20681
#11857

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: Travis Swain
ADDRESS: 3945 Brinton Place
CITY: Charlotte
STATE: NC ZIP: 28226
PHONE: 7046186718
ALTERNATE PHONE: 704-770-6073
E-MAIL: Travis@wissdesignbuild.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Magda Caplan
ADDRESS: 801 Amanda Dr.
CITY: Matthews
STATE: NC ZIP: 28104
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 23111124
STREET ADDRESS: 801 Amanda Dr.
CITY: Matthews
STATE: NC ZIP: 28104

SUBDIVISION OR MOBILE HOME PARK NAME:
Providence Estates East
LOT #: L7

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: 4
NUMBER OF OCCUPANTS: 3

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

1. 11. 2021
Date

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

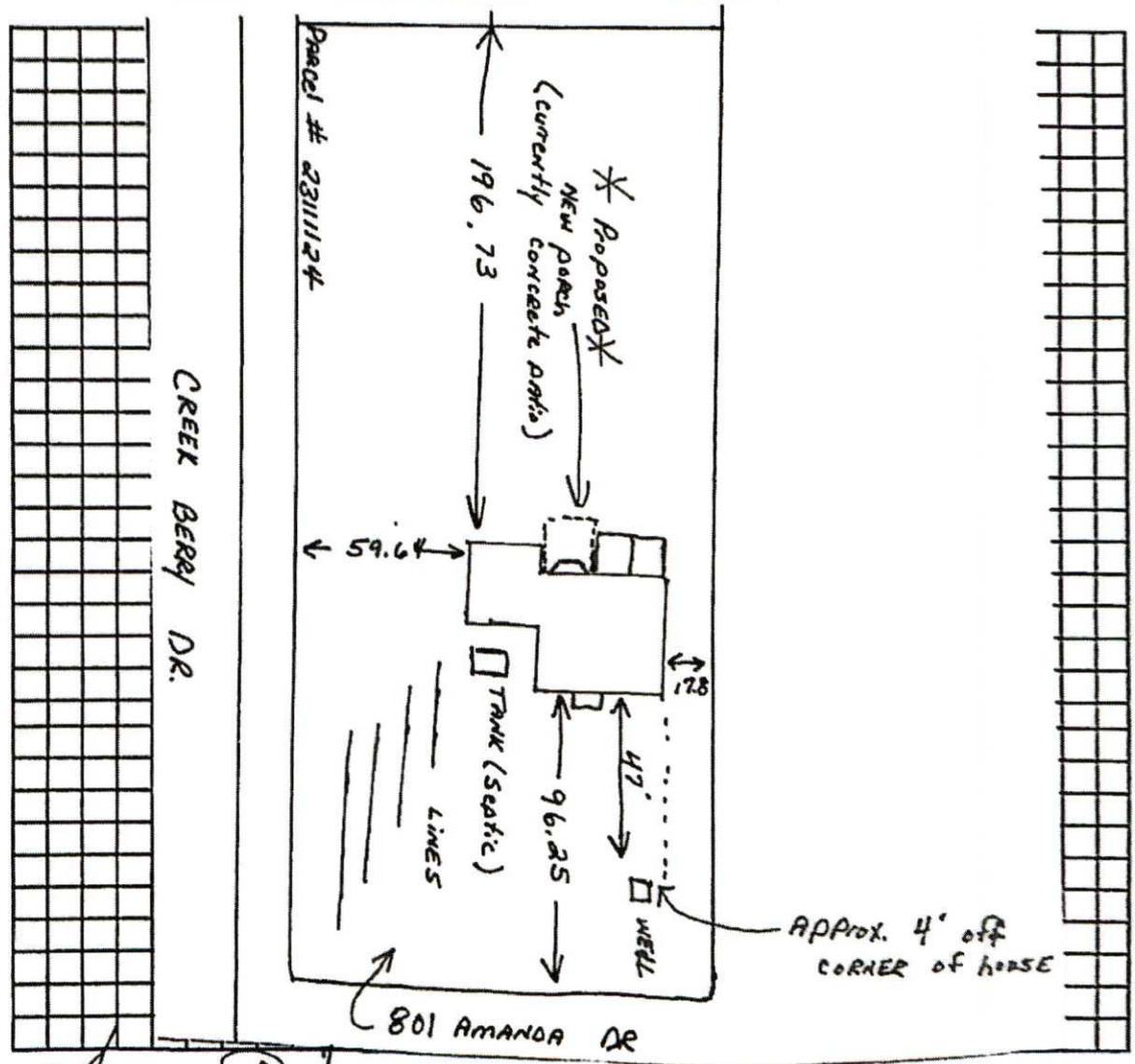
File #: _____

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: 801 AMANDA DR Tax Parcel #: 23111124

Subdivision Name: Providence Estates East Lot #: 47



Property Owner's or Owner's Legal Representative Signature

1·8·2021
Date

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

Gibbie Harris, MSPH, DSN
Director

MECKLENBURG COUNTY
Health Department

(980) 314-2020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that SHANNEN BUTLER is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 801 Amanda Drive, Matthews.
   Number Street Town
   (Or Parcel Number)

Maggie Harding
Property Owner (print name)

Property Owner Signature

January 8, 2021
Date

Payment Receipt

Mecklenburg County

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

Enter Account # or Customer Name Here: TRAVIS SWAIM

Bill To:

SWAIM TRAVIS

Single Payment

Transaction Date: 01/11/2021 1:42 PM Pacific Time
Pay Method: VISA **********9289
Approval #: 24465G
Trace Number: 8547cb83-debe-4b8e-a205-4ef64de2def3
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: 01/11/21
Receipt #: 125463
Check / Auth #: VISA
Received By: YORKZ

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: TRAVS SWAIN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 801 AMANDA DR		1	100.00	100.00

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

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