

12606 WITHERS COVE RD

19938123

1/11/2008

duponbj

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

#1728 NO Charge. ~~Already Paid~~ Already Paid

FEE: 0
DATE: 12/14/06
CRT [ ]

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 01/05

12/23/166

FILE #: 6881B

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: Debbie Hyman
ADDRESS: P.O. Box 3302
CITY: Fort Mill
STATE: SC ZIP: 29708
PHONE: 800-968-8941
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: Jeff Jager
ADDRESS: 12606 Withers Cove Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 19938123
STREET ADDRESS: 12606 Withers Cove Rd
CITY: Charlotte
STATE: NC ZIP: 28278
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)

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 Second Story

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.

Debbie Hyman — 12/14/06
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

Jeremy Michael — 12-18-06
EHS Signature — Date

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

CREDIT ☐ **REFUND** ☒ **CANCEL** ☐

1. Property Owner's Name: Jeffrey A. Jager 2. Permit #: _____
3. Permit Address: 12606 Withers Cove Rd 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: Jeffrey A. Jager (Please Print) 9. Phone # _____
10. Mailing Address: 12606 Withers Cove Rd (Street) Charlotte (City) NC (State) 28278 (Zip)
11. Signature: J. Craig for Jeffrey Jager 12. Printed Name Jeffrey Jager 13. Date: 12/22/06

REASON FOR REQUEST →

☐ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

☐ Other (Specify) Alteration denied will use existing system, 100 fee applies

For Departmental use only - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

_____
_____
_____
_____

Initials _____ Date / /

Supery Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	2/3 %
Pmt or Fee Amt $ Total Amt	$ 300.
Zoning Fee $ Amt	$
$	X % =
Total Pmt/ Fee Credit/Refund Permit Fee- Zoning X C/R% or Min/- Whichever is greater	$ 200.00

JyC (Initials) 12/22/06 (Date)

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit,(Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88---	88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/12/06	**Amount:**	300.00
Receipt #:	47187	**Tendered:**	300.00
Check / Auth #:	CHECK 3137	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	JAGER JEFFREY A
Attn:	
Address:	12606 WITHERS COVE ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

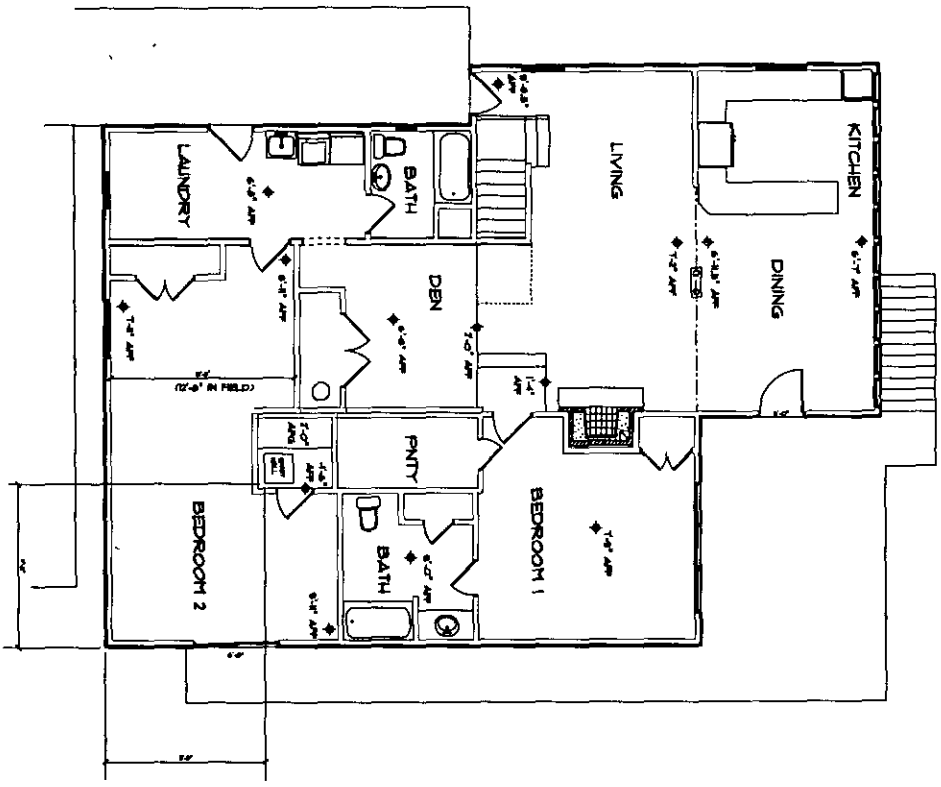
Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 12606 WITHERS COVE ROAD		1	300.00	300.00

Outstanding Balances

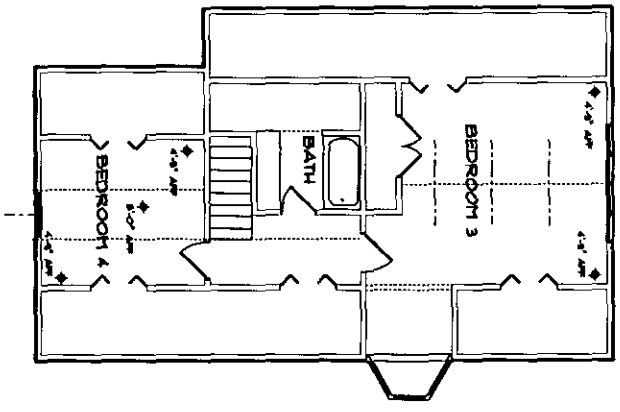
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

New plan

EXISTING FIRST FLOOR PLAN



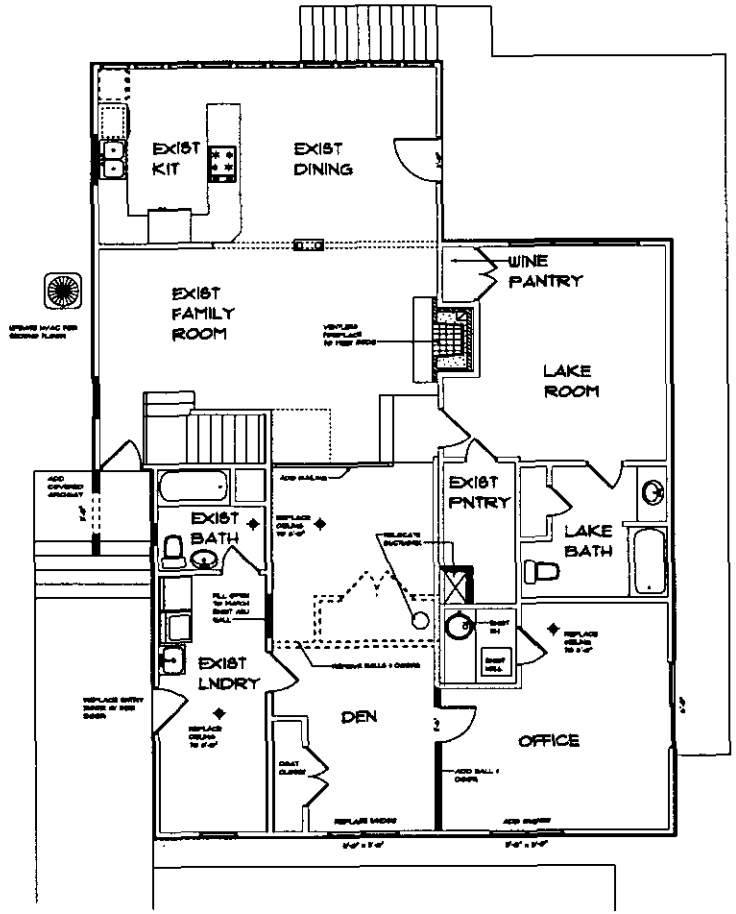
EXISTING SECOND FLOOR PLAN



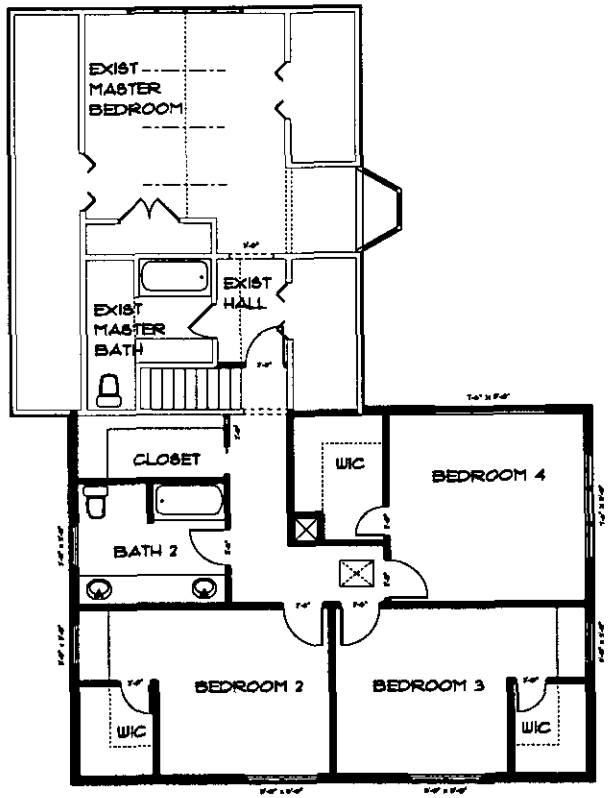
Jager Residence

12605 Withers Cove Road
Charlotte, NC

ARCHItechnique, PA



PROPOSED FIRST FLOOR PLAN



SECOND STORY ADDITION

PROPOSED SECOND FLOOR PLAN

ARCHItechnique, PA

Jager Residence

12608 Withers Cove Road
Charlotte, NC

1.

E HS Septic Permit Tracking

Application #: 1721 Permit Type: Alteration (Residential)

Permit File #: 6881B

Soil Evaluation: Not Available

Site Reclassified as Provisionably Suitable: Yes No Generate Denial Letter

Initial System Results:	LTAR (GPD/FT)	
Provisionally Suitable	0.0	Change LTAR Value

Repair System Results:	LTAR (GPD/FT)	
Provisionally Suitable	0.0	Change LTAR Value

Generate Conditions of Improvement Permit Generate Alteration Improvement Permit

Use Existing System Approved: Yes No Generate Denial Letter

Comments:

Alteration denied due to insufficiant space to accomidate additional bedrooms.
12-13-06
JAM

Submit

PLEASE SCAN & UPLOAD AS IP IN WASPS AS THE IP PLOT PLAN FOR #1721.

ALTERATION DENIED

CLK
cc 3137

#1721

GWS -- RES. APP 07/05

SEPTIC FEE: 300
DATE: 12/12/06
CRT [ ] JC

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 68818

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

Jeremy Michael

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19938123
STREET ADDRESS: 12606 Withers Cove Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 23 Sec 39
TOWNSHIP:

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

1951

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2437
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: (2) two NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: -0-
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Jeff Jager
ADDRESS: Same
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Debbie Hyman
ADDRESS: P.O. Box 3302
CITY: Fort Mill
STATE: SC ZIP: 29708
HOME PHONE: — WORK PHONE: 800-968-8949
MOBILE PHONE: 704-614-4595 FAX: 803-548-3729

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1951
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? NA

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 12/6/06

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

THIS IS TO CERTIFY THAT ON THE 14th DAY OF July 2000 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Ronald F. Wyatt
REGISTERED SURVEYOR STATE OF NORTH CAROLINA

Map Book 17, Page 647
January 13, 1976

24.0
18.7
— Pier —

— LAKE WYLIE —

N.44-51E. 12.16
N.00-42W. 12.21
N.54-19E. 88.97
N.36-22E 18.11
N.74-07-10E 30.93
N.55-11E 22.08
N.75-53E 31.50

Property Line Follows Contour Elevation 570.0' As shown on Recorded Plat

Exist. iron pin

N.38-58-41W. 138.01

Conc. Drive & Boat Ramp

EXISTING SEPTIC

3.1
3.8
3.1
24.3
16.1
12.6
Wood Deck
28.9
28.8
15.7
4.0
Steps
50' Min. Bldg. Line?
23.9
3.9
Steps
Brick Clad Residence
SECOND STORY ADDITION
51.4
3.2
11.6
31.8
Foundations Conc. Pad

5.48
Iron pin set on line

Lot 22

Lot 23

Lot 24

N.00-15-00.W. 278.81

S.75-38-00W. 278.81

RM

Utility Service?
84.0
30' Min. Bldg. Line?

Conc. Drive Encroaches
41.7
4.3
Nail in Conc. Drive
power pole
old iron pipe
S.55-21-10W. 171.94

S.87-30-28W.
S.87-30-57.20
C.
39.45
S.35-29-00W.
old iron pipe
old iron pipe

N.23-24-00W. 37.59
Exist. iron pin

WITHERS COVE ROAD
— (unpaved) —

6881B

site
Hatfield Rd.
Wildlife Rd.
Withers Cove Rd.
Traymore Ln.

Vicinity Map
(Not to Scale)



12606 WITHERS COVE RD

19938123

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 21208 WASPS App #: _____

Primary ES assigned to project: Phil Walker

Secondary ES assigned to project: _____

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

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: 1			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	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 ☑ Existing

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: 3/14/13

OP issued date: 4/26/13

Review performed by: JAM Date performed: 4/30/13

7120B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Cyp#6182

APPLICATION FOR A RESIDENTIAL 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: 19938123
STREET ADDRESS: 12606 Withers Cove Road
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:

⊙ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊙ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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.**

BURIED CABLES, LANDFILLS, STUMPHOLES	⊙ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊙ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊙ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ⊙ NO
WELLS, SPRINGS, OR WATER LINES	⊙ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊙ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊙ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊙ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊙ NO
WASTE STORAGE	○ YES ⊙ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊙ NO

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: Jeff Jager
ADDRESS: 12606 Withers Cove Road
CITY: Charlotte
STATE: NC ZIP: 28273
WORK PHONE: (704) 583-4740
MOBILE PHONE: (704) 576-0110
FAX: _____
E-MAIL: jjager@elmstreet-group.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

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.

JAJ (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.

_____ 3/20/13

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: lws

GWS FILE NUMBER ASSIGNED: 7/2013

APPLICATION ID NUMBER ASSIGNED: 6182

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 1973123
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Jager
ADDRESS: 12606 W. Hert's Cove Rd.
PROPOSED FACILITY: Repair
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Same as above
WATER SUPPLY: • Private • Public • X Well • Spring • Other _____
EVALUATION METHOD: X Auger Boring • Pit • Cut
TYPE OF WASTEWATER: X Sewage • Industrial Process • Mixed

APPLICATION DATE _____
DATE EVALUATED: 3-19-13
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	25 12a°	0-4 4-46 46-60	wfgr l mssbk C wfsbk CL	SS SP Fr SEXP S P Fr SEXP SS P Fr SEXP	>60"	60 saprolite indurations from 46-60"	NA	5	.3
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	III b	III b
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jacob Presley
OTHER(S) PRESENT: _____

COMMENTS: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **18343**
Request Type: **Request for Service**
Associated WO Number:
Date Initiated: 5/23/2011 2:26:19 PM
Submitted To: WALKER, PHILO

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: WALKER, PHILO

Incident Location

Problem Address: **12606 WITHERS COVE ROAD, CHARLOTTE, 28278**

Requesting Party Information

First Name	Last Name	Address		
JEFF	JAGER	12606 WITHERS COVE ROAD	CHARLOTTE	28278

Home Phone	Work Phone	Other Phone
		(704) 576-0110

Question	Answer
What is your request related to?	Septic
What type of wastewater system serves the property?	Septic System
Please describe the problem.	WATER DRAINS SLOWLY WHEN WASHING DISHES OR LAUNDRY. SYSTEM PUMPED 6 - 7 MONTHS AGO

Problem Details

Caller Details	SEPTIC FILE # 7120B. REQUESTOR WHO IS PROPERTY OWNER WANTS TO ADDRESS CONCERNS BEFORE THEY BECOME A PROBLEM

Details (cont.)	SEPTIC FILE # 7120B. REQUESTOR WHO IS PROPERTY OWNER WANTS TO ADDRESS CONCERNS BEFORE THEY BECOME A PROBLEM

Activity Details

Comments	

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894
http://groundwater.charmeck.org

Homeowner/Tenant Interview Form

Please fill out completely to aid in the evaluation of your failing septic system.

Name: JEFF JAGER Date: 7/6/11

Address: 12606 WITHERS COVE RD Phone: (704) 588-1715 (Home/Cell)

CHARLOTTE NC 28278 (704) 583-4790 (Work)

Email: jjager@elmstreet-group.com

When was the septic system installed? 405? Permit/File #: _____

Who installed the septic system? _____

When was the septic tank last pumped? 3-4 months

Who pumped the septic tank? RAYS SEPTIC

How often have you had the tank pumped? 3 times in the last year

Where are the septic tank and drain field located on the property?

South of house

Briefly describe the problem you are experiencing with the septic system:

Water coming up through grass and standing

When did you first notice the problem? _____

Does the problem seem to be linked to certain events (heavy rains, doing laundry, guests staying over, etc.)?

Yes ☒ No ☐

Explain: Most often happens after laundry, dishes, rain

How many people are living in the house? 2 Adults _____ Teens 2 Children

How much water do you use each day (provide estimate in gallons)? _____

Is the property served by public water? Yes ☐ No ☒

If yes, on average how much is your monthly water bill? $_____

Do you have a dishwasher? Yes ☒ No ☐ How many times per week is it used? _____

Do you have a garbage disposal? Yes ☒ No ☐ How many times per week is it used? _____

Do you have a washing machine? Yes ☒ No ☐ How many times per week is it used? _____

Do you use "in tank" or "in bowl" toilet sanitizer products? Yes ☒ No ☒ sometimes

Do you have a water softener unit or water treatment system installed? Yes ☒ No ☐

If yes, where does the system drain? _____

Are any household cleaning chemicals put down the drain? Yes ☒ No ☐

If yes, please indicate what types of chemicals: cleaning materials

Are any other types of chemicals (paints, solvents, oils, etc.) put down the drain? Yes ☐ No ☒

If yes, please indicate what types of chemicals: _____

Have any new water using fixtures been added in the house since the septic system was installed? Yes ☒ No ☐

If yes, please indicate what type of fixtures have been added: shower, sinks

Excluding sinks, showers, bathtubs, and toilets please list any other plumbing fixtures (spa, whirlpool, etc.) that are in the house:

_____

Do you have an in-ground irrigation system? Yes ☐ No ☒

If yes, how often is the system used during a one week period? _____

Has any site work been done at the property or to the house since you moved in? Examples include: gutter drains, swimming pool installation, basement remodel/finish, landscaping, paving of driveway, etc.

Please describe: ☒ Renovations: addition added to second floor

_____

_____

_____

Are there underground utilities located on the property? Yes ☒ No ☐

If yes, check ALL that apply: ☒ Power ☐ Phone ☐ Water ☒ Gas ☐ Cable TV

_____

Signature

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: JEFF AND MARILYN JAGER

Mailing Address: 12606 WITHERS COVE RD
CHARLOTTE, NC 28278

Occupant: JEFF AND MARILYN JAGER

Location: 12606 WITHERS COVE RD
CHARLOTTE, NC 28278

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On March 14, 2013 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **April 17, 2013** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact PHILO WALKER at 704-201-7673.

Notice Issued: 3/14/13 (Date) — Philo Walker REHS (DENR/DEH Authorized Agent)

Compliance: 4/26/13 (Date) — Philo Walker REHS (DENR/DEH Authorized Agent)

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

E HS Septic Permit Tracking

Application #: 1721 Permit Type: Alteration (Residential)

Permit File #: 6881B

Soil Evaluation: Not Available

Site Reclassified as Provisionably Suitable: Yes No Generate Denial Letter

Initial System Results: Provisionally Suitable — LTAR (GPD/FT): 0.0 — Change LTAR Value

Repair System Results: Provisionally Suitable — LTAR (GPD/FT): 0.0 — Change LTAR Value

Generate Conditions of Improvement Permit — Generate Alteration Improvement Permit

Use Existing System Approved: Yes No Generate Denial Letter

Comments:

Alteration denied due to insufficiant space to accomidate additional bedrooms.
12-13-06
JAM

Submit

PLEASE SCAN & UPLOAD AS IP IN WASPS AS THE IP PLOT PLAN FOR #1721.

ALTERATION DENIED

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7120 B Permit #: _____ Tax Parcel #: 19938123

Property Owner: Jeff Jager

Job Location Address: 12606 Withers Cove Rd

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 3/14/13

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/17/13, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 480 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 54 inches

Bed Width: (2) 9 feet

Total line length: 550 feet

# of Lines: 3+3 @ 55 feet

2 beds 9'wd x 55'long

Depth of Media: 48 inches (Type) Tire Chips

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

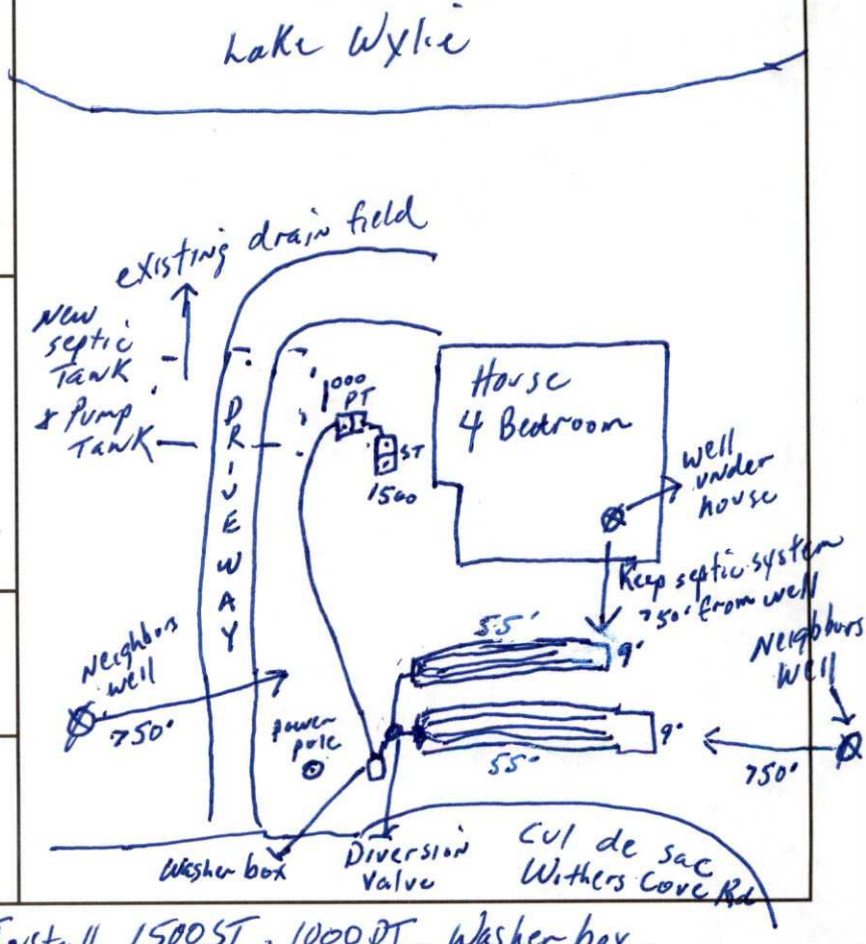
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIa Install 1500ST, 1000PT, Washer box, Diversion valve, 2 D Boxes, 2 beds 9'wd x 55'long of 48" Tire chips

Keep the septic system >50' from any wells

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7120B Permit #: _____ Tax Parcel #: 19938123

Property Owner: Jeff Jager

Job Location Address: 12606 Withers Cove Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/26/13 Contractor Name: Steve Autry

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Meyers ME 45

Drainfield Installation ☒ N/A

Trench Depth: ____ inches

Trench Width: ____ feet

Line Spacing: ____ feet (O.C.)

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Depth of Cover: ____ inches

Distribution Device: ____

Inspection Dates

Tank(s) Inspected: 4/25/13

Excavation Inspected: 4/26/13

Pump & Controls Inspected: 4/26/13

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 54 inches

Bed Width: 2(9) feet

Total line length: 550 feet 2 beds

# of Lines: 3+3 @ 55+55 feet 9'wd x 55' long

Depth of Media: 48 inches (Type) Tire Chips

Depth of Cover: 6 inches

Distribution Device: Manifold

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other ____

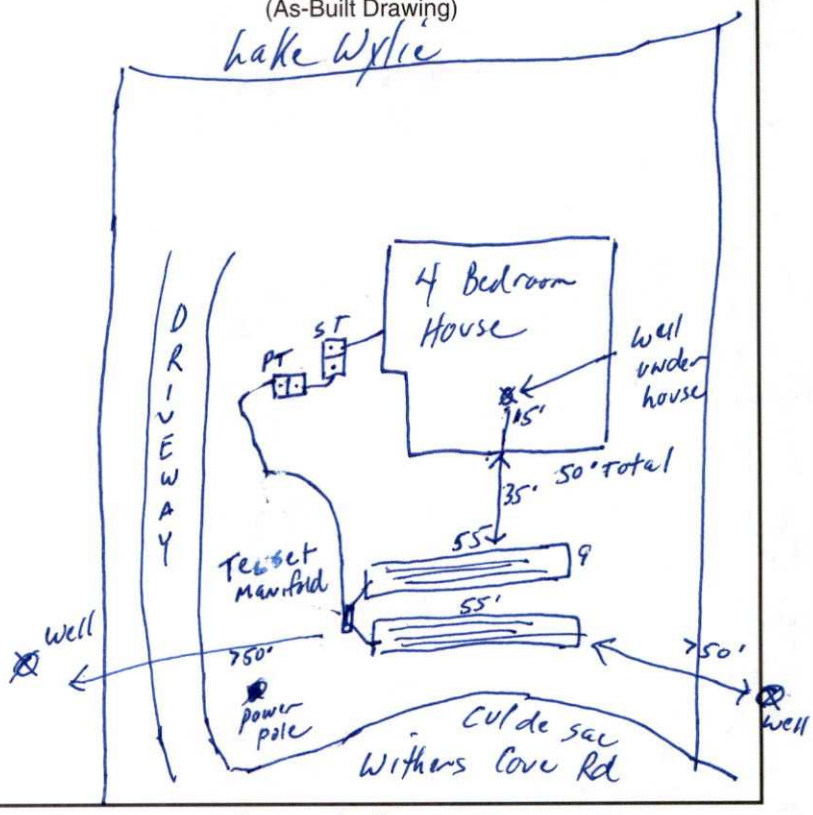
System Installation Setbacks

Distance from Building Foundation: 35 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Type IIIg Pump to Tire Chip Bed TCHP, P, NA, NA

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7120B Permit #: _____ Tax Parcel #: 19938123

Property Owner: Jeff Jager

Job Location Address: 12606 Withers Cove Rd

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☒ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Pump to Chip Bed Repair Tire

DENR Authorized Agent: Philo Walker Date: 4/26/13

Signature: Philo Walker REHS

clk #1721
cc 3137

GWS – RES. APP 07/05

SEPTIC FEE: 300.00
DATE: 12/12/06
CRT [ ] GC

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 6881B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

Jeremy Michael

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19938123
STREET ADDRESS: 12606 Withers Cove Road
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 23 SEC 39
TOWNSHIP:

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

1951

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2437
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: (2) two NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: -0-
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Jeff Jager
ADDRESS:
CITY: Same
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Debbie Hyman
ADDRESS: P.O. Box 3302
CITY: Fort Mill
STATE: SC ZIP: 29708
HOME PHONE: — WORK PHONE: 800-968-8949
MOBILE PHONE: 704-614-4595 FAX: 803-548-3729

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1951
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? NA

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 12/6/06 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

THIS IS TO CERTIFY THAT ON THE 14th DAY OF July 2000 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Ronald F. Wyatt
REGISTERED SURVEYOR STATE OF NORTH CAROLINA

Map Book 17, Page 647
January 13, 1976

LAKE WYLIE

N.44-51E. 12.16
N.00-42W 12.21
N.54-19E. 88.97
N.36-22E. 18.11
N.74-07-10E. 30.93
N.55-11E 22.08
N.75-53E 31.50

Property Line Follows Contour Elevation 570.0' As shown on Recorded Plat

24.0
12.7
Pier

Exist. iron pin

N.38-58-41W. 138.01

Conc. Drive & Boat Ramp

EXISTING SEPTIC

24.3
3.8
3.7
3.5
16.1
12.6
Wood Deck
15.7
28.8
28.9
4.0
steps
50' Min. Bldg. Line

1-Story Stucco Residence
25.9
42.2
3.9
SECOND STORY ADDITION
51.4
36.0
11.6
31.8 Foundation & Conc. Pad

Lot 22

Lot 23

Lot 24

N.00-15-00 E. 268'

188.75

RM

5.48'
Iron pin Set on Line

Utility Service

84.0

30' Min. Bldg. Line

Conc. Drive Encroachs
Nail in Conc. Drive
41.7
4.3
power pole
old iron pipe
S.55-21-10W. 171.94

C: S. 87-30-28W. 57.40

old iron pipe
S.35-29-00W. 39.45
old iron pipe

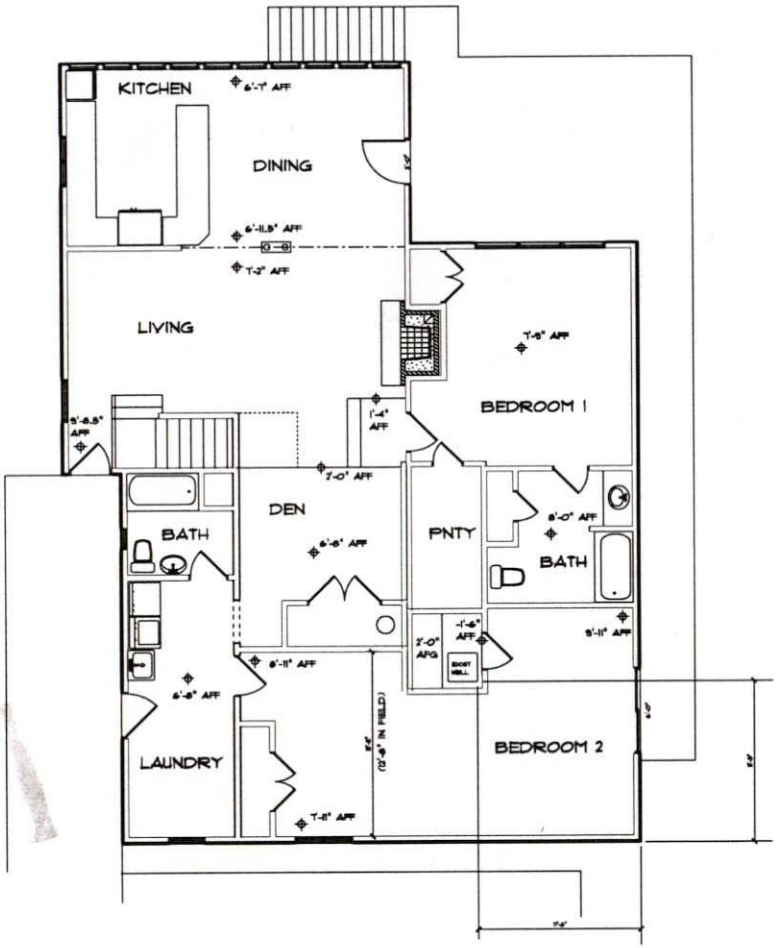
N.23-24-00W. 37.59
Exist. iron pin

WITHERS COVE ROAD
— (unpaved) —

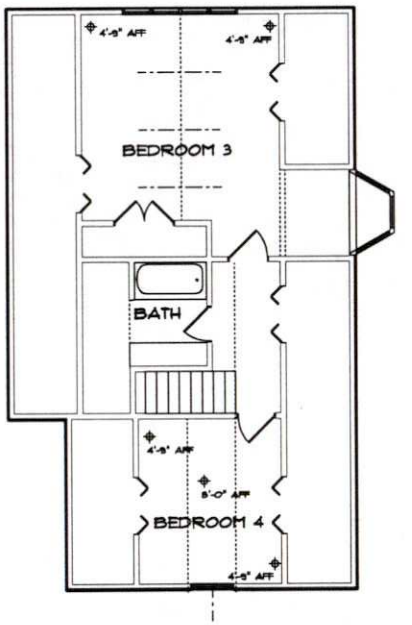
6881B

Vicinity Map
(Not to Scale)
site
Hatfield Rd.
Wildlife Rd.
Withers Cove Rd.
Traymore Ln.

New Plan



EXISTING FIRST FLOOR PLAN

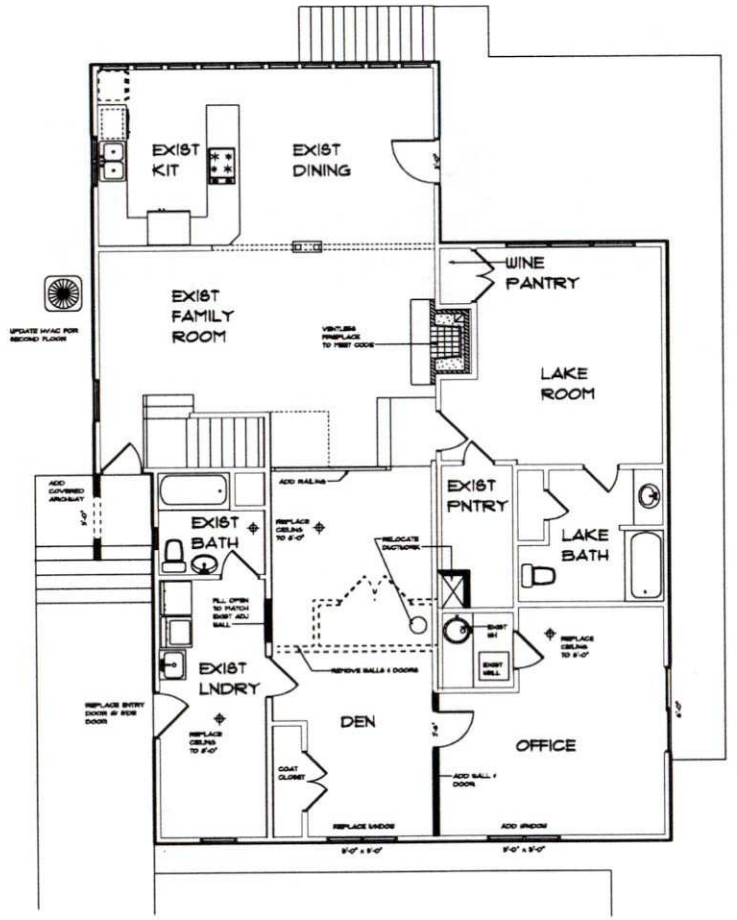


EXISTING SECOND FLOOR PLAN

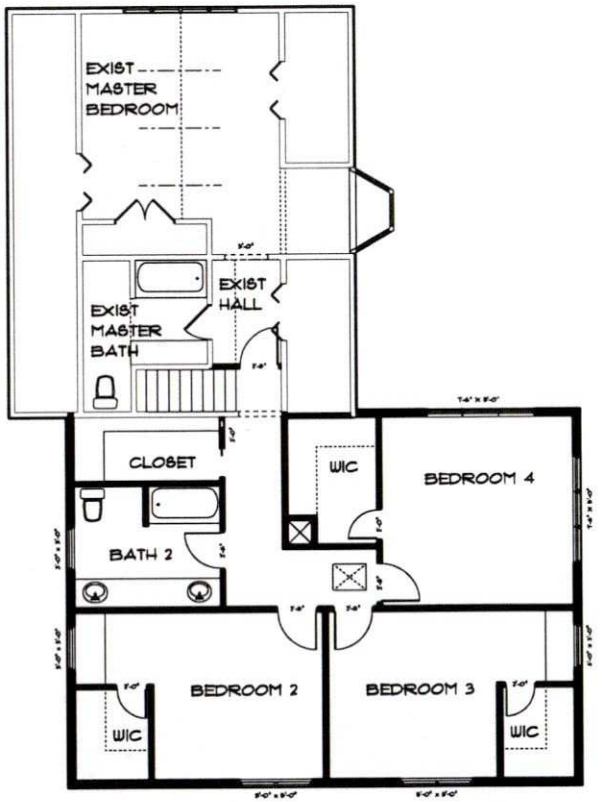
ARCHItechnique, PA

Jager Residence

12606 Withers Cove Road
Charlotte, NC



PROPOSED FIRST FLOOR PLAN



SECOND STORY ADDITION

PROPOSED SECOND FLOOR PLAN

ARCHItechnique, PA
PO BOX 3203
POST OFFICE, SC 29304
803-368-8949
architechpa@live.com

Jager Residence
12606 Withers Cove Road
Charlotte, NC

1

1728 NO Charge. Already Paid Already Paid

FEE: 0
DATE: 12/14/06
CRT [ ]

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

12/23/06

GWS – UES.APP 01/05

FILE #: 6881B

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: Debbie Hyman
ADDRESS: P.O. Box 3302
CITY: Fort Mill
STATE: SC ZIP: 29708
PHONE: 800-968-8941
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: Jeff Jager
ADDRESS: 12606 Withers Cove Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 19938123
STREET ADDRESS: 12606 Withers Cove Rd
CITY: Charlotte
STATE: NC **ZIP:** 28278
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)

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 Second Story

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.

Debbie Hyman — 12/14/06
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

Jeremy Michael — 12-18-06
EHS Signature — Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/12/06
Receipt #: 47187
Check / Auth #: CHECK 3137
Received By: CRAIGGY

Amount: 300.00
Tendered: 300.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: JAGER JEFFREY A
Attn:
Address: 12606 WITHERS COVE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 12606 WITHERS COVE ROAD		1	300.00	300.00

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

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

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions.

GAX-LUE - _____

CREDIT ☐

REFUND ☒

CANCEL ☐

1. Property Owner's Name: Jeffrey A. Jager 2. Permit #: _____
3. Permit Address: 12606 Withers Cove Rd 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: Jeffrey A. Jager 9. Phone # _____
10. Mailing Address: 12606 Withers Cove Rd Charlotte NC 28278
(Please Print) — Street — City — State — Zip
11. Signature: J. Cruz for Jeffrey Jager 12. Printed Name Jeffrey Jager 13. Date: 12/22/06

REASON FOR REQUEST

☐ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ CHARGES REAPPLIED _____
Correct contractor — Staff Initials

→ ☒ Other (Specify) Alteration denied will use existing system $100 fee applies

For Departmental use only - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

Initials _____ Date / /

Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	2/3 %
Pmt or Fee Amt $ Total Amt	$ 360.
Zoning Fee $ Amt	$
$ X % =	
Total Pmt/ Fee Credit/Refund	$ 200.00

Permit Fee- Zoning X C/R% or Min/- Whichever is greater

JyC Initials — 12/22/06 Date

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit,(Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	8_03=0 9004=$		$		
Org/Account [8 _ 03 = 0]	Refund Charge to account	88 - - -	88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ___-___-___