# 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 _____ 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 ☒ 12/11/19 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. ☐ _____

Ok to Uts For A 2 Bedroom Mobile Home Exchange 12/13/19

MECKLENBURG COUNTY
HEALTH DEPARTMENT

96396 #10495B #10877

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

25 NOV '19 AM11:39

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

**PERSON FILING APPLICATION:**
NAME: Ivan Elias
ADDRESS: 9922 Psalms St.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-426-7532
ALTERNATE PHONE:
E-MAIL: Yardworkinc@yahoo.com

**PROPERTY OWNER:** SAME AS PERSON FI
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

**JOB LOCATION INFORMATION** 017214517
TAX PARCEL #:
STREET ADDRESS: 12011 Hillcrest lane
CITY: Huntersville
STATE: NC ZIP: 28078

**SUBDIVISION OR MOBILE HOME PARK NAME:**
LOT #: 126

**WATER SUPPLY:** MUNICIPAL | PRIVATE WELL | PUBLIC WELL | SHARED WELL | OTHER

**RESIDENTIAL PROPERTY TYPE:** N/A
UNDER | MODULAR HOME | SINGLE MOBILE HOME | MULTIPLE FAMILY | DOUBLE WIDE
OTHER

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

**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

11/25/19
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

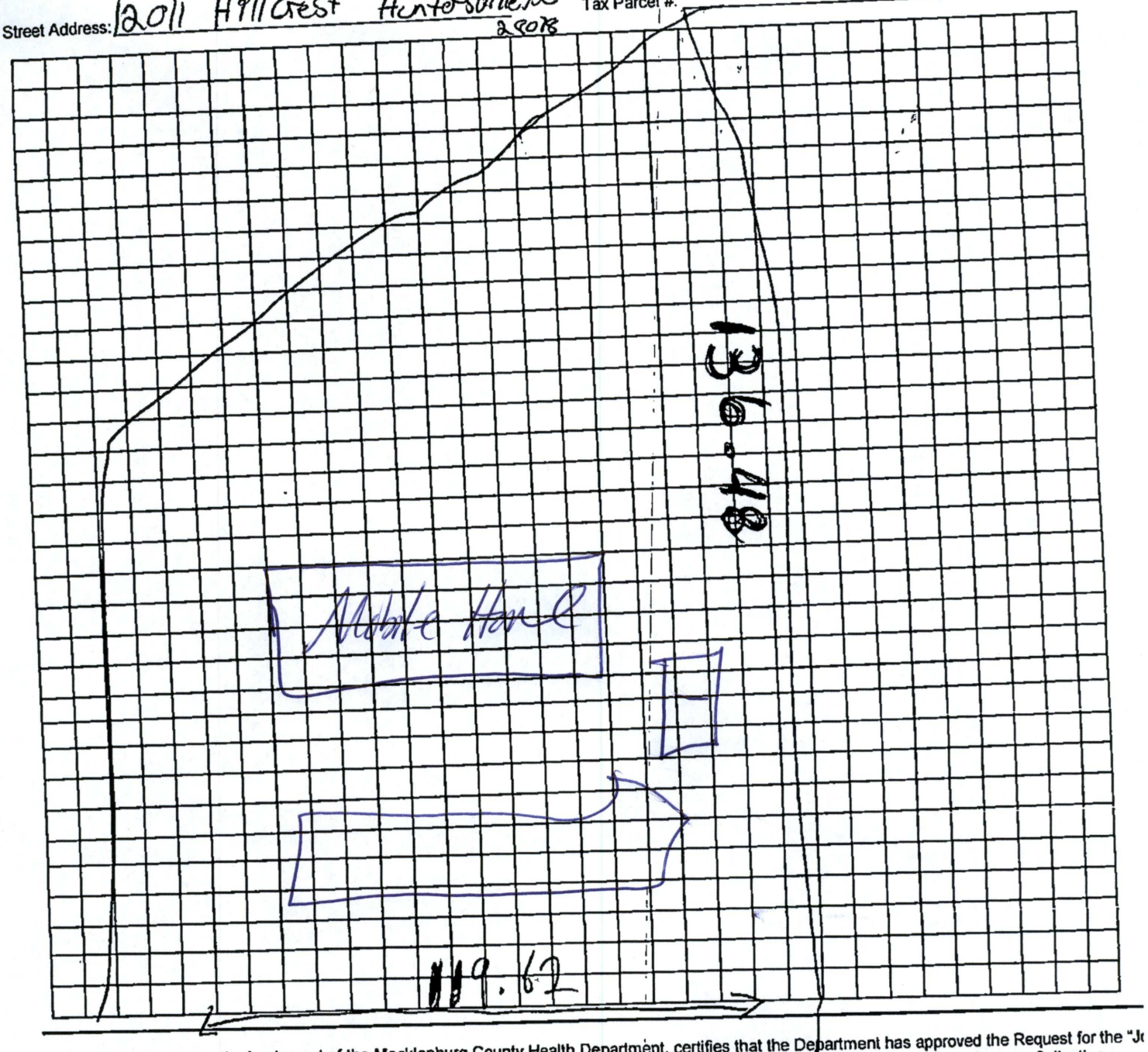
Revised on: 03/27/1

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: 12011 Hillcrest Huntersville NC 28078 Tax Parcel #: _____




*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Jo 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

UCS Denied. WO septic system on the property

REHS Signature _____ Date 11/27/19



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

Revised on: 03/2

OK to UCS FOR A 2 Bedroom Mobile Home Exchange

Jimmy Mundy, REHS 12/11/19

# Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 1/4/2017 9:40:44 AM




SEPTIC SYSTEM LOCATION 12/11/19

This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

## Receipt Information

**Date:** 11/25/19
**Receipt #:** 119541
**Check / Auth #:** CHECK 202
**Received By:** ELLISLW

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

## Account Information

**Account #:** 200000
**Contractor:** ELIAS, IVAN
**Attn:**
**Address:** 9922 PSALMS ST
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>12011 HILLCREST LANE | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 145.00 | | | | | |