



MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL 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: _____

TOWNSHIP:

- MECKLENBURG CORNELIUS HUNTERSVILLE
DAVIDSON CHARLOTTE PINEVILLE
MATTHEWS MINT HILL

4. BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: _____

COMMERCIAL INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: _____

NUMBER OF EMPLOYEES PER SHIFT: _____

NUMBER OF SHIFTS: _____ NUMBER OF SEATS: _____

TYPE OF WASTEWATER GENERATED:

- DOMESTIC SEWAGE INDUSTRIAL WASTEWATER
OTHER _____

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED. N/A

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, Feature, YES, NO. Rows include Buried Cables, Existing Wastewater, Wells, Easements, Chemical Storage, Waste Storage, Grading/Soil Removal, Jurisdictional Wetlands, Approval Required, Wastewater Other Than Domestic, Known Underground Contamination, Groundwater Use Restrictions.

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:

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: _____

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____

A large grid for drawing the proposed plot plan. The grid consists of 30 columns and 30 rows of small squares, providing a space for the user to draw property lines, easements, and other features as required by the instructions.

Property Owner's or Owner's Legal Representative Signature

Date