SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 3214A

Assigned Inspector: Matt H

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☑ Use Existing Fees $100.00: MR / 12-2-25 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments: 12/2/25 Per Zineb, start with Use Existing

3214A / 15923

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: GABRIEL ARAUJO
ADDRESS: 6020 PLUM RD
CITY: KANNAPOLIS
STATE: NC ZIP: 28081
PHONE: 704 701 2604
ALTERNATE PHONE:
E-MAIL: GABRIELTODD CUSTOM BUILDERS @ GMAIL .COM

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: MATTHEW DELLINGER
ADDRESS: 3000 GREY RD
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 843 709 3056
ALTERNATE PHONE:
E-MAIL: MATT@IRVINLAWGROUP.COM

JOB LOCATION INFORMATION
TAX PARCEL #: 00304104
STREET ADDRESS: 3000 GREY RD
CITY: DAVIDSON
STATE: NC **ZIP:** 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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: 3
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 LAUNDRY

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

11-27-25
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

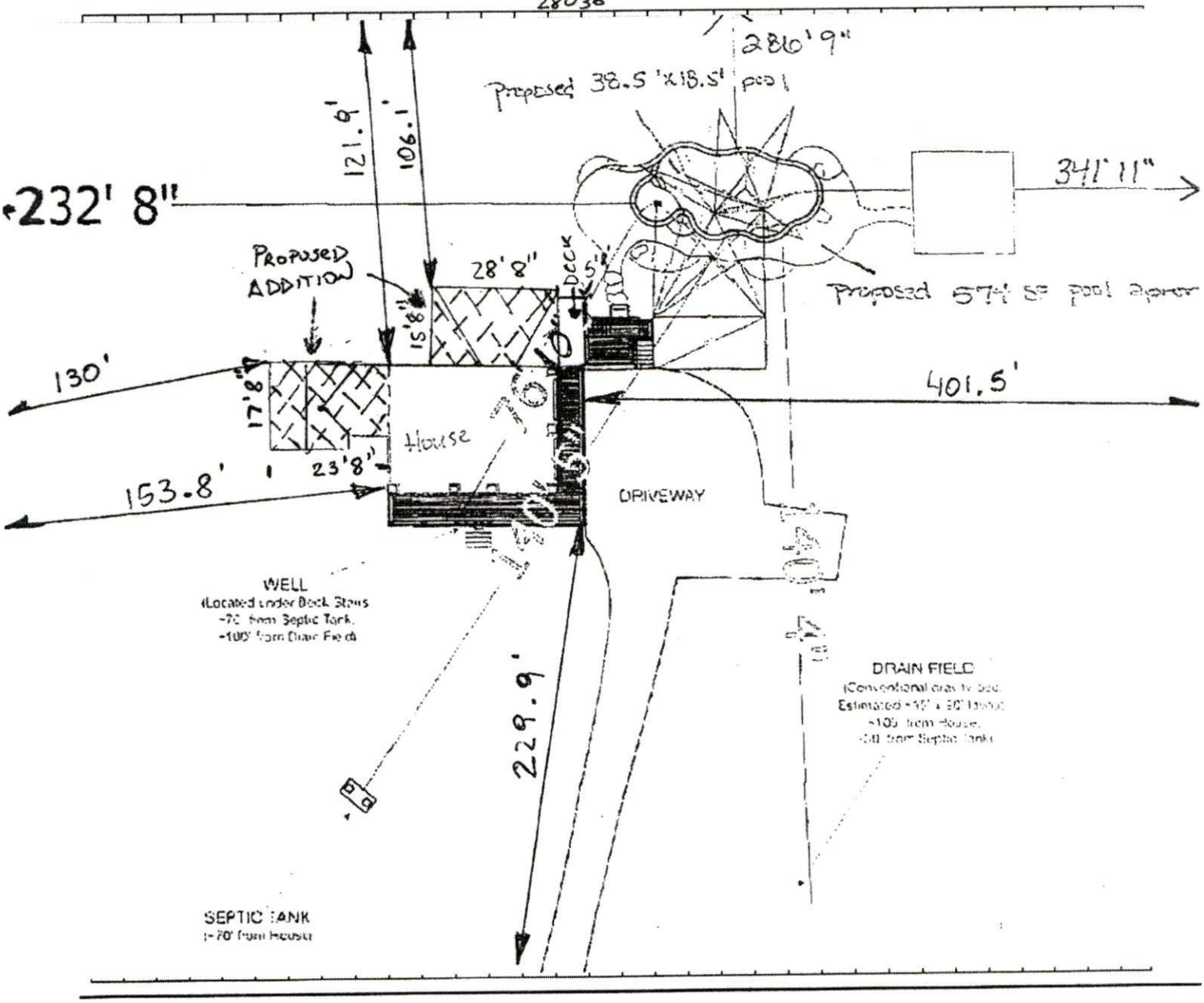
Revised on: 01/03/11

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: 3000 Grey RD, DAVIDSON, NC 28036 Tax Parcel #: 00304104



*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

Meets setbacks, addition is not adding occupancy above permitted.

REHS Signature

12/4/25
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

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

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

3000 GREY RD DAVIDSON
Number Street Town
(Or Parcel Number)

Matthew C. Dellinger
Property Owner (print name)

Property Owner (signature)

11-27-25
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/02/25	**Amount:**	100.00
Receipt #:	158089	**Tendered:**	100.00
Check / Auth #:	VISA 03456G	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: BAEZ CHRISTIAN GABRIEL A
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 3000 GREY RD	1	100.00	100.00

Permit#

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

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

Phillips

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 100 5/26/00 Ck# [illegible] [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 3214A

Date: 5.19.00

PERSON FILING APPLICATION:
NAME: Montgomery (last) Thomas (first) E (mi)
ADDRESS: 3000 Grey Rd PHONE: (704) 892-6791
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00304104
STREET ADDRESS: 3000 Grey Rd
ZONING:

PROPERTY OWNER:
NAME: Montgomery (last) Thomas (first) E (mi)
ADDRESS: 3000 Grey Rd PHONE: (704) 892-6791
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 11.5

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION, GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Deck

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Thomas E Montgomery Date: 5/19/00

NOTICE:

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 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.

... Use existing repair

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Kelly Ruff 6-2-00
Environmentalist Date

WATER : 122791

18010

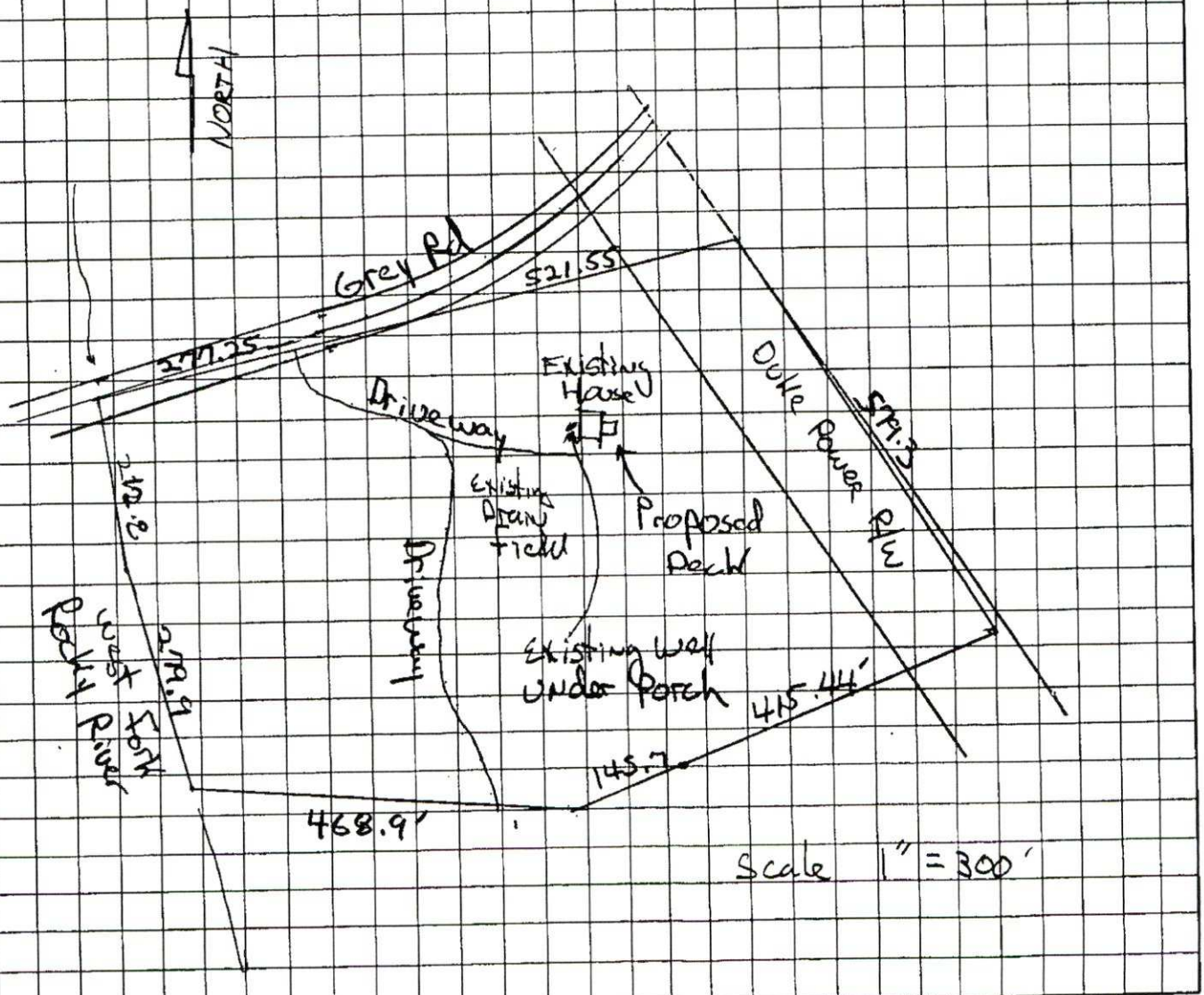
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3214A

TC: 003-041-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Thomas E. Montgomery
OWNER/AGENT SIGNATURE

DATE 5/26/00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

PROPOSED PLOT PLAN

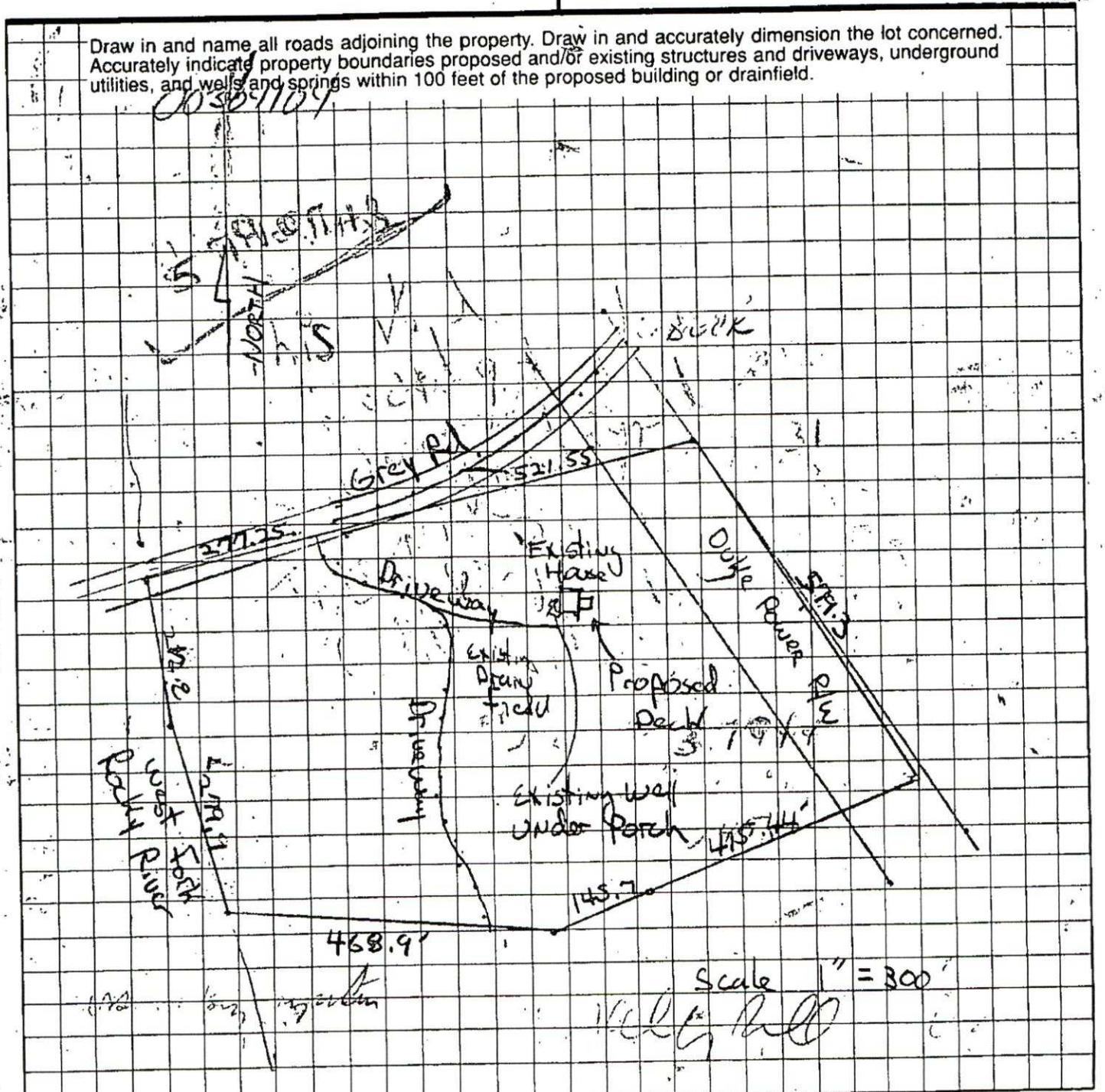
AC

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3214A

TC: 003-041-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Thomas E. Montgomery
OWNER/AGENT SIGNATURE

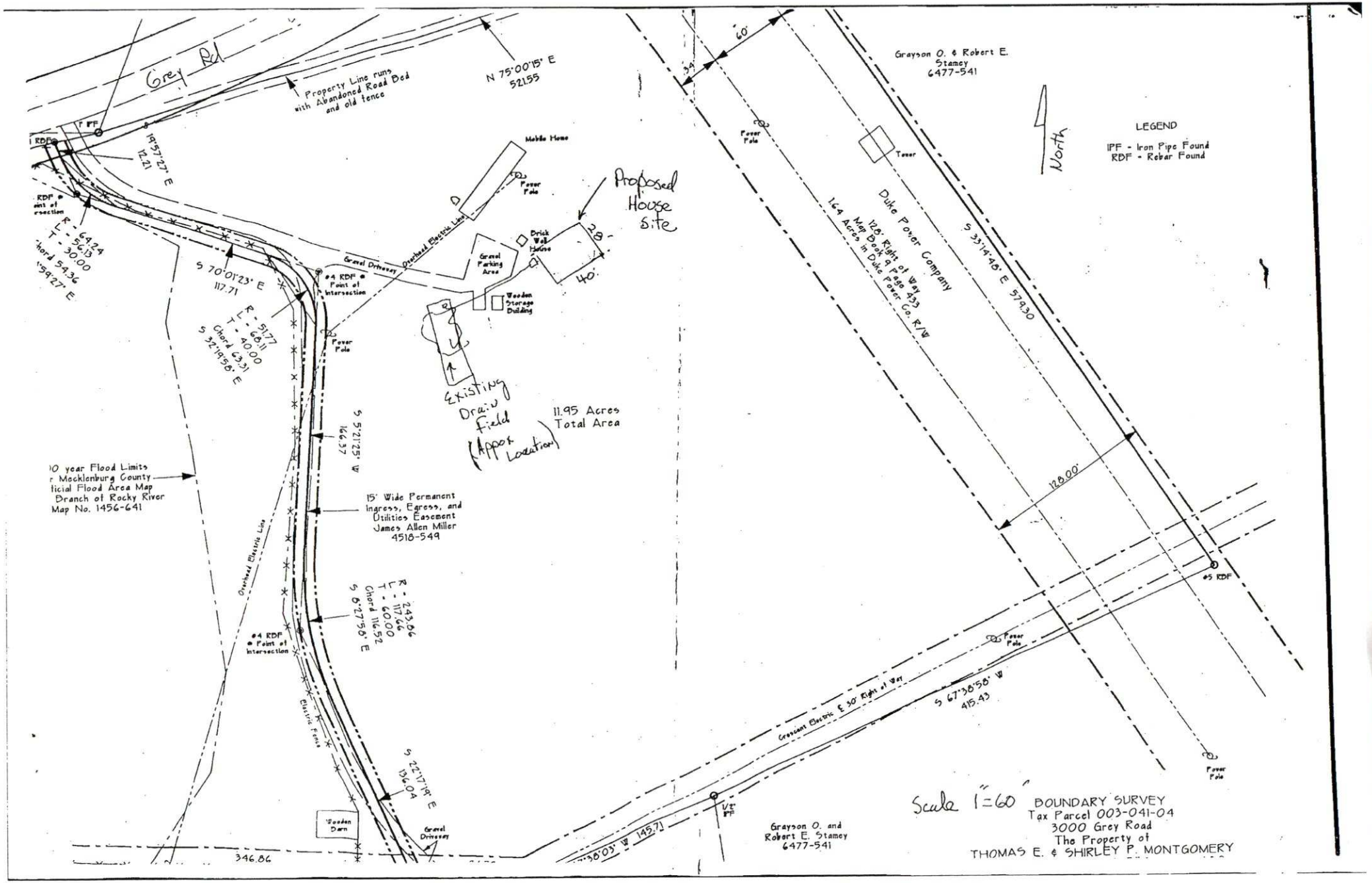
DATE 5/26/00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


Grey Rd
Property Line runs with Abandoned Road Bed and old fence
N 75°00'15" E 521.55
Mobile Home
Power Pole
Proposed House Site
28'
40'
Brick Well House
Gravel Parking Area
Wooden Storage Building
Gravel Driveway
Overhead Electric Line
#4 RDF Point of Intersection
S 70°01'23" E 117.71
R - 5177
T - 40.00
Chord 63.31
S 32°19'58" E
S 5°27'25" W 166.37
Existing Drain Field (Appox Location)
11.95 Acres Total Area
10 year Flood Limits
Mecklenburg County
ficial Flood Area Map
Branch of Rocky River
Map No. 1456-641
15' Wide Permanent Ingress, Egress, and Utilities Easement James Allen Miller 4518-549
R - 243.06
T - 117.66
L - 60.00
Chord 116.52
S 8°27'50" E
#4 RDF Point of Intersection
Electric Fence
S 22°17'19" E 134.04
Wooden Barn
Gravel Driveway
346.86
Grayson O. & Robert E. Stamey 6477-541
60'
Power Pole
Tower
Duke Power Company
128' Right of Way
Map Book 9 Page 433
164 Acres in Duke Power Co. R/W
S 33°14'18" E 579.30
North
LEGEND
IPF - Iron Pipe Found
RDF - Rebar Found
120.00'
#5 RDF
Crescent Electric E 30' Right of Way
S 67°38'58" W 415.43
VI' IPF
S 30°03' W 145.71
Grayson O. and Robert E. Stamey 6477-541
Scale 1"=60'
BOUNDARY SURVEY
Tax Parcel 003-041-04
3000 Grey Road
The Property of
THOMAS E. & SHIRLEY P. MONTGOMERY

15400 CK

3214A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PW 3/14/94 $150 ck-#0502 EXPERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Montgomery (last) Thomas (first) E (mi)
ADDRESS: 3000 Grey Rd PHONE: (704) 892-9620
CITY: Davidson STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-041-04
STREET ADDRESS: 3000 Grey Rd
ZONING:

Township (check one):
[X] 8 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 11.95

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N) & A/I House
[] COMMERCIAL OR INDUSTRIAL (N) Elimin MH & Add
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Thomas E Montgomery Date: 3/14/94

NOTICE:

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 in effect at the time of issuance of the permit and is subject to the following provisions:

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...This permit is not transferable.

...Use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phillip S. Walker R.S. 3/18/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3214A

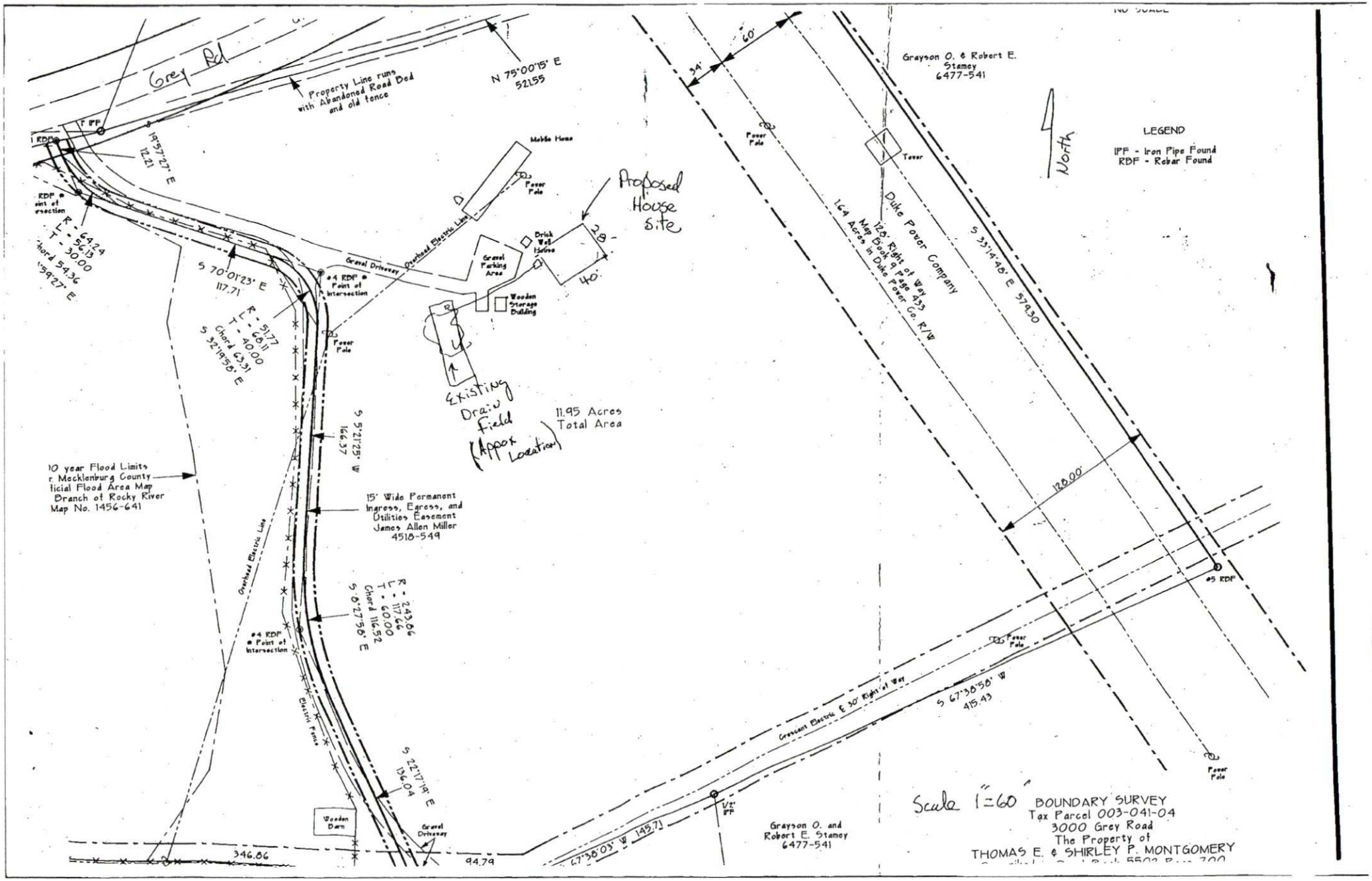
TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SEE Attached

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy


Grey Rd
Property Line runs with Abandoned Road Bed and old fence
N 75°00'15" E 521.55
1 IPF
1 RDF
N 19°57'27" E 12.21
RDF @ Point of Intersection
L = 64.24
T = 56.13
R = 30.00
Chord 54.36
N 59°27' E
S 70°01'23" E 117.71
#4 RDF @ Point of Intersection
Gravel Driveway
Overhead Electric Line
Mobile Home
Power Pole
Proposed House Site
Brick Well House
Gravel Parking Area
Wooden Storage Building
28'
40'
Existing Drain Field (Approx Location)
11.95 Acres Total Area
R = 51.77
T = 40.11
Chord 49.31
S 32°19'58" E
S 5°21'25" W 166.37
10 year Flood Limits r Mecklenburg County ficial Flood Area Map Branch of Rocky River Map No. 1456-641
15' Wide Permanent Ingress, Egress, and Utilities Easement James Allen Miller 4518-549
R = 243.86
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Chord 116.52
S 6°27'58" E
#4 RDF @ Point of Intersection
Electric Fence
S 22°17'19" E 136.04
Wooden Barn
Gravel Driveway
346.86
94.79
S 67°30'03" W 149.71
1/2" PP
Grayson O. and Robert E. Stamey 6477-541
Grayson O. & Robert E. Stamey 6477-541
60'
24'
Power Pole
Tower
Duke Power Company
120' Right of Way
164 Map Book 9 Page 423 Acres in Duke Power Co. R/W
S 33°14'48" E 579.30
North
LEGEND
IPF - Iron Pipe Found
RDF - Rebar Found
120.00'
#5 RDF
Crescent Electric 30' Right of Way
S 67°30'58" W 415.43
Power Pole
Scale 1"=60'
BOUNDARY SURVEY
Tax Parcel 003-041-04
3000 Grey Road
The Property of
THOMAS E. & SHIRLEY P. MONTGOMERY