MECKLENBURG COUNTY
HEALTH DEPARTMENT

37908 #12289

# 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: Sandra Montoya
ADDRESS: 1900 Clearwood Ln
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-993-1206
ALTERNATE PHONE:
E-MAIL: Sandra795LP@hotmail.com

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: Sandra Montoya
ADDRESS: 1900 Clearwood Ln
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-993-1206
ALTERNATE PHONE:
E-MAIL: Sandra795LP@hotmail.com

**JOB LOCATION INFORMATION**
TAX PARCEL #: 05318404
STREET ADDRESS: 1900 Clearwood Ln
CITY: Charlotte
STATE: NC ZIP: 28214

**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: 4
NUMBER OF OCCUPANTS: 5

**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 Building New house

**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.

Sandra Montoya — Owner's/Agent's Signature
06-24-21 — 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

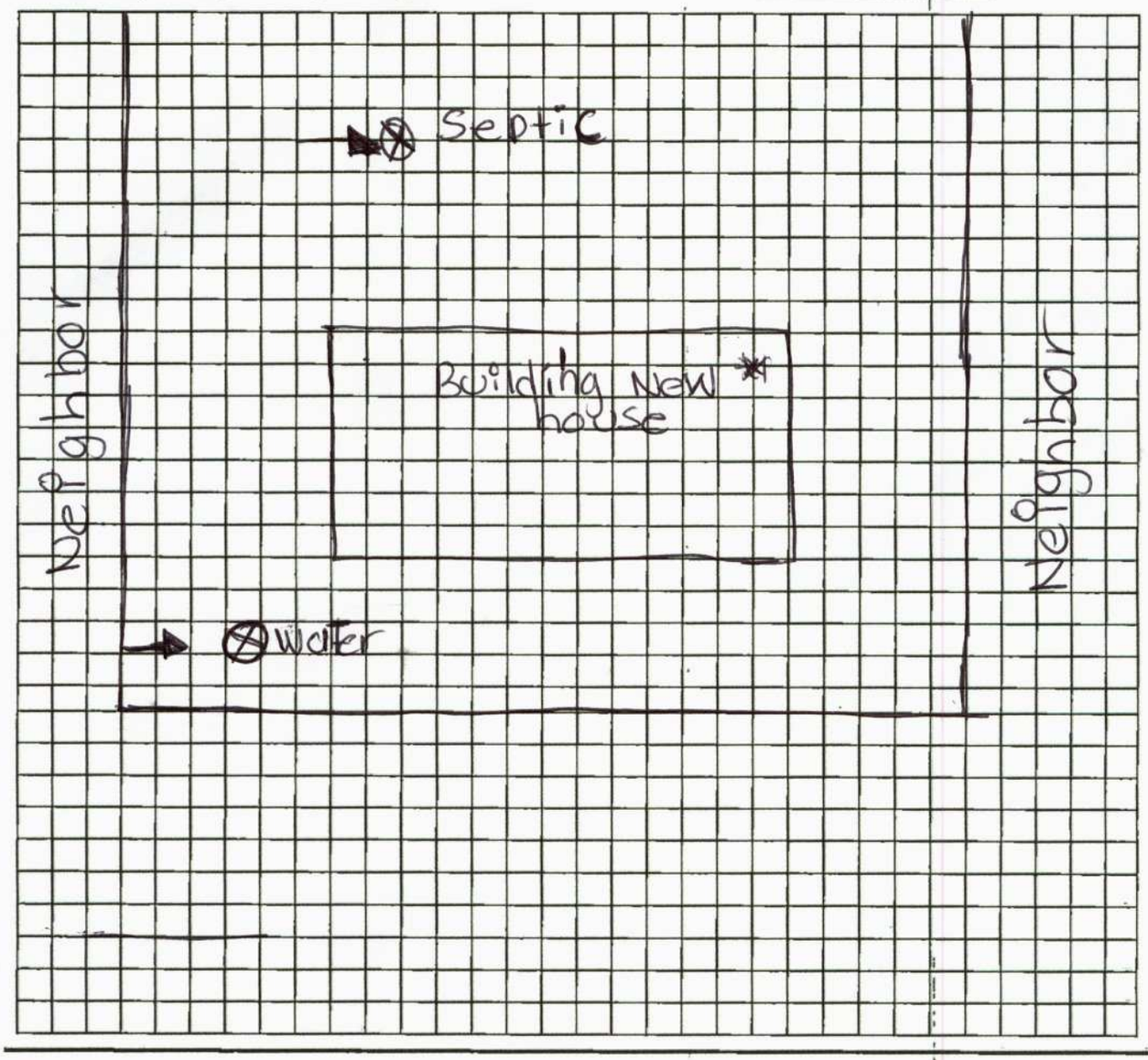
Revised on: 03/27/19

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: 1900 Clearwood Ln Tax Parcel #: 05318404




*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

Meets Set backs Approved

REHS Signature

7/1/21
Date



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Revised on: 03/27/19

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/25/21 | **Amount:** | 100.00 |
| **Receipt #:** | 129415 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 689520 | **Returned:** | 0.00 |
| **Received By:** | ELLISLW | | |

**Account Information**

**Account #:** 200000
**Contractor:** MONTOYA, SANDRA
**Attn:**
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>1900 CLEARWOOD LN | | 1 | 100.00 | 100.00 |

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

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