



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: ADDRESS: CITY: STATE: ZIP: PHONE: ALTERNATE PHONE: E-MAIL:

PROPERTY OWNER: SAME AS PERSON FILING APPLICATION

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: ALTERNATE PHONE: E-MAIL:

JOB LOCATION INFORMATION

TAX PARCEL #: STREET ADDRESS: CITY: STATE: NC ZIP:

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:
NUMBER OF OCCUPANTS:

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

Date

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

