#12983

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☒ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 AR 7.24.22 Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

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

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

#12983

MECKLENBURG COUNTY HEALTH DEPARTMENT 1932A

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: Wesley Knight
ADDRESS: 19532 Weavers Cir.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 843-276-1566
ALTERNATE PHONE: _____
E-MAIL: wes@kgi.ventures

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 00141103
STREET ADDRESS: 19532 Weavers Cir.
CITY: Cornelius
STATE: NC **ZIP:** 28031

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: 4
NUMBER OF OCCUPANTS: 3

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 3/21/2022

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

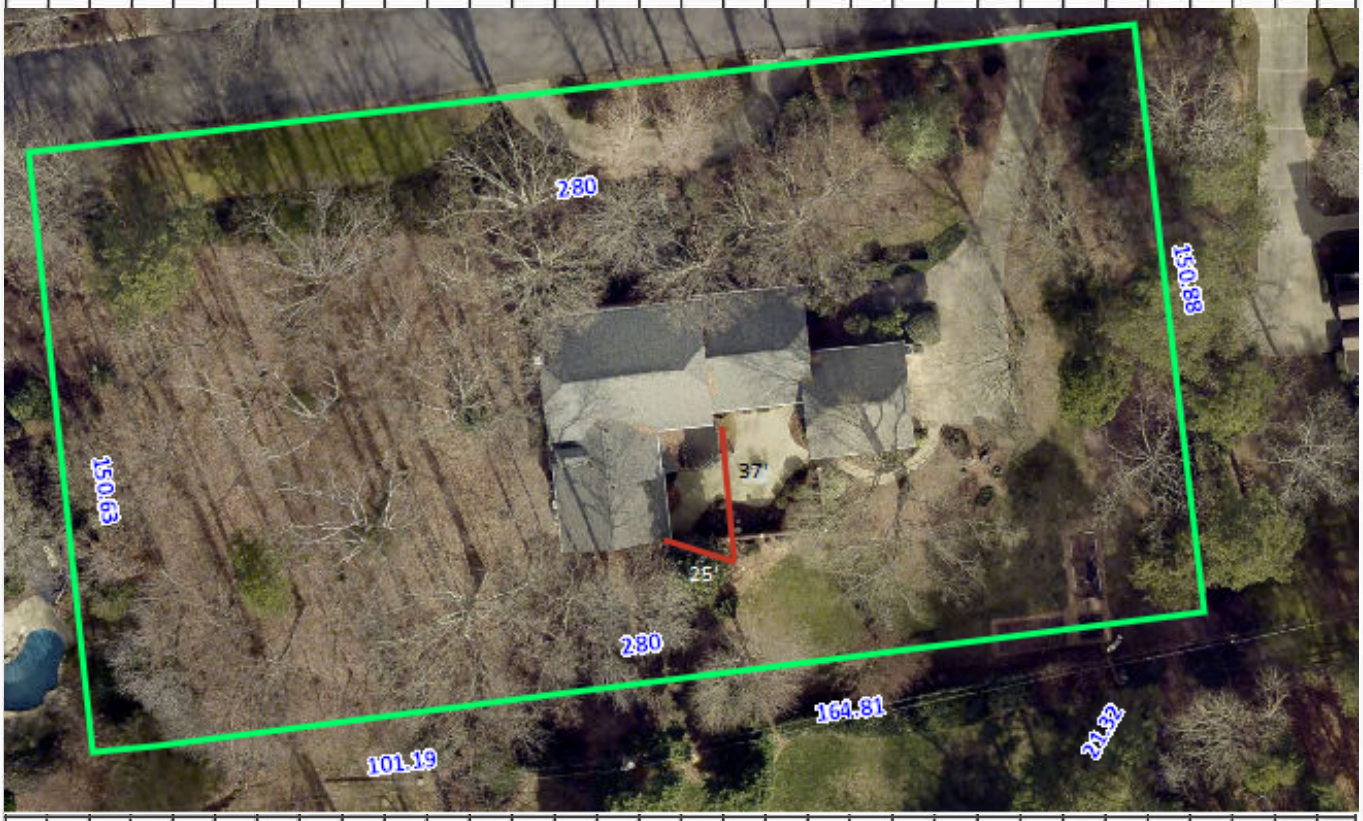
Revised on: 01/03/11

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: 19532 Weavers Cir. Cornelius NC 28031 Tax Parcel #: 00141103



*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

Home to be converted to sewer.

well meets setbacks

Heather Ray 3/29/22

REHS Signature Date

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

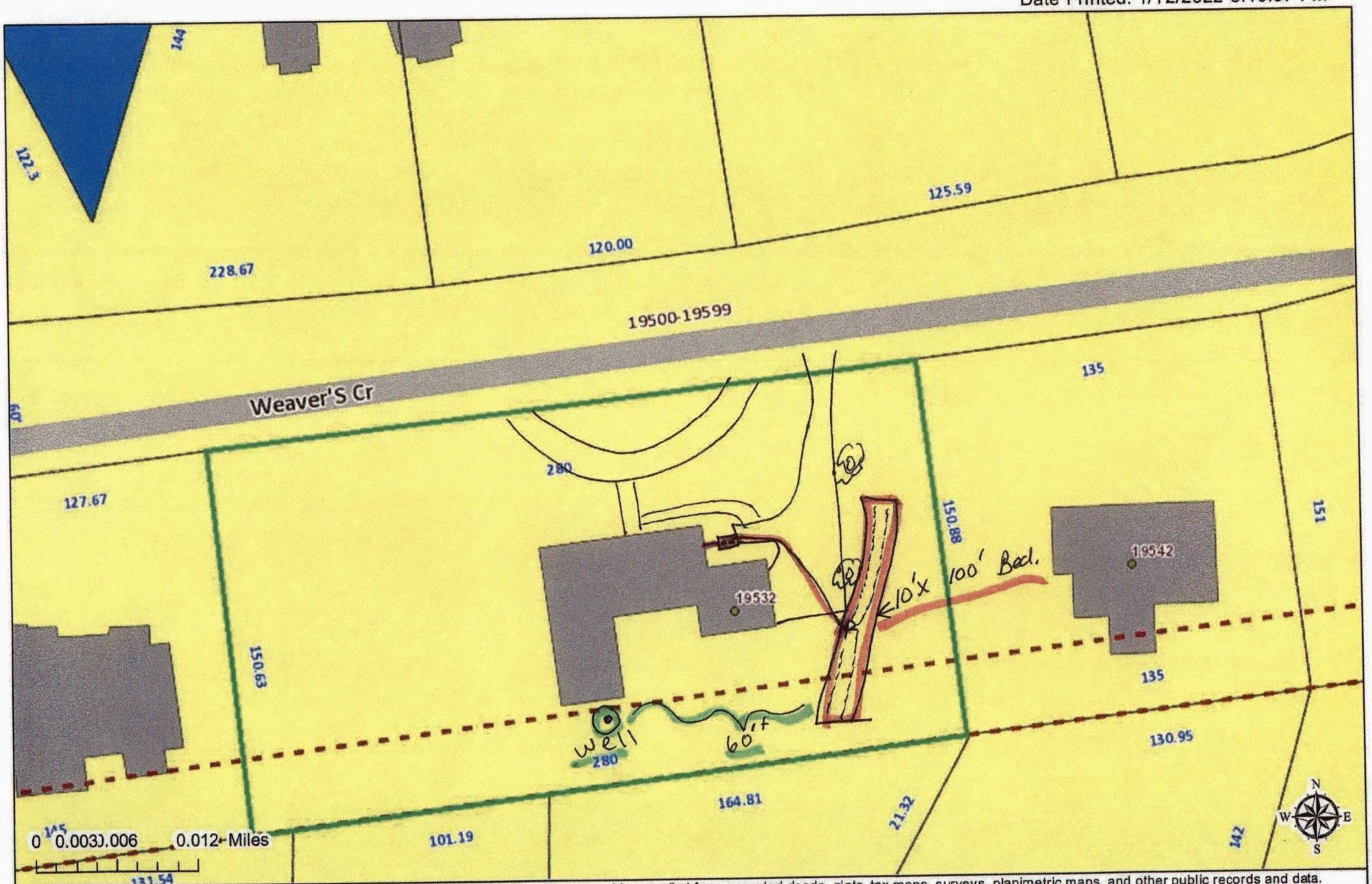
Revised on: 01/03/11

* Remodel to remain inside existing house foot print

Polaris 3G Map – Mecklenburg County, North Carolina

Septic System Site Plan

Date Printed: 1/12/2022 8:10:07 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4919 E. Maiden Rd.
Maiden, NC 28650
ph. 980-429-1580
fax. 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Property Address: 19532 Weavers Circle (Street)
Cornelius (City) NC (St) 28031 (Zip)

Current owner of Record: _____

Inspection requested by: ☐ Owner of record ☒ Other Name: Buyer, Claire Fedore
Company: _____
Phone: 843-276-1566

Date of Inspection: 1-11-22 **# bedrooms or design flow:** ? **MLS #:** _____

☐ Copy of Operations permit from Mecklenburg County Environmental Health attached
☒ Operations permit not available

Type of water supply ☒ Well ☒ Public Water ☐ Community Water ☐ Other: _____
Old well

1. **System components setbacks:**

7	ft. from house or structure	Required separation: 5	ft.
60+	ft. from well if applicable	Required separation: 50	ft.
—	ft. from water line if applicable	Required separation: 10	ft.
10	ft. from property line	Required separation: 10	ft.
NA	ft. from surface water	Required separation: 50	ft.
NA	ft. from swimming pool	Required separation: 15	ft.
—	ft. from OTHER: _____	Required separation: —	ft.

2. **Septic tank details:**

Able to locate tank: ☒ yes ☐ no If no, explain: _____
Approximate depth from ground surface to tank access: 14 inches
Access riser(s) present: ☐ yes ☒ no N.A. ____
Tank lids intact: ☒ yes ☐ no If no, explain: _____
Tank has baffle wall: ☒ yes ☐ no N.A. ____
Influent from facility to tank confirmed: ☒ yes ☐ no If no, explain: _____
Outlet T is present: ☒ yes ☐ no If no, explain: _____
Effluent screen present: ☐ yes ☐ no N.A. X
Effluent exits the tank through the outlet: ☒ yes ☐ no If no, explain: _____
Roots present in tank: ☐ yes ☒ no If yes, describe: _____
Evidence of infiltration: ☐ yes ☒ no If yes, describe: _____
Evidence of exfiltration: ☐ yes ☒ no If yes, describe: _____
Structural integrity (Check all that apply): ☒ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other: _____
Date tank was last pumped Recently ☐ unknown
Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 4 %

This septic tank (2) **was** or **was not** opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank ,the tank should be pumped.

3. System includes a dosing tank: ☐ yes (complete this section) ☒ no
Approximate depth from surface to top of tank _____ inches
Access risers: ☐ yes ☐ no If no, explain: _____
Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion
☐ Cracks ☐ Deformation ☐ Other: _____

NA

4. Dosing device: ☐ pump ☐ siphon

NA

5. Control panel: ☐ yes ☐ no If no, explain: _____
Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion
☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____
Panel working: ☐ yes ☐ no If no, explain: _____
Pump or siphon working ☐ yes ☐ no If no, explain: _____
☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☒ no
If yes, Operator Name _____ Cert. #: _____ Phone _____
Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☐ Trench ☒ Bed ☐ Other: _____
Nature of media: Stone - ≈ 10' X 100' Bed
Type of distribution: ☒ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip
☐ Other: _____
Evidence of past or current surfacing at time of inspection: ☐ yes ☒ no If yes, describe: _____
Large trees or other vegetation noted over or near drainfield area: ☒ yes ☐ no If yes, describe: Oaks.
Encroachments: ☐ yes ☒ no If yes, describe: _____
Evidence of traffic over drainfield: ☐ yes ☒ no If yes, describe: But Line from tank to drain field is under the concrete drive
Designated repair/reserve area free of encroachments: If no, describe: (OK)

8. Advanced pretreatment: ☐ yes ☒ no If yes, describe: _____
Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____
Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: There are (2) - 4" PVC Clean outs Next to a distribution Box but do not know what the purpose

10. Proper surface and subsurface water diversion over and around system components: ☒ yes ☐ no If no explain: _____

11. Other pertinent facts noted during inspection (attach additional sheets as needed): System appears to be functioning as intended. But house has Not been occupied. There is an existing 6" drilled well on the property that is Not in use.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4919-E. Maiden Rd., Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 1-11-22

Invoice

Wastewater Solutions & Design

Russell Williams
"Wastewater Consultant"
4919 E Maiden Rd
Maiden, NC 28650

Date	Invoice #
1/12/2022	4028

Bill To
Claire Fedore 19532 Weaver's Circle Cornelius, NC 28031

Description	Amount
Inspect the Septic System at 19532 Weaver's Circle. Cornelius, NC	350.00

Please remit to above address.

Phone #	E-mail
9804291580	rwilliams9534@bellsouth.net

Total $350.00

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/24/22
Receipt #: 134876
Check / Auth #: MC 163610
Received By: CABANLA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KNIGHT, WESLEY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 19532 WEAVERS CI		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-59.73					

RECEIPT

DATE 3/29/2022 No. 184910

RECEIVED FROM Wes Knight $ 7,597

Seven Thousand ~~Nine~~ Five hundred ninty Seven DOLLARS

○ FOR RENT
⊗ FOR SS TAP 19532 weaver Cir

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM _____ TO _____

BY Eddy Sorgen

3-11