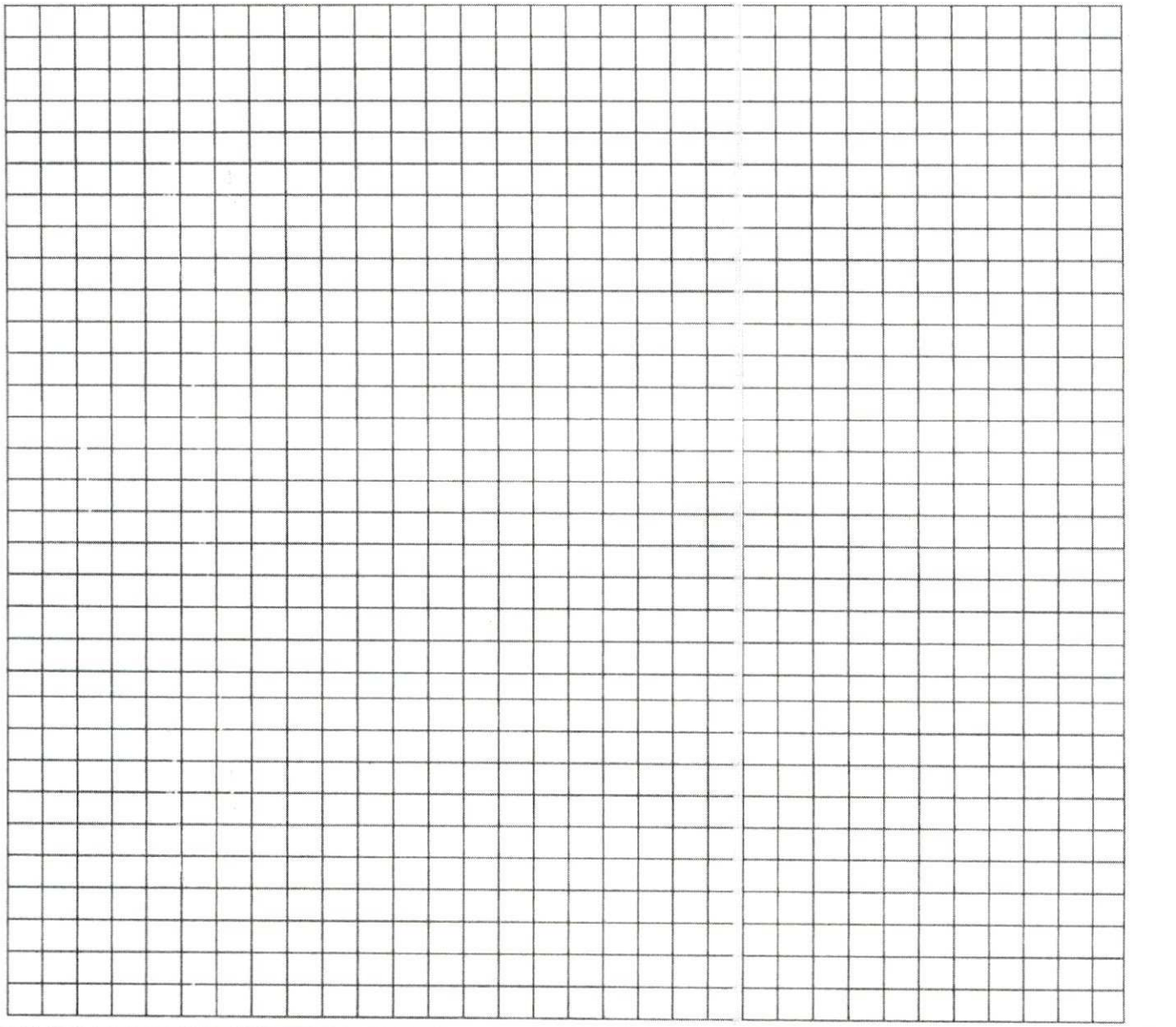
Revised on: 01/03/11

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: 13940 IDLEWILD RD MATTHEWS NC 281(Tax Parcel #: 21526122



*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:

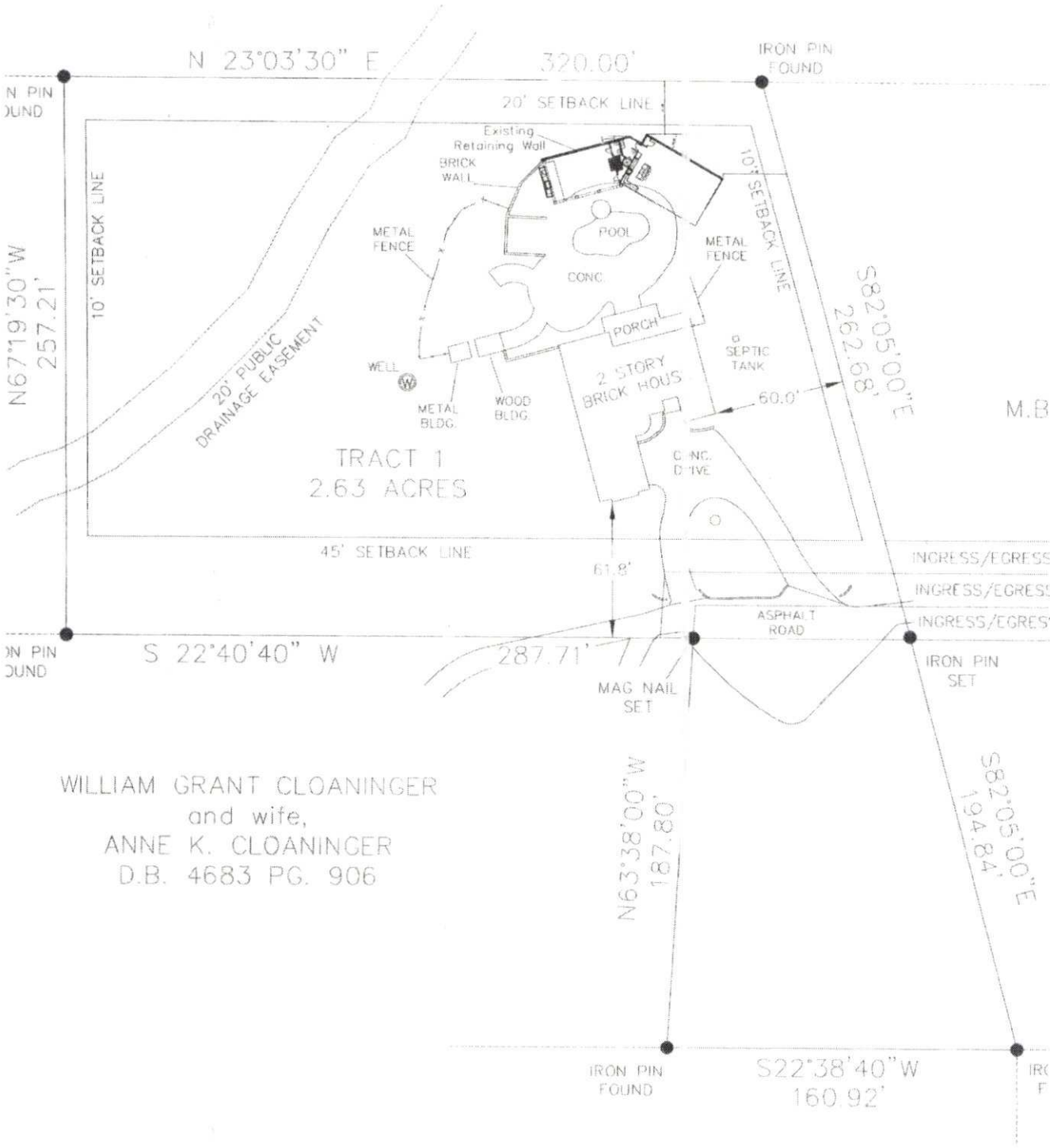
- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months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

Customer meets required set backs

Bryan Dayput 4/27/23
REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6814

Revised on: 01/03/11


N 23°03'30" E
320.00'
IRON PIN FOUND
20' SETBACK LINE
Existing Retaining Wall
BRICK WALL
10' SETBACK LINE
METAL FENCE
POOL
CONC.
METAL FENCE
PORCH
SEPTIC TANK
WELL
2 STORY BRICK HOUS
METAL BLDG.
WOOD BLDG.
60.0'
N67°19'30"W
257.21'
10' SETBACK LINE
20' PUBLIC DRAINAGE EASEMENT
TRACT 1
2.63 ACRES
S82°05'00"E
262.68'
M.B
CONC. DRIVE
45' SETBACK LINE
61.8'
INGRESS/EGRESS
INGRESS/EGRESS
INGRESS/EGRESS
ASPHALT ROAD
IRON PIN FOUND
S 22°40'40" W
287.71'
MAG NAIL SET
IRON PIN SET
WILLIAM GRANT CLOANINGER
and wife,
ANNE K. CLOANINGER
D.B. 4683 PG. 906
N63°38'00"W
187.80'
S82°05'00"E
194.84'
IRON PIN FOUND
S22°38'40"W
160.92'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/20/23	**Amount:**	100.00
Receipt #:	142178	**Tendered:**	100.00
Check / Auth #:	MC 61413Z	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: SOUZA MARQUES
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 13940 IDLEWILD RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
305.00					
