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#10950

9 JAN '20 AM 9:12

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
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
(•) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jim Beaty Rentals LLC
ADDRESS: 4229 Overlook Cove Rd
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 7046229628
ALTERNATE PHONE:
E-MAIL: jbeaty001@aol.com

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME: Jim Beaty Rentals LLC
ADDRESS: 4229 Overlook Cover rd
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 7046229628
ALTERNATE PHONE:
E-MAIL: jbeaty001@aol.com

JOB LOCATION INFORMATION
TAX PARCEL #: 01727609
STREET ADDRESS: 9127 Lacrosse Dr
CITY: Huntersville
STATE: NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
Wildwood Green
LOT #:

WATER SUPPLY:
( ) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL (•) OTHER Will be connect to city wate

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: New

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 Pulling in new home.

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [■] OTHER Pulling in new home. Already che

*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.

Jim Beaty — Owner's/Agent's Signature
01/09/2020 — Date

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

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

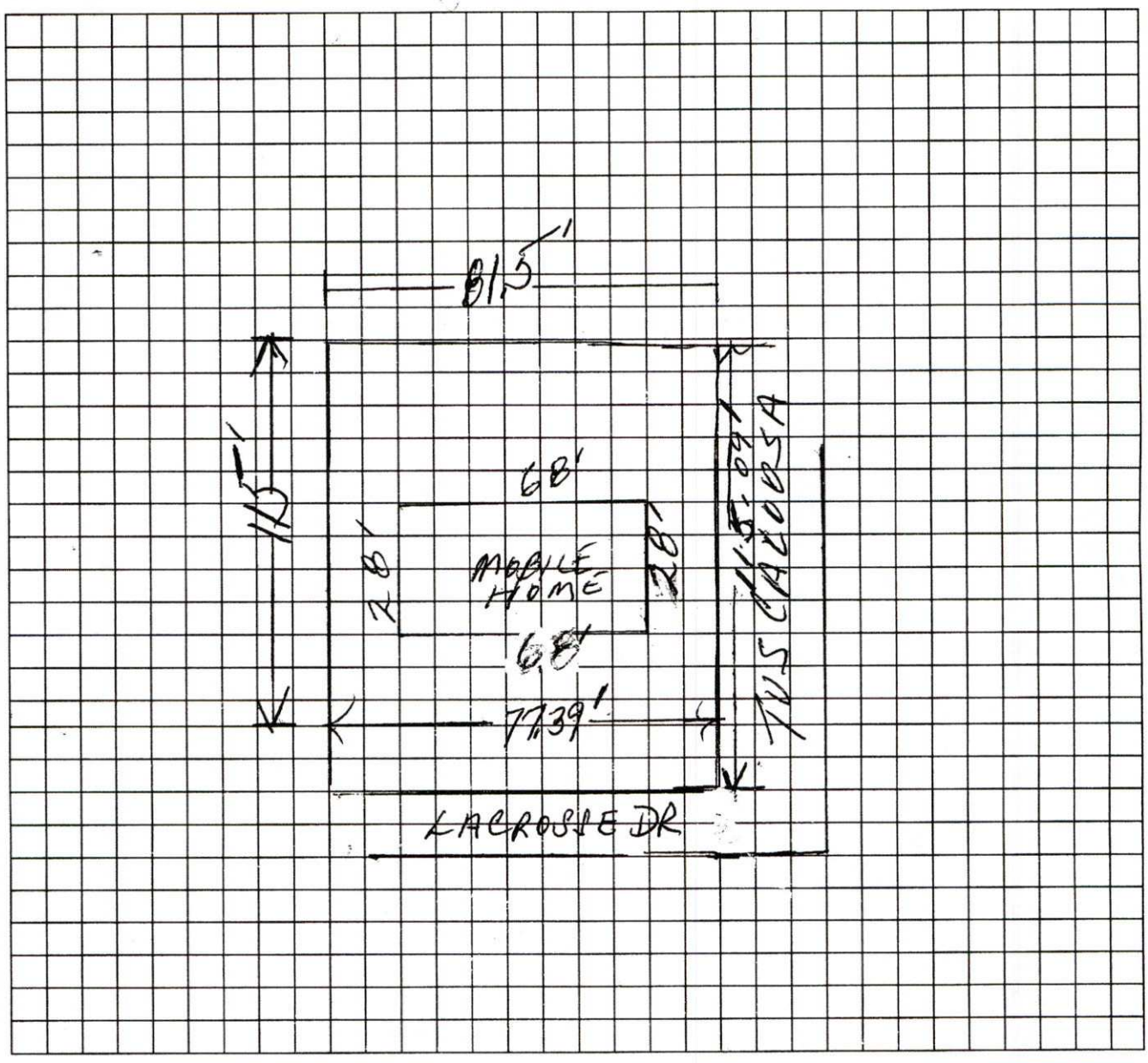
Revised on: 03/27/19

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: 9127 Lacrosse Dr Huntersville NC 28078 Tax Parcel #: 017241114



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

OK to USE Existing System for a new 3 Bedroom Mobile Home

REHS Signature _____ Date 1/10/20

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/09/20	**Amount:**	100.00
Receipt #:	120064	**Tendered:**	100.00
Check / Auth #:	CHECK 4021	**Returned:**	0.00
Received By:	CABANLA		

Account Information

Account #:	200000
Contractor:	BEATY, JIM
Attn:	
Address:	4229 OVERLOOK COVE RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9127 LACROSSE DR		1	100.00	100.00

----------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) _____ 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 AP 01.09.2020 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 ☐ _____

Ok to release hold for a new 3 Bedroom Mobile Home Exchange