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 Sept Initial/Date (If use existing was part of payment) 4/27/22

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

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 ☐ _____

#11387B

27 APR '22 PM 4:21

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: 01521104
STREET ADDRESS: 9824 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: None
LOT #: None LOT SIZE (acres): 3.00
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: 1350
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
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: 0

6. WATER SUPPLY: (MUNICIPAL) PRIVATE WELL PUBLIC WELL SHARED WELL OTHER City water
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: Robert Sheffer
ADDRESS: 9824 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 704-996-3409
MOBILE PHONE: 704-996-3409
FAX:
E-MAIL: rsheffer.andrewhughes@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

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.

RS (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.

RS (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.

Robert Shuler
Property Owner's or Owner's Legal Representative Signature

4/27/22
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

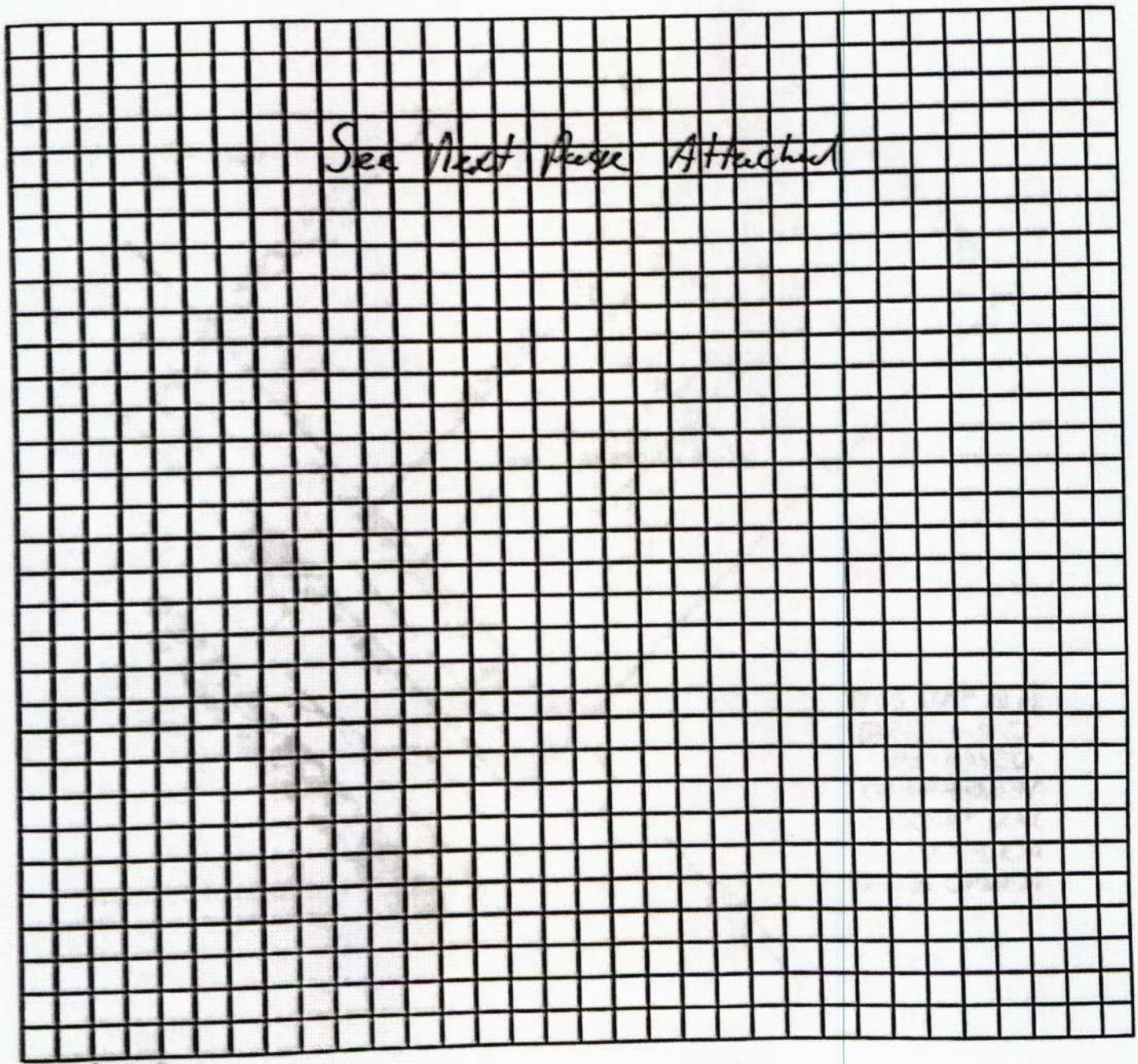
File #: _____

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: 9824 Beatties Ford Rd Tax Parcel #: 01521104

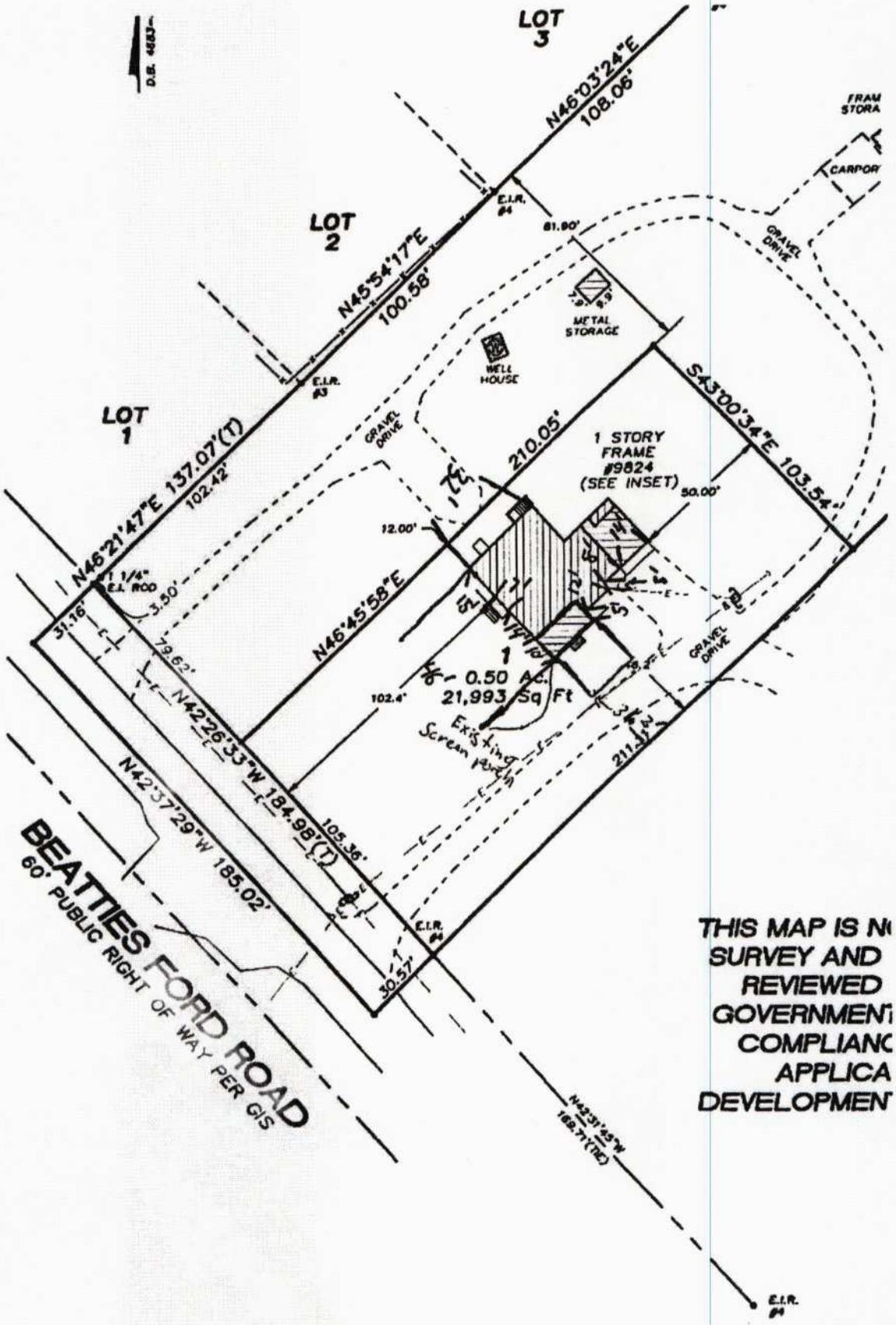
Subdivision Name: None Lot #: None



Property Owner's or Owner's Legal Representative Signature

4/27/22
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



GRAPHIC SCALE



(IN FEET)
1 inch = 40 ft.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/27/22	**Amount:**	300.00
Receipt #:	135496	**Tendered:**	300.00
Check / Auth #:	VISA 085960	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: SHEFFER ROBERT
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 9824 BEATTIES FORD RD		1	300.00	300.00

----------Outstanding **Balances**----------

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
ROBERT SHEFFER

Bill To:

Robert Sheffer

Single Payment

Transaction Date: 04/27/2022 1:05 PM Pacific Time
Pay Method: VISA **********1492
Approval #: 085960
Trace Number: 68f3ed8d-2862-499d-a2db-977574cac6ba
Amount: $300.00

Payment Amount: $300.00

Total: $300.00

Thank you for your payment.