

6532 SILVER FOX RD

22708508

10/5/09

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

09/09/2008 11:18 7042464761 VAN STOCKEN 3863 J Michael

FEE: 100.00
DATE: 9-9-08
CRT I X41868

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS - UFS APP 06/07

FILE #: 10746

TYPE APPLCATION:
- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: TYLER VAN STOCKEN
ADDRESS: 13480 E. INDEPENDENCE BLVD
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704 604-2939
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: MIKE McCREERY
ADDRESS: 6532 SILVER FOX RD
CITY: CHARLOTTE
STATE: NC ZIP: 28270
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 22708508
STREET ADDRESS: 6532 SILVER FOX RD
CITY: CHARLOTTE
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☒ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION 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.

John Van Stocken 9/9/08
Owner's/Agent's Signature Date

"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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VAUD 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Replacing existing deck. It meets required setbacks off septic. Jeremy Mickel 9-11-2008
EHS Signature Date

PLEASE BILL FEE TO CONTRACTOR ACCT # X41868

For Department Use

Permit #

Residential Plot Plan
For Internet Permit Application

ENTER SUBMITTAL NUMBER HERE: 544-66-291

LOCATION/SITE DATA

6532 SILVER FOX RD
Street # (N.S.E.W) Street Name (Ave, Rd, St)

Project / Subdivision Name: Phase ____ Section ____

Lot # Block # ____ Land Area (sq. ft.)

OWNER INFORMATION

Owner: Mike McCreary Address: 6532 Silver Fox

City: charlotte State: nc Zip: 28270 Phone # ____

FOR DEPARTMENT USE

Tax Parcel # 22708508 Tax Jurisdiction: CHARLOTTE CHAR

Zoning: ____ Juris CHAR Map # ____ R/W ____

Special (Circle) C D N P S Floodplain __Yes Flood Elev ____ Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different) ____

Minimum setbacks: Front____ Left Side____ Right Side____ Rear____

Remarks: ____

PROJECT DATA

Type Work:

New X Addition __Accessory

Project Description:

Demo and Replace existing deck

Area (sq.ft.):

Heated Unheated

Deck(s)

Utilities: New X Existing

Public:

1-Indiv Meter/Conn. Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

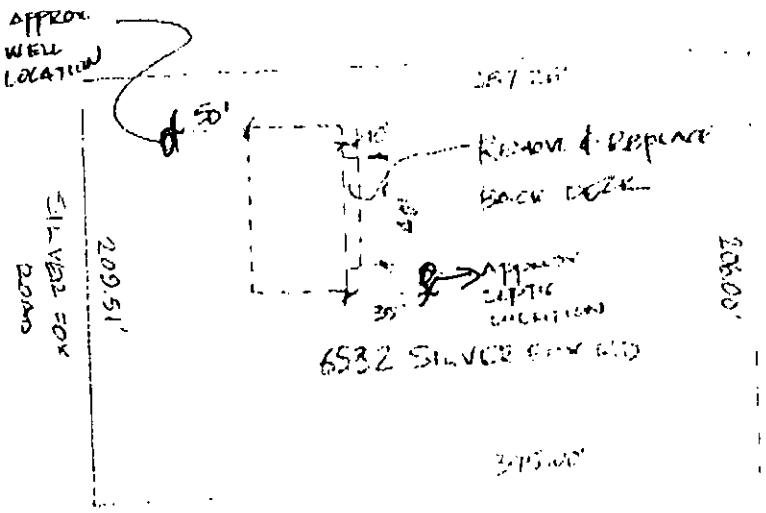
3-Individual Well Septic

4-Community Well Septic

Note: This plot plan must be faxed before your Internet permit will be processed.

Central office: 704-336-3823;
South office: 704-814-0874;
North office: 704-432-2523.

DRAW PLOT PLAN- Show what the permit is requesting.



Scope of work: To demo existing deck & build new deck. Approx. 400 sq. ft.

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Tyler Van Stocken 9/3/2008 Tyler Van Stocken Contact # (704) 604-2939 ext:

Applicant's Signature Date Print Applicant's Name

Contractor Name: ELITE HOME IMPROVEMENTS INC Contractor Acct #: X41868

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(704) 336-3803, fax (704) 336-3823

For Department Use: Zoning Approved by:
Initial ____ Date: ____

Tyler Van Stocken

Phone: (704)604-2939 • tylervanstocken@yahoo.com

To: Mecklenberg County Groundwater & Wastewater Services
Fax (704)336-6894

From: Tyler Van Stocken
(704) 604-2939

Number of pages (including the cover sheet): 3 pages

Re: Application for Approval to use an Existing on-site wastewater treatment and disposal system

Please find the attached application for your review and approval. Please bill the fees associated to Contractor Account # X41868. Please feel free to call me with any questions/concerns you may have. You may reach me at the above contact information.

Thank you.

Tyler Van Stocken

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/09/08	**Amount:**	100.00
Receipt #:	58906	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X41868
Contractor: ELITE HOME IMPROVEMENTS INC
Attn:
Address: 13480 E INDEPENDENCE BLVD
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 6532 SILVER FOX RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	1.28	127.75			

2008 OK
AS

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 10746 WASPS App #: 3863

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ LIFS ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

.130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: ICR _____ Date performed: 9-11-08