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 _____Initial/Date

Alteration Fees Paid: $300 Total $200 4/19/22 Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Refunded #300 on 5/4/22

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 ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

3964
#13074

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: 19715413
STREET ADDRESS: 11734 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
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 _____

HEATED SQUARE FOOTAGE: 1374
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 2

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?** 1991 ☐ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Kimberly J Brown
ADDRESS: 11734 Brief Road
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 980-225-6881
FAX: _____
E-MAIL: kimberly.jane.brown@gmail.com

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

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

KJB (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

KJB (Initial here for well applications)

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.

Kimberly J. Brown
Property Owner's or Owner's Legal Representative Signature

4/19/22
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:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

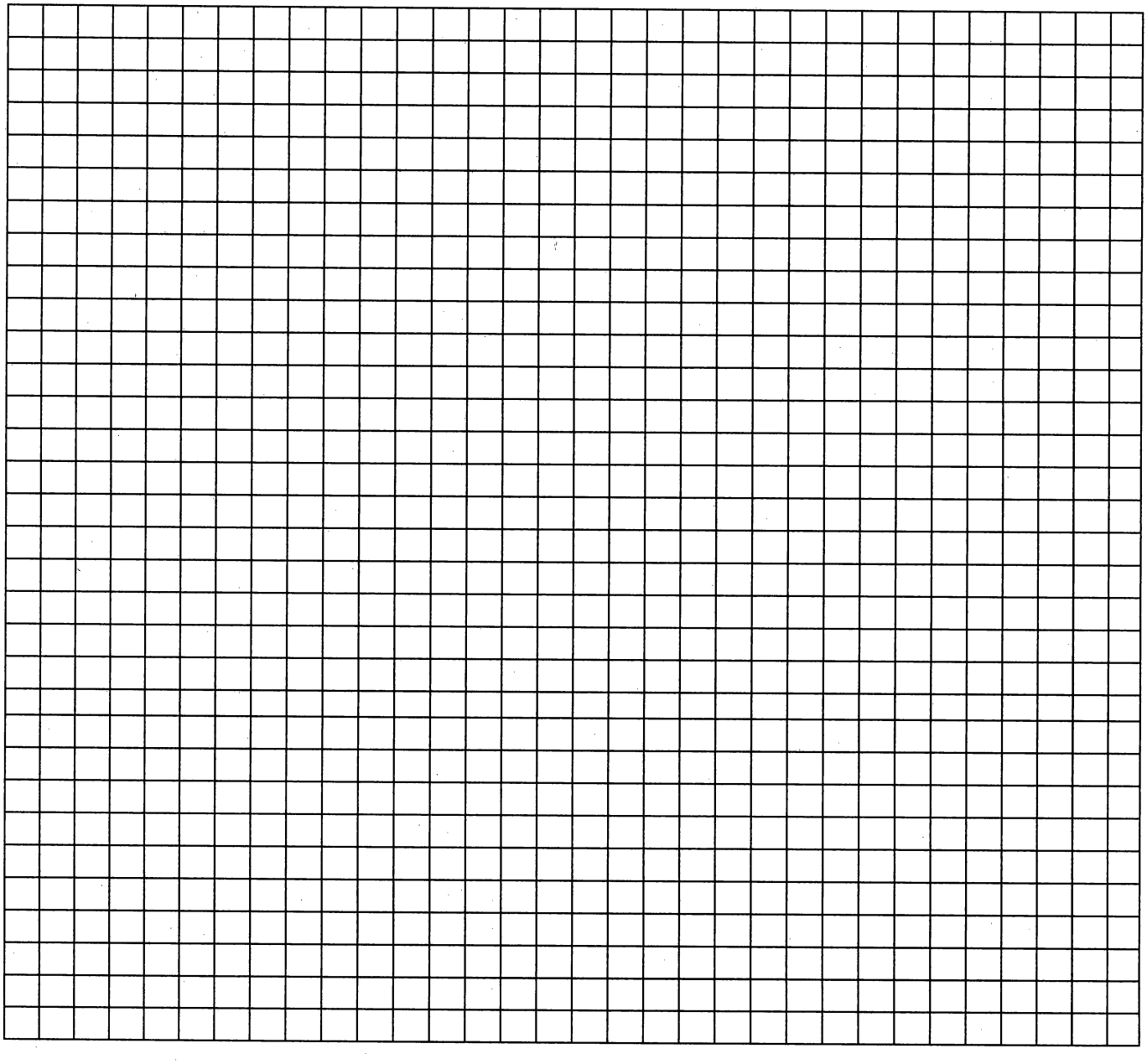
File #: _____

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: 11734 Brief Road, Charlotte NC 28227 Tax Parcel #: 19715413

Subdivision Name: _____ Lot #: _____



Kimberly J. Brown
Property Owner's or Owner's Legal Representative Signature

4/19/22
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3964 DATE: 1/21/92

TC: ☐ L ☒ CRT

SERIAL № 14001

Name of Owner Dick Long Juris.:

Address of Property 11734 Bruce Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 6 @ 65'

Cover Depth 12"

Water Supply Source Public

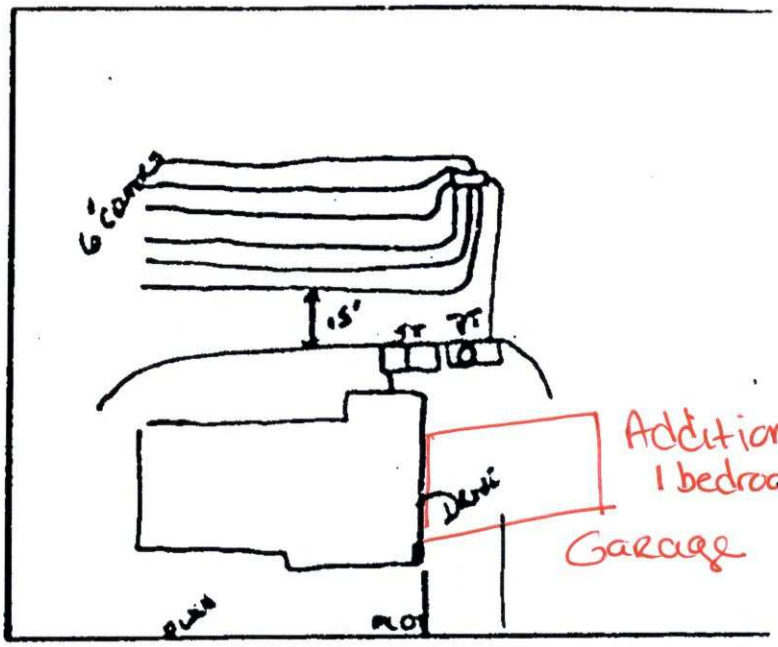
Distance to Water Source >100'

Excavation Inspected 1-2-92

Tank(s) Inspected 1-2-92

Wash Line Inspected -

High Water Alarm Inspected 1-2-92



Design: 1991, 1500 gl ST, 1000 gl TT, 1200 gl TT, 10" SCH 40 PVC CTR# 174

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☒ as detailed in the plat above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatmen And Disposal" in effect on the date of issuance of the permit. The issuance of this
☒ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafte owning, controlling, or using such system from any liability resulting from the failure of the system to operat properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and th provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall b null and void if any information contained in the application is untrue or if any additions are made to the proper which would increase the requirements for said system.

COMMENTS:

Septa Tyer III

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/19/22	**Amount:**	300.00
Receipt #:	135319	**Tendered:**	300.00
Check / Auth #:	VISA 06319C	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: KIMBERLY J BROWN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 11734 BRIEF RD		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
232.00					

Mecklenburg County Public Health
Environmental Health Division

CUSTOMER REFUND AUTHORIZATION FORM

Please refund Kimberly Brown for a request received on
Customer Name

4/26/22, for the following reason:
Date of request

[ ] Overpayment

[ ] Unable to obtain a permit

[X] 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: 6032
Function: SC4340
Amount: $ 300-

Mail refund to: 11734 Brief Rd
Charlotte NC 28227

Employee Processing Request — Date: 5/3/22

Managers Approval — Date: 5/3/22

Attachments: *Copy of client request*
Original payment receipt

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	Kimberly Brown
MAILING ADDRESS	11734 Grief Rd. Charlotte, NC 28227
PHONE NUMBER	980-225-6881
EMAIL ADDRESS	Kimberly.Jane.brown@gmail.com
REFUND AMOUNT	$ 300.00

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

I need to order a PERC Test first, instead of this Septic Alteration Permit. Since I am still waiting for my neighbors written permission for the PERC Test (Authorization form to complete test on his property which he wants to sell to me), your dept. has recommended a refund. Thank you (instead of a credit).

Kim Brown 4/26/22
Signature Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/19/22
Receipt #: 135319
Check / Auth #: VISA 06319C
Received By: PLACILJ

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KIMBERLY J BROWN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 11734 BRIEF RD		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
580.00					

Gallo , Sergio E

From: Kimberly Brown <kimberly.jane.brown@gmail.com>
Sent: Wednesday, April 20, 2022 10:02 AM
To: Gallo , Sergio E
Cc: Placide, Lydia J
Subject: [External]Re: Mecklenburg County Public Health - Environmental Health - SEPTIC INQUIRY RESULT
Attachments: image008.jpg

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Sergio and Lydia,

Thank you for all the information you shared with me yesterday. It was a bit overwhelming of course, but after sleeping on it, I think I understand more clearly.

I called to speak to one of you this AM and was sent to Lydia's voicemail to leave a message. I am going to write out my questions and thoughts below in case either of you wanted to respond via email instead of phone - up to you.

The reason I called: I may have jumped the gun and applied for / scheduled the Septic Alteration Inspection too soon. I'll tell you why and you can let me know what you think.

I see how getting the PERC TEST done first would make more sense so that I can feel comfortable moving forward in purchasing the land. We won't need a Septic Alteration permit for 4-6 years from now when we actually start building, so that permit may expire by the time I need it. I know it would be wise to make sure the septic can handle our addition, but we have decided that we will want to build a garage no matter if we can add 1 extra bedroom to the septic or not. So, at this phase, I think the PERC test is most important, as Sergio may have mentioned before.

Is it possible to re-arrange to have the PERC test done first, instead of the Septic Alteration Inspection? Does this switch make sense to you all with what I've shared about our plans? I believe you said the PERC test is $250, is that right? I paid $300 yesterday for the Septic Alteration so perhaps you can tell me the easiest way to make this happen, if you agree that this is a good move. Give me a call or email me back anytime today.

As far as the septic goes, as you already know, I simply need someone to assess the right side of the house where I want to build the addition and say either "Yes / NO", I can or cannot build the addition there based on where the septic field is located. The surveyor hasn't been able to answer this for me. I thought perhaps your Septic Alteration inspection would, but I don't think so. If you could, please remind me who I need to hire to come out and measure the distance between the septic field and the hypothetical addition? Thank you so much.

Kim Brown
980-225-6881
11734 Brief Rd, Charlotte, NC 28227

On Tue, Apr 19, 2022, 9:59 AM Gallo , Sergio E <Sergio.Gallo2@mecklenburgcountync.gov> wrote:

> Thank you for taking the time to contact us today! On behalf of Mecklenburg County Public Health and the Environmental Health Dept, I hope you are doing well! Per our conversation, attached is the septic inquiry result/s.

If you have any questions or concerns, please feel free to contact me.

Thank you kindly

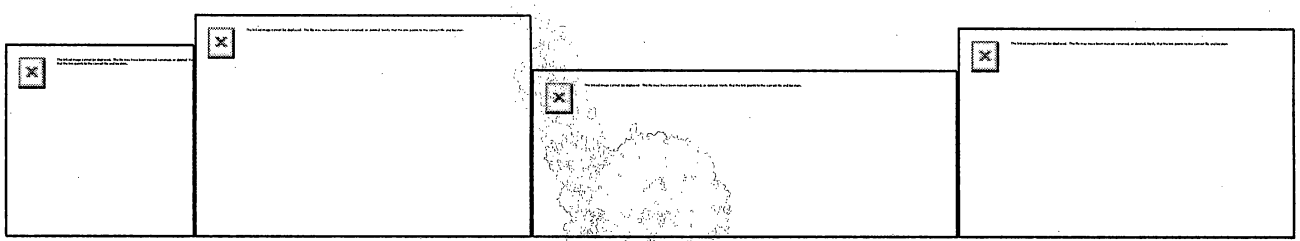
Sergio Gallo Jr

Sergio E Gallo Jr
Sr Bilingual Administrative Support Assistant
Public Health | Environmental Health | BS Health Systems Management
Mecklenburg County Government
Direct: 980-314-1650 Office: 980-314-1620 Groundwater: 980-314-1680

MeckNC.Gov /Sergio.Gallo2@Mecklenburgcountync.gov

http://Groundwater.charmeck.org /

http://Meckpools.charmeck.org



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