Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) LE 6/21/17 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. ☐ _____ 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. ☐ _____

97473
#9001

16 JUN '17 AM10:18

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 00113302
STREET ADDRESS: 20024 Walter Henderson Road
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME: NONE
LOT #: 516 LOT SIZE (acres): 0.33
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: 3,000-4,000 sqft
NUMBER OF BEDROOMS: 4 to 5
NUMBER OF OCCUPANTS: 4-6
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? 12/10/15 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5/31/2017 ☐ N/A

12. PROPERTY OWNER:
NAME: S&E
ADDRESS: 20024 Walter Henderson Road
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: (704) 895-5885
MOBILE PHONE: _____
FAX: (866) 410-6311
E-MAIL: ssurane@suranelawpllc.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: John Seabeck
ADDRESS: 3922 Conner Glen Dr
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-236-9478
MOBILE PHONE: 704-236-9478
FAX: _____
E-MAIL: john@allgroupinternational.com

Please contact John

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.

_____ (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.

_____ (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.

_____ 4/27/17

Property Owner's or Owner's Legal Representative Signature — 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

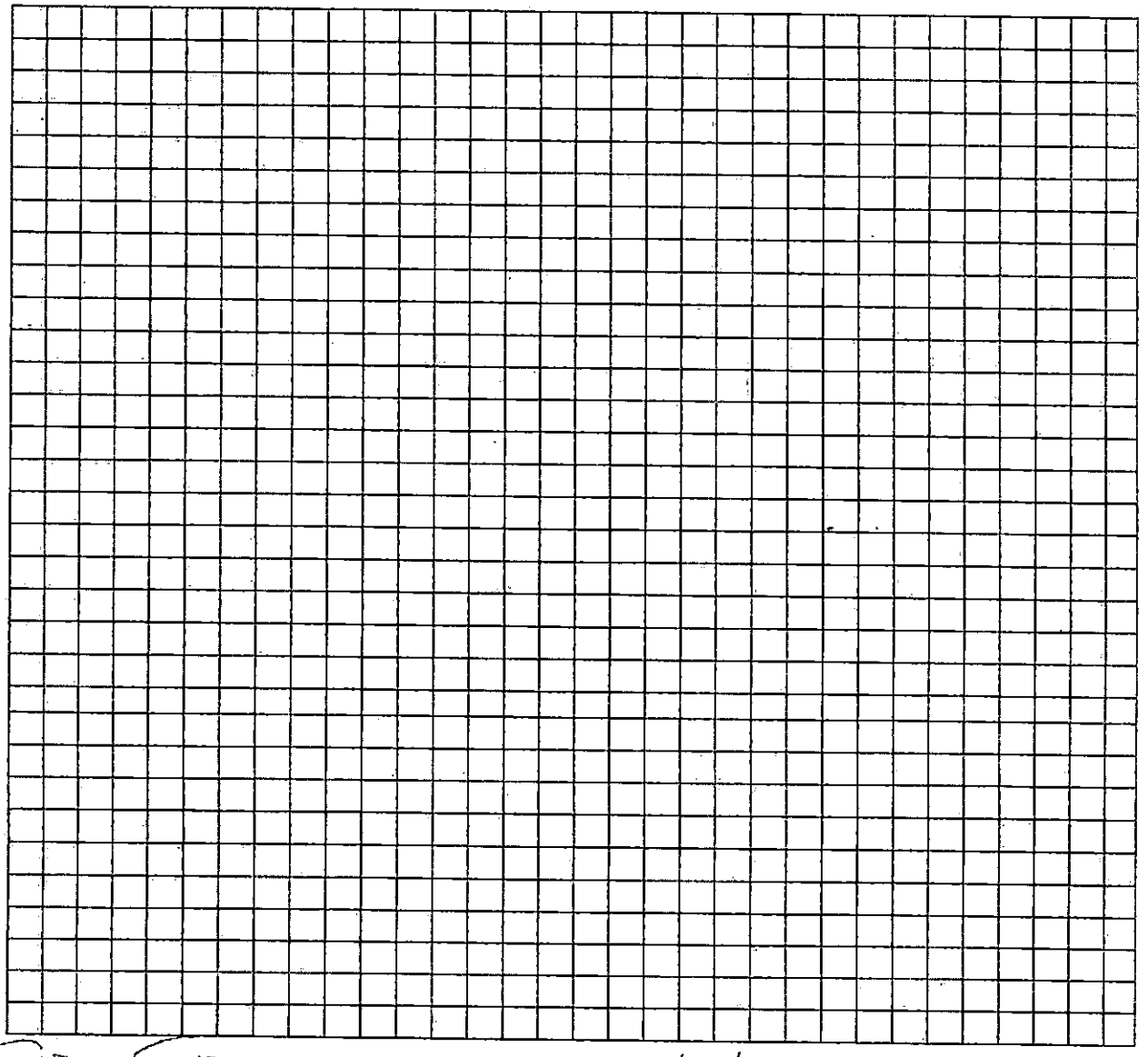
File #: _____

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: 20024 Walter Henderson Rd Tax Parcel #: 00113302

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

4/20/17
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

11 JUL '17 AM 8:47

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: 2. Permit #:
3. Permit Address: 20024 Walter Henderson Rd 4. Fire Fee #:
5. Account Name: 6. Account #:
7. If Refund, Check payable to: John Seabeck 8. Phone #:
9. Mailing Address: 3922 Corner Glenn Dr Huntersville, NC 28078

* **Reason for Request**

☐ Plan Change ☐ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☒ Other

* **Reason** *(explain in detail-application may be rejected without complete details)*

Spoke with Jacob by phone, he stated could not hold what we put on application so canceled soil test.

* Signature (Requestor): Print name: John Seabeck

Fax #: Phone #: Date:

Staff signature (if in person verification) (or accept notary below)

ID used for in-person verification: *(examples: DL #, Business card, Student ID, etc..)*

State of North Carolina
County of

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the day of , 20

Notary Public Signature
My commission expires:

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (signature) Date: 7/11/17

Notes: 3620 3117 6038 SC4340

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

# of Hours _____ X Rate _____ = $ _____

Processing Notes:

Expired Permit
Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee	250 -
- Less Zoning Fee	
-Plan review (Total Hours X Rate)	
-Inspection Info (# of Insp. X Rate)	
Misc Fees deductions	
-Homeowner Recovery	
-Other Deduction _____	
-Other Deduction _____	
Total Credit/Refund	250 -

☐ Minimum Fee retained

(Permit Fee-Zoning-Insp-Plan Rev-Misc fees= Total Cr/Refund)

Calculation Signature — Date 7/11/17

Supervisor/Manager Signature — Date 7/11/17

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Initials _____ Date / /

Reason: _____

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8_03=0 9004=8		$		
Org/Account [8_03=0]	Refund	Charge to account	88----	88116	Initials & Date	In Navision

APPROVALS (To Be Completed By Department And Finance Representatives)

Dept Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: S R C

Rev Coll Tracking #

Rev Coll Distribution Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/21/17
Receipt #: 106363
Check / Auth #: MC 021578
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SEABECK, JOHN
Attn:
Address: 3922 CONNER GLENN DR
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 20024 WALTER HENDERSON ROAD		1	250.00	250.00

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

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: JOHN SEABECK

Bill To:

JOHN SEABECK
3922 CONNER GLENN DR

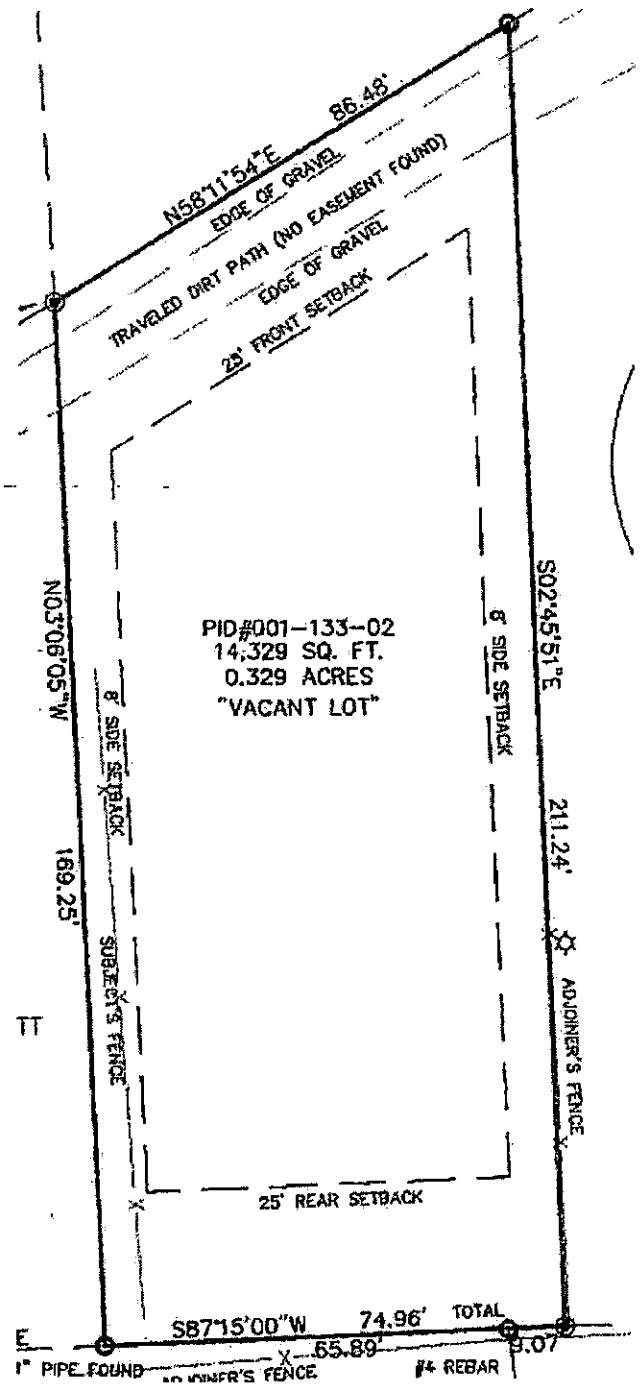
Huntersville, NC 28078

Single Payment

Transaction Date:	06/21/2017 11:50 AM Pacific Time
Pay Method:	**********5983
Approval #:	021578
Trace Number:	c00d8c0d-d69e-4c9e-8729-ca9cd867131b
Amount:	$250.00

Payment Amount:	$250.00
Total:	**$250.00**

Thank you for your payment.


N58°11'54"E
86.48'
EDGE OF GRAVEL
TRAVELED DIRT PATH (NO EASEMENT FOUND)
EDGE OF GRAVEL
25' FRONT SETBACK
PID#001-133-02
14,329 SQ. FT.
0.329 ACRES
"VACANT LOT"
N03°06'05"W
169.25'
8' SIDE SETBACK
SUBJECT'S FENCE
8' SIDE SETBACK
S02°45'51"E
211.24'
ADJOINER'S FENCE
25' REAR SETBACK
S87°15'00"W
74.96'
TOTAL
65.89'
9.07'
1" PIPE FOUND
#4 REBAR

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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 John Seabeck is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

20024 Walter Henderson Rd, Cornelius NC 28031
Number Street Town
(Or Parcel Number)

Susan Surane
Property Owner (print name)

Susan Surane
Property Owner (signature)

4/28/17
Date

Ellis, Loretta

From: Ellis, Loretta
Sent: Thursday, July 06, 2017 2:11 PM
To: 'john@allgroupinternational.com'
Subject: REFUND REQUEST FORM
Attachments: Black and White2685.pdf

Please fill out the refund request form and email back to me at WELLREG@MECKLENBURGCOUNTYNC.GOV, thank you.

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
Office 980-314-1680
Fax 704-336-6894
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

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Ellis, Loretta

From: john@allgroupinternational.com
Sent: Thursday, July 06, 2017 10:19 AM
To: Ellis, Loretta
Subject: RE: 20024 WALTER HENDERSON ROAD

Hi Loretta, hope you had a great 4th! Were you sending me paperwork for the $250 credit back on my credit card?

Thank you
John

-------- Original Message --------
Subject: RE: 20024 WALTER HENDERSON ROAD
From: "Ellis, Loretta" <Loretta.Ellis@mecklenburgcountync.gov>
Date: Tue, June 27, 2017 6:51 am
To: "john@allgroupinternational.com" <john@allgroupinternational.com>

Yes, I will send you the paperwork.

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
Office 980-314-1680
Fax 704-336-6894
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

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From: john@allgroupinternational.com [mailto:john@allgroupinternational.com]
Sent: Tuesday, June 27, 2017 9:40 AM
To: Ellis, Loretta <Loretta.Ellis@mecklenburgcountync.gov>
Subject: RE: 20024 WALTER HENDERSON ROAD

I Loretta, I hope you had a good weekend and I good Monday. I spoke with Jacob yesterday and he told me that he can not do much with our application and there is no need to come out. His feeling was at best he might be able to approve a 1,000 sq ft home which is not in line with the application I had submitted.

He has no plans to come out at this time and do the soil test.

Am I able to get a refund on the $250 fee I paid?

Thank-you
John

-------- Original Message --------
Subject: 20024 WALTER HENDERSON ROAD
From: "Ellis, Loretta" <Loretta.Ellis@mecklenburgcountync.gov>
Date: Wed, June 21, 2017 12:00 pm
To: "john@allgroupinternational.com" <john@allgroupinternational.com>

Your receipt, also I could not find any information on the property listed at 20024 WALTER HENDERSON RD, the inspector that will be doing the Soil Evaluation is Jacob Presley his number is 980-314-1646.Thank you

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
Office 980-314-1680
Fax 704-336-6894
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

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