



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: STREET ADDRESS: CITY: STATE: NC ZIP: SUBDIVISION NAME: LOT #: LOT SIZE (acres):

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: NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS: 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.

Table with 6 columns: Feature, YES, NO, YES, NO. Features include BURIED CABLES, LANDFILLS, STUMPHOLES, EXISTING WASTEWATER (SEPTIC) SYSTEMS, WELLS, SPRINGS, OR WATER LINES, EASEMENTS OR RIGHT-OF-WAYS, CHEMICAL/PETROLEUM STORAGE TANKS, WASTE STORAGE, GRADING/SOIL REMOVAL PERFORMED, JURISDICTIONAL WETLANDS, APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY, WASTEWATER OTHER THAN DOMESTIC SEWAGE, KNOWN UNDERGROUND CONTAMINATION, GROUNDWATER USE RESTRICTIONS/VARIANCES.

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: ADDRESS: CITY: STATE: ZIP: WORK PHONE: MOBILE PHONE: FAX: E-MAIL:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: ADDRESS: CITY: STATE: ZIP: WORK PHONE: MOBILE PHONE: FAX: E-MAIL:

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.

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:

