SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 4726 A

Assigned Inspector: Jacob P.

Refunded

☑ IP $250.00: 7/20/23 JH 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: _____ 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:

4726A #14019

MECKLENBURG COUNTY
HEALTH DEPARTMENT

20 JUL '23 PM 4:47

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** N/A NEW SYSTEM ALTERATION REPAIR MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** N/A NEW WELL MAJOR REPAIR ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 139-274-34

STREET ADDRESS: 10310 BECKLEY PL

CITY: CHARLOTTE

STATE: NC ZIP: 28227-7612

SUBDIVISION NAME: HILLANDALE ACRES

LOT #: 44 LOT SIZE (acres): 5/8

TOWNSHIP:

MECKLENBURG	CORNELIUS	HUNTERSVILLE
DAVIDSON	CHARLOTTE	PINEVILLE
MATTHEWS	MINT HILL	

4. **BUILDING INFORMATION:**

BUILDING TYPE:

SINGLE MOBILE HOME	MODULAR HOME
DOUBLE WIDE	MULTIPLE FAMILY
HOUSE	OTHER EMPTY LOT ONLY

HEATED SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: _____

NUMBER OF OCCUPANTS: _____

FOUNDATION TYPE:

CONCRETE SLAB	BASEMENT WITH PLUMBING
CRAWL SPACE	BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** MUNICIPAL PRIVATE WELL PUBLIC WELL SHARED WELL OTHER _____

7. **PROPOSED USE OF WELL:** N/A IRRIGATION POTABLE (DRINKING WATER) OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

N/A ANY TYPE CONVENTIONAL ACCEPTED INNOVATIVE ALTERNATIVE OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	YES	NO	GRADING/SOIL REMOVAL PERFORMED	YES	NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	YES	NO	JURISDICTIONAL WETLANDS	YES	NO
WELLS, SPRINGS, OR WATER LINES	YES	NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	YES	NO
EASEMENTS OR RIGHT-OF-WAYS	YES	NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	YES	NO
CHEMICAL/PETROLEUM STORAGE TANKS	YES	NO	KNOWN UNDERGROUND CONTAMINATION	YES	NO
WASTE STORAGE	YES	NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	YES	NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ N/A

12. **PROPERTY OWNER:**

NAME: DON NEAL SHERRILL & SPOUSE SARAH SAWYER SHERRILL

ADDRESS: 10314 BECKLEY PLACE

CITY: CHARLOTTE

STATE: NC ZIP: 28227-7612

WORK PHONE: _____

MOBILE PHONE: 704/634-7946

FAX: _____

E-MAIL: donandsarah.sd@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

**Owner's Authorization form is required if legal representative is submitting application*

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

I ONLY NEED A SOIL PERCULATION TEST AS I AM CONTESTING THE LATEST TAX EVALUATION.

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then th ct shall become invalid. I have read this application and certify that the information provided herein is state officials are granted right of entry to conduct necessary inspections to determine compliance am solely responsible for the proper identification and labeling of all property lines and corners ite evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring plete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic sys

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then t s application and certify that the information provided herein is true, complete and correct. Authorize to conduct necessary inspections to determine compliance with applicable laws and rules. I un identification and labeling of all property lines and corners and making the site accessible so that a c it is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for v

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

7/20/2023
Date

OFFICE USE ONLY

SURVEY PLAT TO SCALE SUBMITTED SCALED SITE PLAN SUBMITTED UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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: 10310 BECKLEY PLACE Tax Parcel #: 139-274-34

Subdivision Name: HILLANDALE ACRES Lot #: ~~44~~ 44

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER WATERSTRADT, (LAST) MARY (FIRST) W & LEWIS J.

2) ADDRESS OF OWNER 1332 Greenwood Cliff, Charlotte NC (CITY) ZIP 28204
~~or [redacted] 568-5225~~

3) PHONE NO Home 333-2626 Office 373-6837 or 334-1644

4) LOCATION OF PROPERTY Beckley Place / off Brief Road, Mint Hill, NC (STREET OR COUNTY ROAD)

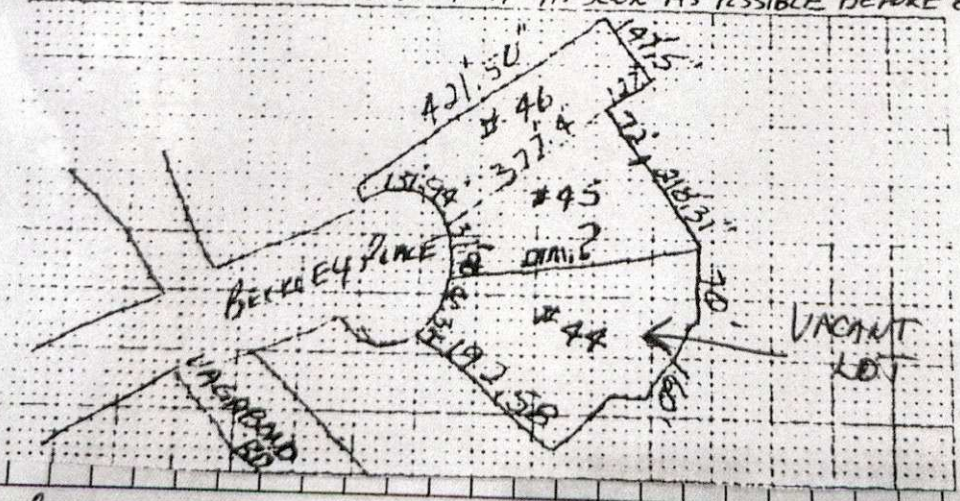
5) SUBDIVISION Hill'n Dale Acres LOT NO 44-45-46 BLOCK NO _____

MAP BOOK NO 14 PAGE NO 497 & 499

6) DEED REFERENCE DEED BOOK 3796 PAGE NO 0992
3617 0030

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of a residential septic tank wastewater treatment system with subsurface soil absorption effluent disposal.

*CLOSING OF SALE CONTINGENT ON THIS PERC TEST BY AUG 20, 1976
WE WOULD APPRECIATE RESULTS OF TEST AS SOON AS POSSIBLE BEFORE 8/20/76



Property Owner's or Owner's Legal Representative Signature

7/20/2023
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/20/23	**Amount:**	250.00
Receipt #:	143607	**Tendered:**	250.00
Check / Auth #:	VISA	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: DON SHERRILL
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10310 BECKLEY PL		1	250.00	250.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		555.00			

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND REQUEST FORM

Please fill out this form and e-mail to EnvHealth@MeckNC.gov, fax to 704-336-6894, or mail to 3205 Freedom Drive, Suite 8000, Charlotte NC 28208.

CONTACT INFORMATION	
NAME	DON NEAL SHERRILL
MAILING ADDRESS	10314 BECKLEY PLACE, CHARLOTTE, N.C. ~~28~~ 28227-7612
PHONE NUMBER	704/634-7946
EMAIL ADDRESS	donandsarah.54@gmail.com
REFUND AMOUNT	$250.00

PLEASE GIVE A DETAILED EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND.

I WANTED A PERC TEST TO CONTEST JUST PROPERTY EVALUATION. WHEN I ORDERED THE TEST I DIDN'T KNOW I HAD TO HAVE HOUSE PLANS AS I don't INTEND TO BUILD ANYTHING ON THIS EMPTY LOT. IT IS HEAVILY WOODED. LYDIA PLACIDE CONTACTED ME LAST WEEK AND INFORMED ME THAT I NEEDED THE HOUSE PLAN MARKED AND LOT CLEARED ENOUGH TO SEE HOUSE FOOTPRINT. I'm 74 AND A 100% DISABLED VIETNAM VETERAL, SHE INFORMED ME I COULD REQUEST A REFUND AS THEY HAVEN'T COME OUT.
THANKS, Don Sherrill

Don Sherrill 7/31/2023
Signature Date

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND AUTHORIZATION FORM

Please refund Don Neal Sherrill for a request received on
Customer Name

8/17/23, for the following reason:
Date of request

[ ] Overpayment

[X] Unable to obtain a permit

[ ] Other *(Please give a detailed explanation)*: _____

Refund the amount listed from the following accounting line:

Department:	HLT
Fund:	0001
Unit:	3620
Revenue Code:	3122
Activity:	60038
Function:	SC4340
Amount:	$ 250.00

Mail refund to: 10314 Beckley Place
Charlotte NC 28227

Employee Processing Request — Date 8/17/23

Managers Approval — Date 8-17-2023

Attachments: *Copy of client request*
Original payment receipt