

9129 DORCAS LN

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

57888

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

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☐

1. Property Owner's Name: Matthew - Everette CO, LLC 2. Permit Number: _____
3. Address: 415 N. Church, Suite 315 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ (Duplicate Permit #) (Date of Duplicate)
   ☑ Not Doing Work
   ☐ Other (Specify) _____
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: Eppley + Horne, Inc (Please Print) 8. Phone 704-392-9224
9. Address: 3900 Freedom Drive (Street) Charlotte (City) NC (State) 28202 (Zip)
10. Signature: request by phone by applicant 11. Printed Name _____ 12. Date: 4/21/05

For Departmental use only. Do not write below this line.

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

# Of made Inspections	B	E	M	P	F	L

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$ 300.00	$ 300.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %	Initials JJC	Date 4/22/05	Permit Fee X C/R% or Min Fee Whichever is greater

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ - _____
Refund from Account #

_____
Check #

Daily Counter Transactions - Environmental Health

Printed On April 21, 2005 3:13 PM
Printed By craiggy

Transaction Date 04/21/05

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
34099	200000	GUTHRIE ROD J	0701 Improvment Permit App-Residen	10307 PROVIDENCE CHURCH LN	VISA	111602	CRAIGGY	200.00
34100	X28590	RAKER LEWIS T	0701 Improvment Permit App-Residen	14901 CABARRUS ROAD/FILE 264A	CHARGE		CRAIGGY	200.00
34101	200000	THOMPSON JOYA R	0721 Home Day Care Eval/Permit	1016 FERN AVE	CASH		CRAIGGY	70.00
34102	200000	YOUNG BUILDERS, INC.	0705 MH Exc/Add/Repl w/o System Mod	18329 NANTZ ROAD	CHECK	17481	WALKEVA	100.00
34108	200000	STITT ROSLYN	0721 Home Day Care Eval/Permit	332 AMIR CIRCLE	CHECK	2454	CRAIGGY	70.00
34109	200000	GHALI WACYF H	0743 Hmeownr Maint Inspec-Type IIIB	FILE 20704/847-8777	CHECK	2820	AIDOOJK	85.00
34113	200000	EPPLEY & HORNE, INC.	0701 Improvment Permit App-Residen	DORCAS LANE, LOT B	CHECK	1587	CRAIGGY	200.00
34114	200000	EPPLEY & HORNE, INC.	0702 Optional Site Evaluations	DORCAS LANE, LOT A/FILE 4508B	CHECK	1587	CRAIGGY	100.00
34117		MCCLURKIN MICHELLE	Deleted Document		CASH		WALKEVA	0.00
34118	200000	MCCLURKIN MICHELLE	0721 Home Day Care Eval/Permit	2816 BANCROFT	CASH		WALKEVA	70.00
34124	200000	ADAMS CHARLES THOMAS	0702 Optional Site Evaluations	16000, 16026 SUNSET DR, FILES 5716	CHECK	3688	CRAIGGY	200.00
34125	200000	UPH LAKESIDE LIMITED PARTNERS	0736 Pool Late Fee	HILTON HOTEL	CHECK	30646	JOHNSK	120.00
34126	200000	UPH LAKESIDE LIMITED PARTNERS	0720 Seasonal Pool Permit-Operating	HILTON HOTEL	CHECK	30646	JOHNSK	120.00
34127	200000	MIA MOO'S LITTLE ANGELS	0721 Home Day Care Eval/Permit		CHECK	1070	JOHNSK	70.00

Total for Transaction Date 04/21/05: 1,605.00

CNC # 1587

GWS – RES. APP 12/04

SEPTIC FEE: 200.00
DATE: 4/21/05
CRT # 1

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT # _____

FILE # 5788B M# 4508

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 141-26-151P0
STREET ADDRESS: [redacted] Dorcas Ln.
CITY: Charlotte, NC
STATE: NC ZIP: 28208
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: B
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Matthew Evorette Co. LLC
ADDRESS: 415 N. Church St
CITY: Charlotte Suite 315
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE: 704-332-2046
MOBILE PHONE: 704-201-4817 FAX: 704-332-3053

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Steve Eppley
ADDRESS: 3900 Freedom DR
CITY: Charlotte
STATE: NC ZIP: 28208
HOME PHONE: WORK PHONE: 704-392-9224
MOBILE PHONE: 704-363-4723 FAX: 704-399-7375

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-23-2001
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5-30-05

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 4/20/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

0701

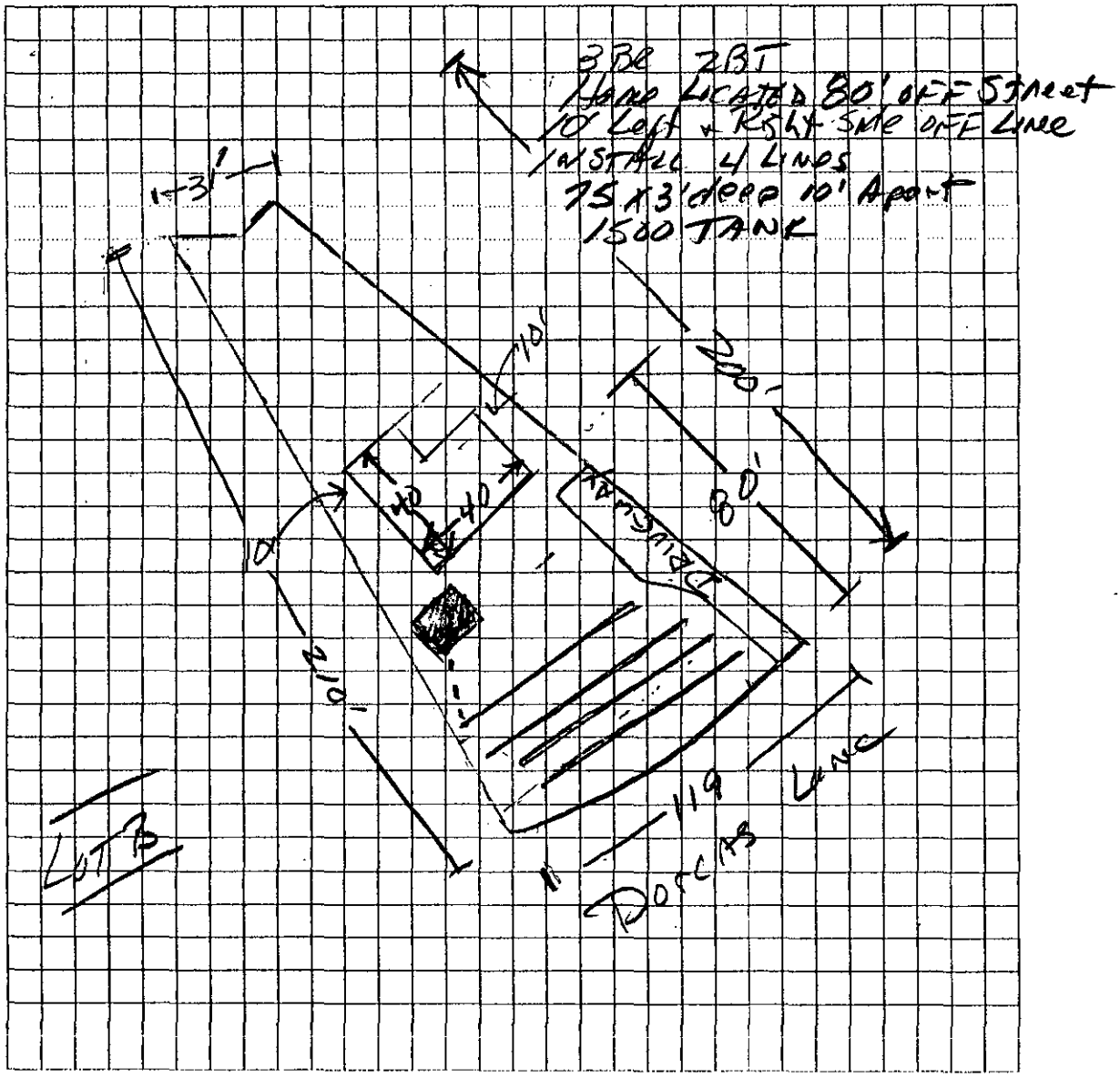
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 5788B
Date

PROPOSED PLOT PLAN

141-26-151 PCL

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04