


8600 BEE TREE CR

22708504

6/11/08

marliwr

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

i 275675

2003 UTS OK

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# Groundwater & Wastewater Services
## Septic Project File & Data Review Worksheet

GWS File #: 9740 WASPS App #: _____

Primary ES assigned to project: CS

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ USE EXISTING ☑

**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:

USE EXISTING FOR FILE# 9740; CONSTRUCTING PORCH TO REPLACE DECK. MEETS SETBACK REQUIREMENTS. OK TO USE EXISTING.

IA issued date: _____

OP issued date: _____

Review performed by: [signature] Date performed: 4-24-08

FEE: 100.00 CK
DATE: 4/22/08 0610
CRT 1

**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 – UES.APP 06/07

FILE #: 9740

JAM

**TYPE APPLCATION:** PF 275675 3466

- ☐ 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: Robert Curlin
ADDRESS: 8518 Bee Tree Cir
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 704-293-6262
ALTERNATE PHONE:

**PROPERTY OWNER:**
NAME: Brock Carroll
ADDRESS: 8600 Bee Tree Cir
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 704 321 0026
ALTERNATE PHONE: —

**JOB LOCATION INFORMATION**
TAX/PARCEL #: 227-085-04
STREET ADDRESS: 8600 Bee Tree Cir.
CITY: Charlotte
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME: Providence Plantation
LOT #: 487 1975

**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: 3
NUMBER OF OCCUPANTS: 3

**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.

Brock Carroll 4-21-08
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 - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

OK TO USE EXISTING SYSTEM

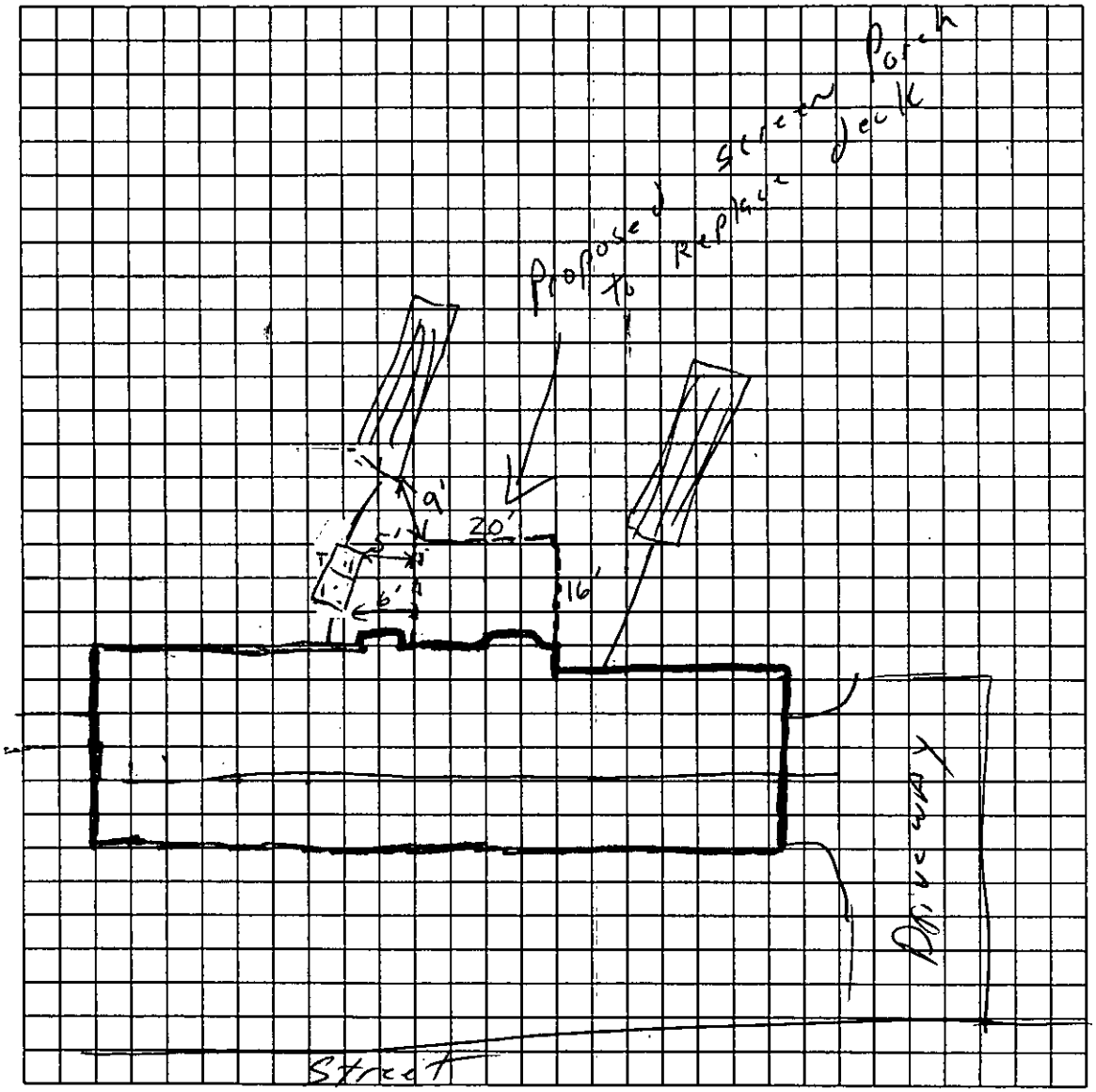
Christy M. Shaw 4/23/08
EHS Signature Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 9740
Date

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, abovegroundor underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| | |
|---|---|
| Owner/Agent Signature | Brenda Cannell |
| Date | 4-21-08 |

LBC 12/15/04

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/22/08 | **Amount:** | 100.00 |
| **Receipt #:** | 56986 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 06108B | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | CURLIN ROBERT |
| **Attn:** | |
| **Address:** | 8518 BEE TREE CIRCLE |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28270 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 600.00 | | | | | |