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MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14315

20 DEC '23 AM11:31

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ☐ SEPTIC ONLY ☐ WELL ONLY ☑ SEPTIC & WELL
☐ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
☑ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
☐ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
☐ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: David Hindman
ADDRESS: 3609 Wild Rose Ct
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704 661-4194
ALTERNATE PHONE:
E-MAIL: davidchindman@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Andrew and Lindsay Cole
ADDRESS: 7202 Will Scarlet Ct
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704 989-0458
ALTERNATE PHONE:
E-MAIL: songdogwildlife@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 139-276-23
STREET ADDRESS: 7202 Will Scarlet Ct
CITY: Mint Hill
STATE: NC **ZIP:** 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
Sherwood Forest
LOT #: 37

WATER SUPPLY:
☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

RESIDENTIAL PROPERTY TYPE: ☐ N/A
☒ HOUSE ☐ MODULAR HOME ☐ MULTIPLE FAMILY
☐ SINGLE MOBILE HOME ☐ DOUBLE WIDE
☐ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☒ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*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

12-20-23
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

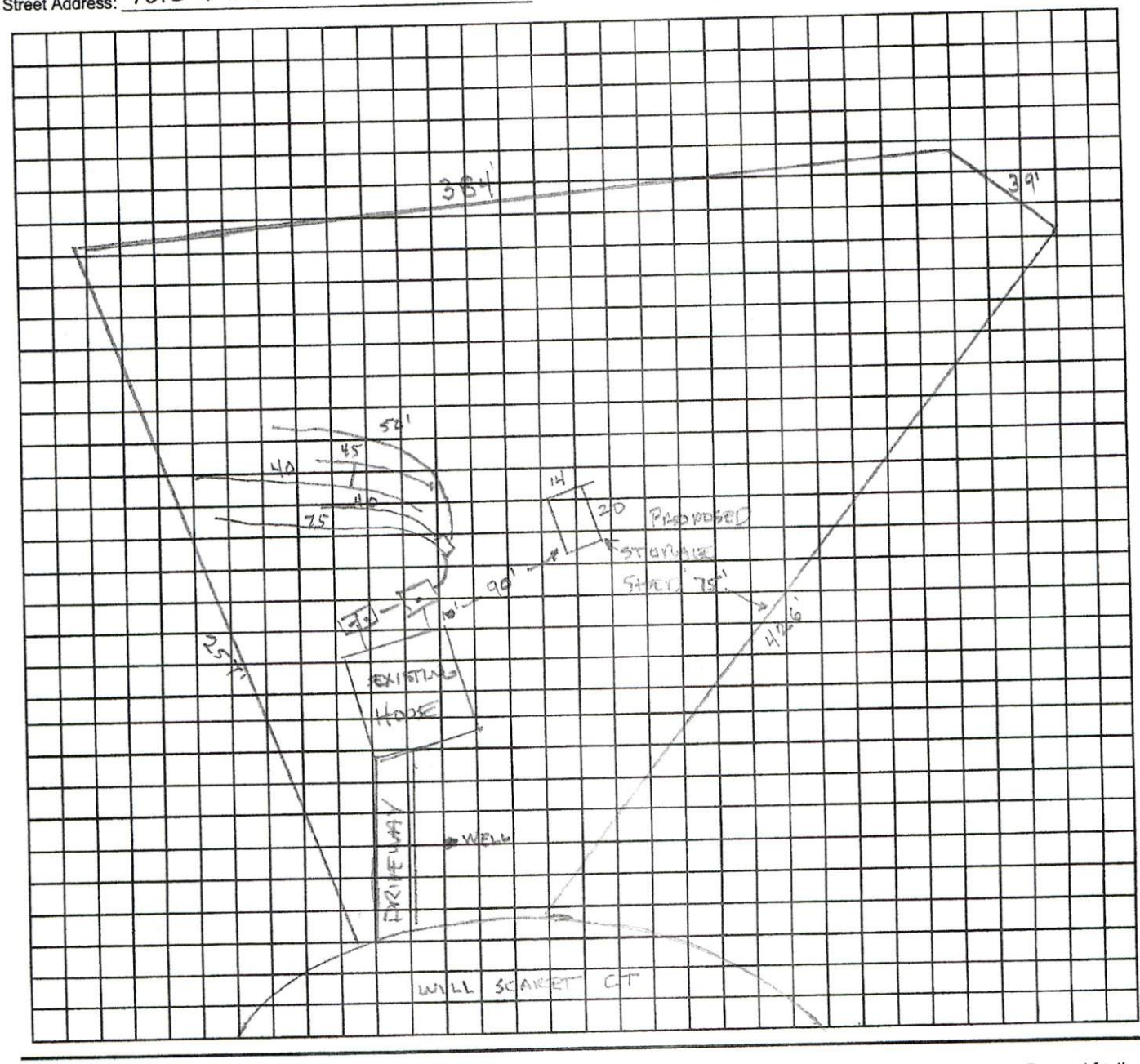
Revised on: 01/03/11

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: 7202 Will Scarlet Ct. Tax Parcel #: 139-276-23



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Proposed shed meets setbacks

Brandi Shuler
REHS Signature

1/8/24
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

DocuSign Envelope ID: 07D124CD-AE9E-4A4D-A2B6-4902E7886972

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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

7202 Will Scarlet Ct Mint Hill NC 28227 139-276-23
Number Street Town
(Or Parcel Number)

Andrew Cole
Property Owner (print name)

DocuSigned by:
Andrew Cole
D32F9D25713D45E...
Property Owner (signature)

12/19/2023
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/20/23	**Amount:**	100.00
Receipt #:	145559	**Tendered:**	100.00
Check / Auth #:	MC 291326	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: DAVID HINDMAN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 7202 WILL SCARLET CT	1	100.00	100.00

Permit#

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

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