

12629 IDLEWILD RD

13533186

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1918 B DATE: 6-25-98

TC: 135-331-3190 ☐ L ☒ CRT

SERIAL Nº 17655

Name of Owner LESZEK RUDLA Juris.:

Address of Property 12629 IDLEWILD ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12" - 18"

Water Supply Source MUNICIPAL

Distance to Water Source 310'

Excavation Inspected 6-25-98

Tank(s) Inspected 6-25-98

Wash Line Inspected NA

High Water Alarm Inspected NA

SEE PERMIT

PLOT

Design 1500 ST MOP 1800 SFT 12 G CKL. CTR#

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: TYPE II C

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

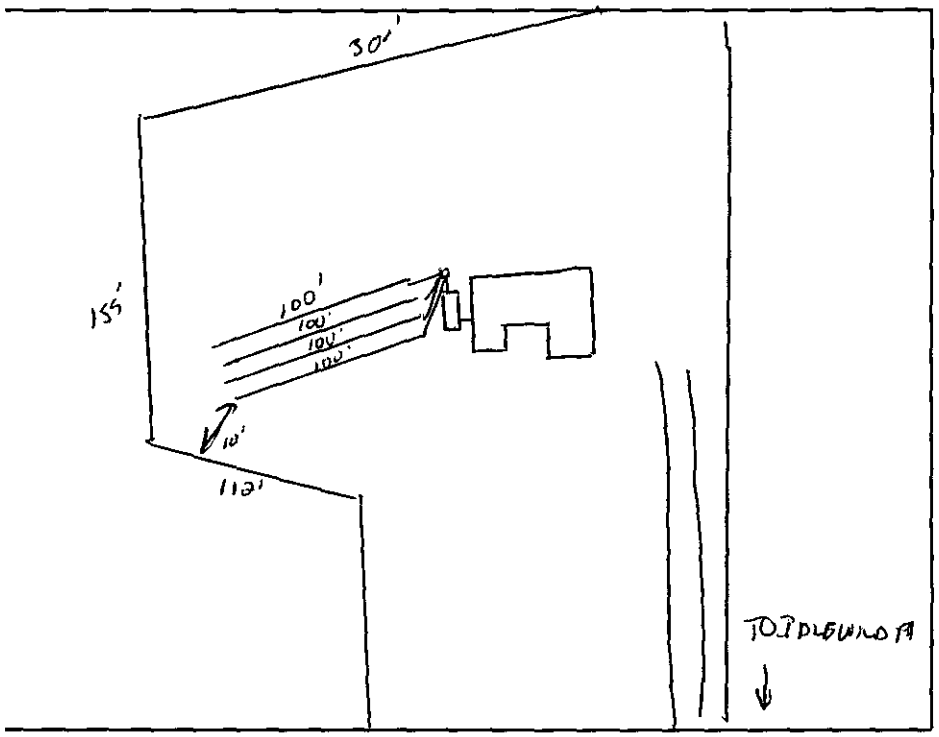
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1918 B DATE: 6-22-98

TC: 135-331-310 X L

SERIAL Nº 17728

Permission is hereby given to _____ (Install or Construct), _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before 7-22-98, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥ 100' feet

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

NAME OF OWNER LESZEK KUDLA

LOCATION OF PROPERTY 12629 IDLEWILD ROAD

Comments: (1) INSTALL SHALLOW 24" AND ON CONTOUR.

(2) USE 1500 gal TANK

Environmental Health Specialist

Fee Paid in full via transfer 60 X

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/2/97 PERMIT NO: 1918B
PARCEL NO: 20135-331-31

JOB LOCATION ADDRESS: 12609 Idlewild Road
PROPERTY OWNER: Mr. Leszek Kudla
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joe B. Mialik, RS DATE: 6/2/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1918B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See conditions of Improvement Permit & associated plot plan.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] 09.25.97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

File 1918B

5996865

336-3832

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
ONE/TWO FAMILY PERMIT

ADDR ADDR: 12629 IDLEWILD RD MINT JOB: 7001 PERMIT: B0580690
PARCEL: 13533131PO DATE: 06/17/97 JOB: NEW RESIDENCE MASTER: B0580690
PROJECT: PHASE: SEC: PROJECT:
OWNER: LES KUDLA ADDR: SAME AS ABOVE
CITY/ST: CHARLOTTE NC 28105 PHONE: 704-847-4205

SITE LOT/BLK: / ZONING: R JURIS: MINT MAP#: HOUSING: NO
ST R/W: 0060 PUBLIC: NO CENSUS: 5704 O&D ZONE: 304 FIRE DIST: NO
SPECIAL: FLD PLN: NO FLD ELEV:
#UNITS: 1 WATER: IND. METER/CONN SEWER:
LAND AREA: LOT: FRT ST:
MIN SETBACKS FRONT: 60 LEFT: 20 RIGHT: 20 REAR: 40 REQ PARKING:

PROJ USDC: 101 OCC TYPE: R FEE CODE: CONSTR TYPE: 6 #H/C UNITS: 1
HTD AREA: 1632 UNHTD AREA: 481 DECK: #STORIES: 1.0 BASEMENT: NO
#ROOMS: 9 #BEDROOMS: 3 #BATHS: 2.0 SPKLR SYS: NO #UNITS: 1
ATT CARPORT: NO ATT GARAGE: YES MASONRY FR: NO PROJ COST:
MBL HOME YR/MAKE: SERIAL#:

ELEC TOTAL AMPS: 200 #CIRCUITS: 30 UTILITY CO: DUKE CHARLOTTE
#CONNECTIONS 120 V: 90 > 120 V: 3 TYPE OF WORK: NEW SERVICE

MECH #GAS CONNECTIONS: 3 #APPLIANCES: 3 UTILITY CO: PIEDMONT NATL GAS
TYPE OF WORK: HEATING WITH A/C
HEATING/COOLING: CENTRAL A-C GAS/OIL/FURN PREFAB FIREPL

PLBG #FIXTURES: 10 #APPLIANCES: 4 WORK: NEW WATER SERVICE NEW SEWER SERVICE

CONT BLDG: LES KUDLA LIC: PERMIT: B0580690
ADDR: CITY/ST:
PHONE#:
ELEC: ROPER ELECTRIC CO JOHN LIC: E 0000008411 I PERMIT: E0580691
ADDR: 926 SHADY BLUFF DR CITY/ST: CHARLOTTE NC 28211
PHONE#: 704-365-5648
MECH: LES KUDLA PERMIT: M0580692
ADDR: CITY/ST:
LIC:
PHONE#:
PLBG: LES KUDLA LIC: PERMIT: P0580693
ADDR: CITY/ST:
PHONE#:
ARCH/ENG: LIC: PHONE#:
ADDR: CITY/ST:

COST BLDG: 75072 ELEC: 3500 MECH: 4500 PLBG: 4500 TOTAL: 87572
PLANS: NO INSP READY: NO
REMARKS:

PERMIT MAILED: NO CHECK NUMBER: 1015 HOMEOWNR RC FEE:
VALIDATION DATE: 06/17/97 BY: MP CASH RECEIPT#: 124185 DOUBLE FEE: NO
FIRE DMG FEE: FSTRK FEE: ADJUSTMENT: TOTAL FEE: 631.55

THIS PERMIT WILL EXPIRE IF WORK EITHER HAS NOT STARTED WITHIN 6 MONTHS OR IS DISCONTINUED FOR A PERIOD OF 12 MONTHS. NO REFUNDS WILL BE GIVEN AFTER EXPIRATION.

P O BOX 31097 700 N TRYON ST CHARLOTTE, NC 28231-1097 704-336-3831

PERMIT # B0580690

TYPE PERMIT: ☑ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

ADDRESS

STREET # (N,S,E,W): 12820 | STREET NAME: IDLEWILD Rd | (AV,RD,ST, etc)

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☑ 5-Matthews ☐ 6-Huntersville ☑ 7-Mint Hill

SITE DATA

PROJECT #

PROJECT/SUBDIVISION NAME: | PHASE | SECTION

OWNER: F.G. KUDLA | ADDRESS: 12821 IDLEWILD Rd

CITY: MATTHEWS | STATE: NC | ZIP: 28105 | PHONE #: 847-4205

TAX PARCEL # 135-331-31 | LOT # | BLOCK # | LAND AREA (sq. ft.): 2 acres

CENSUS | ZONING: R | JURIS: 7 | MAP # MINT | R/W: 60'

SPECIAL (Circle): C D N P S | FLOOD PLAIN ☐ Yes | FLOOD ELEV | FIRE DIST ☐ Yes | APR'D

LOT: ☐ CORNER ☐ THROUGH | FRONT STREET (if different)

MINIMUM SETBACKS: FRONT 60 | LEFT SIDE 20 | RIGHT SIDE 20 | REAR 40 | REQ. PARK'G N/A

PROJECT

JOB # 1001 | USDC # 101 | PURPOSE R | OCC. TYPE R | CONST 6

TYPE WORK: ☑ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.): RESIDENCE

Mobile Home: include Yr./Make & Serial #

AREA (sq. ft.): Heated 1632 | Unheated 481 | Deck(s) | # STORIES 1 | BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 9 | # BEDROOMS 3 | # BATHS 2

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes | # UNITS | MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL: Power Company: DUKE POWER | Service: ☐ New ☐ Existing | Total Amps 200 | # Circuits 30

Connections 120 Volts 10 | # Connections over 120 Volts 3

MECHANICAL: Gas Company: PIEDMONT GAS | # Gas Conn 3 | # Appliances 3 | ☐ Heat Only ☐ Central A/C Only ☑ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☑ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 10 | # of Appliances (Dishwasher, Water Heater, etc.) 4

UTILITIES: Public ☑ New ☐ Existing 1-Individual Meter/Connection 2-Master Meter/Connection ☑ Water ☐ Sewer ☐ Water ☐ Sewer | Private 3-Individual 4-Community ☐ Well ☑ Septic ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)				CONTRACT COST Nearest $100	APR'D FEES $
10000	Bldg: L.F.G. KUDLA	Phone	Lic #		Bldg. $ 75,000	75.00
	Add	City/St		Zip		
6702	Elect: John Rooney Electric	Phone	Lic #		Elect. $ 3500	
	Add	City/St		Zip		
10000	Mech: Lee Kudla	Phone	Lic #		Mech. $ 4500	
	Add	City/St		Zip		
10000	Plbg: Lee Kudla	Phone	Lic #		Plbg. $ 4500	
	Add	City/St		Zip	Total Const. Cost $ 87,500	
	PLANS ☐ Arch./Eng.	Phone	Lic #			
	Add	City/St		Zip	FT FEE $	

OTHER

FT ☐ | TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

REMARKS:

OTHER FEES $

TOTAL FEE $ 631.5

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICA FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

6/1/92

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME: F.G. KUDLA

METHOD OF PAYMEN ☑ CASH/CHECK ☐ ACC

HOLDS	PROCESSED BY	APPROVED BY:	VALIDATED
	BM	CM	

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82

APPLICANT

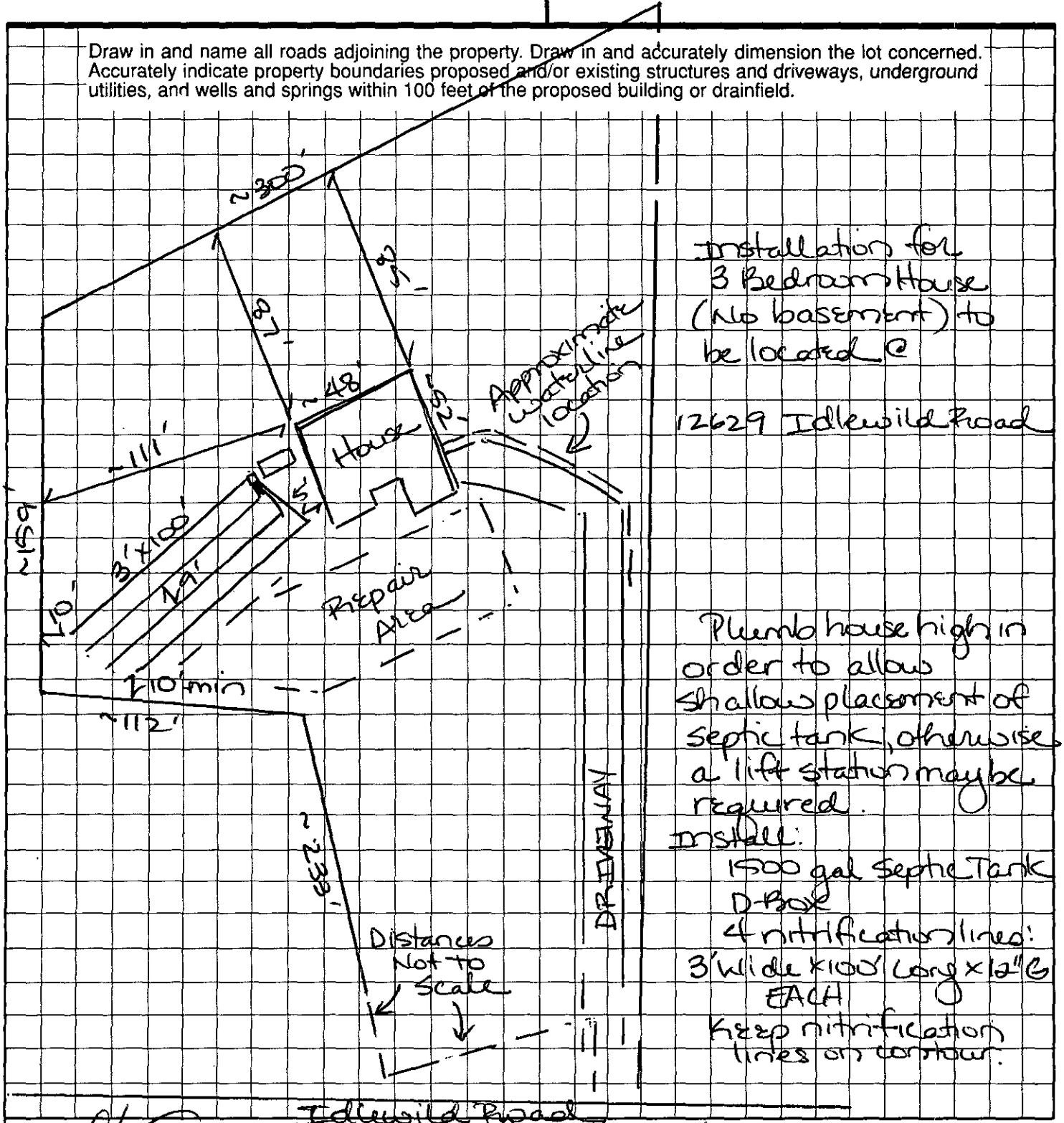
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1918B

TC: PO 135-331-31

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Installation for 3 Bedroom House (No basement) to be located @

12629 Idlewild Road

Plumb house high in order to allow shallow placement of septic tank, otherwise a lift station may be required.

Install:
1500 gal Septic Tank
D-Box
4 nitrification lines:
3' wide x 100' long x 12" G
EACH
Keep nitrification lines on contour.

OWNER/AGENT SIGNATURE

DATE 09.25.97

APPROVAL DATE 6/2/97 Jiba B. Mialik, RS

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Permit Number: 1918B 12629 Idlewild Rd Tax Number: PO 135-331-31

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
No municipal Serviced by private well	1500 Gallon septic tank	~~Proposed~~ 400' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) Install no 4"	
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Keep installation 100' from any well AND 10' from any waterline. - plumb house high in order to allow shallow placement of septic tank, otherwise lift station may be required. - Install nitrification lines on contour.				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed: NA				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec 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 Departmen
- Improvement Permit Valid 5 years from date of issuance.
- This Improvement permit is transferable.

Lisa B. Mialik, RS 6/2/97
DEHNR Authorized Agent Date

Owner/Agent Signature 09.25.97
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS 100195

transfer funds $300.00 from 1525B, 1526B, 1527B

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 1918B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 135-331-31-PO

STREET ADDRESS: Idlewild Rd 12609

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

CLOSING DATE "ASAP"

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1639

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
✓ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: KUDLA LESZEK J
(LAST) (FIRST) (MI)

ADDRESS: 12621 Idlewild Rd

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) 847-4205

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 05.12.97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

$300.00

*transfer fees to: new application from: 1525, 1526, 1527B

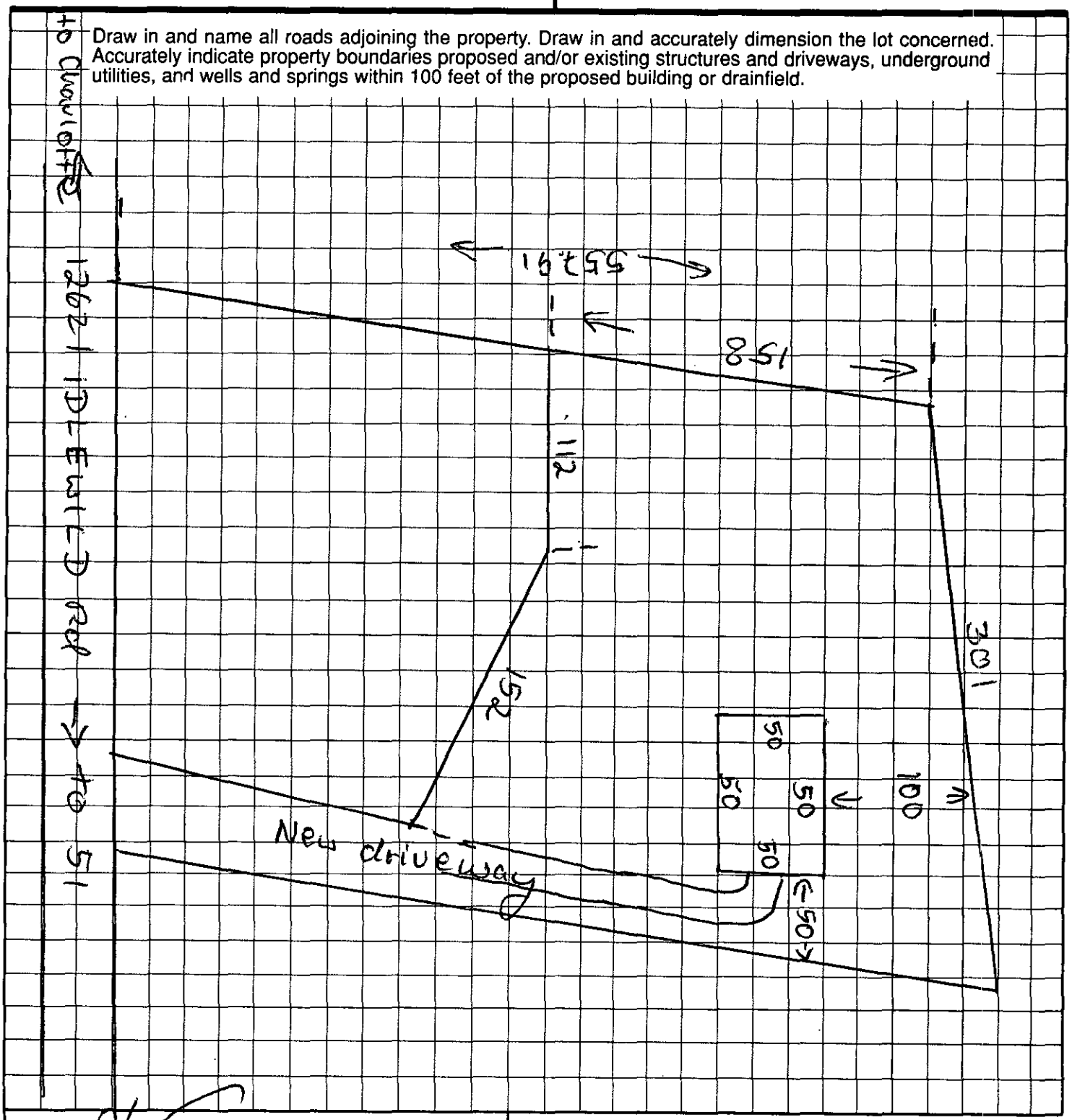
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PHONE (704) 336-5102

FILE: 1918B

TC: 135-331-31 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 05.27.97

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

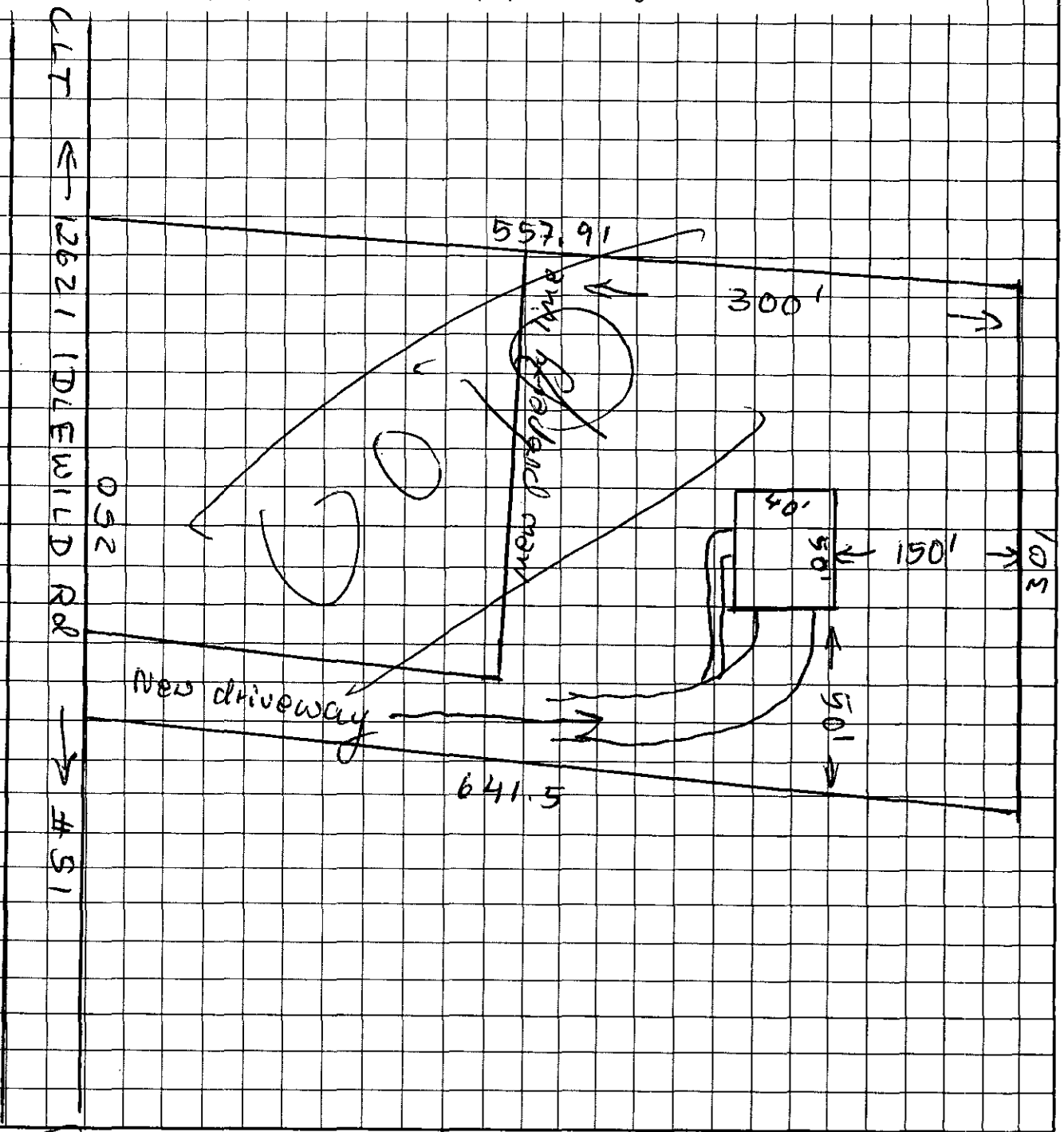
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OWNER/AGENT SIGNATURE

DATE 05.12.97

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of
PROPERTY ID #:
COUNTY:

#1 1916B PO 135-331-31

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gezzah C. Hudla
ADDRESS: 12021 Dellwinds Rd, Hpton. APPLICATION DATE:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: Dellwinds Road

APPLICANT:
DATE EVALUATED:
PROPERTY SIZE: 1.1 ac
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-6% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-8"	gr/sl	Fr/SE/APS/P	>48" TO 30:1 WETNESS	48"	N/A	None	PS .39/F2 IV
		8-30"	sBK/C	F:/SE/APS/P					
		30-48"	sBK/C/	Fr/SE/APS/P					
2	LS	0-8"	gr/sl	Fr/SE/APS/P	>48" TO 30:1 Wetness	48"	N/A	None	PS .39/F2 IV
		8-48"	sBK/C	F:/SE/APS/P					
3	LS	0-8"	gr/cl	Fr/SE/APS/P	>48" TO 30:1 WETNESS	48'	N/A	None	PS .39/F2 IV
		8-46"	sBK/C	F:/SE/APS/P					
4	LS	0-6"	gr/cl	Fr/SE/APS/P	>48" TO 30:1 WETNESS	48"	N/A	None	PS .39/F2 IV
		6-48"	sBK/C	F:/SE/APS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Wadi - 5-26-97
OTHER(S) PRESENT: LSS

COMMENTS: 1007a Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

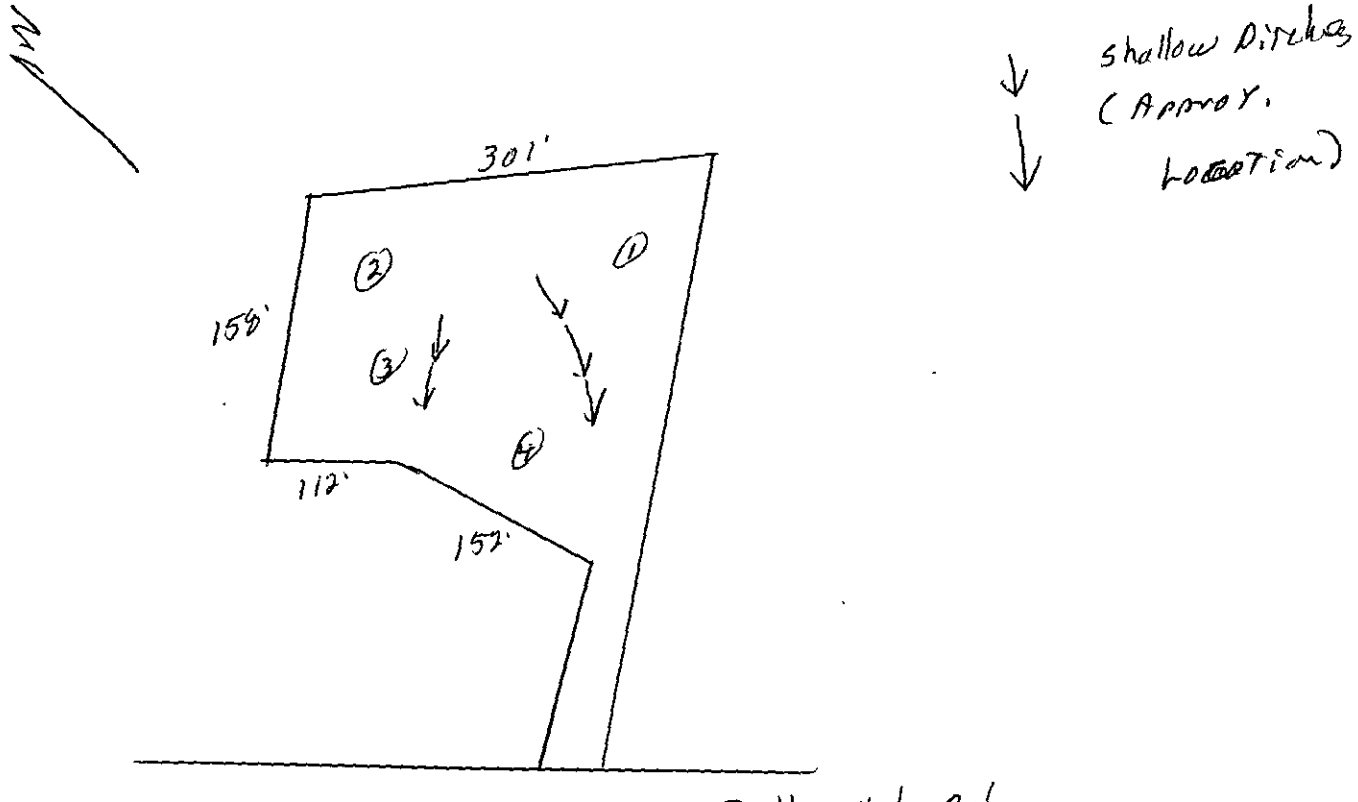
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1918B



Idle, Wcl acl

File 1918B

Lake Haven
Map Book: 8 / 331

Lot 14

Tract 2
2.000 Acres

Tract 1
1.320 Acres

Idlewild Baptist
Church, Inc.
8776 / 557
Tax # 135-331-29

Idlewild Road
60' Public R/W
S.R. # 3143

Owner: Leszek Kudla & wife,
Alicja K. Kudla
12621 Idlewild Road
Matthews, N.C. 28105

Zoning - R
Tax Parcel: 135-331-31
E.C. = 1' : 10.000'

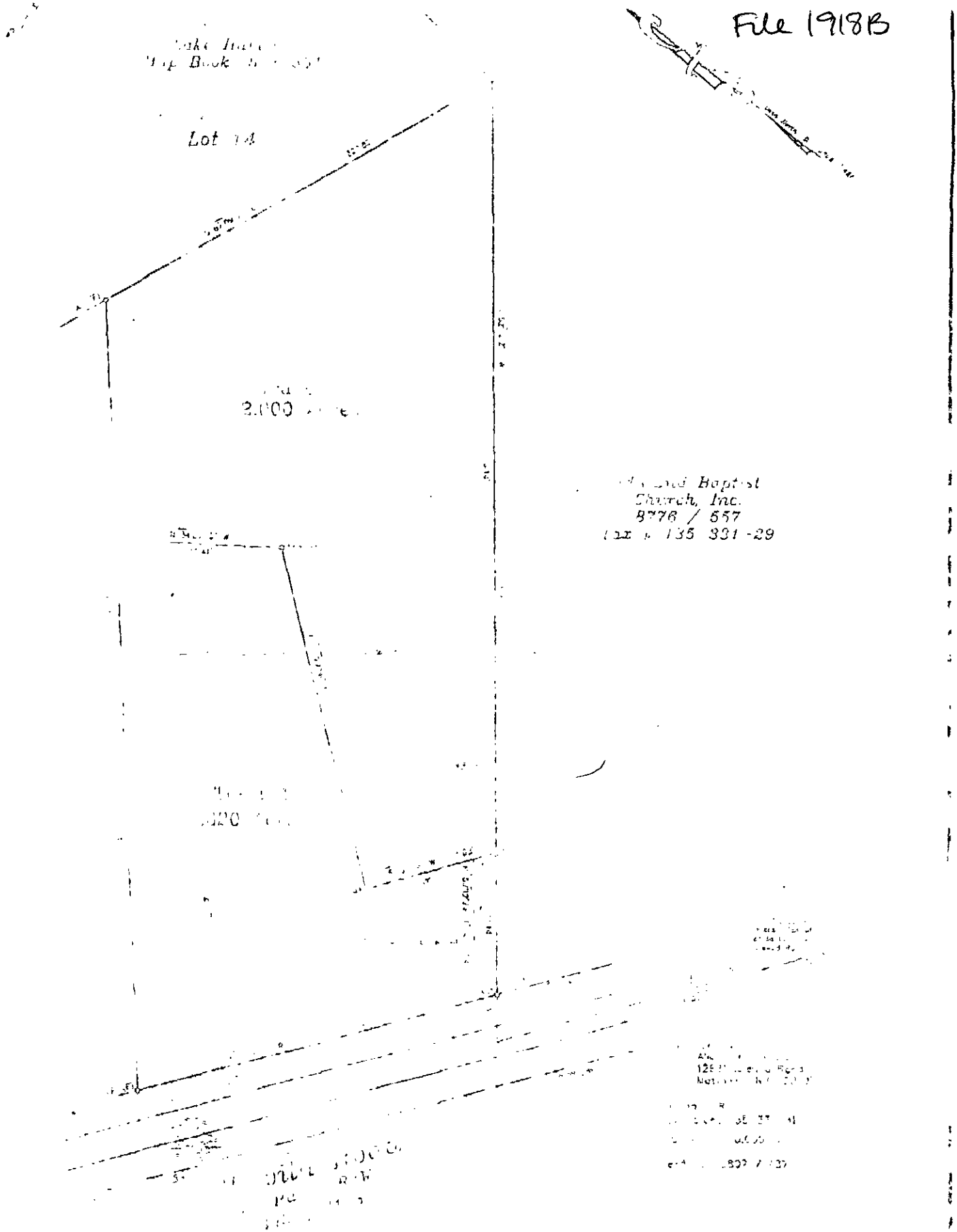
Deed Ref: 5602 / 487

Final Plat
For

Kudla Property, Map 1

PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD

File 1918B



Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 19103 WASPS App #: 5900

Primary ES assigned to project: Phil Walker

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:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JAM _____ Date performed: 11/16/12

1918B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Copy # 5900

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: John J. Quinn
ADDRESS: 12629 Idlewild Rd
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 980-339-8794
ALTERNATE PHONE: 704-821-7671
E-MAIL:

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

JOB LOCATION INFORMATION
TAX PARCEL #: 135-331-86
STREET ADDRESS: 12629 Idlewild Rd
CITY: Matthews (Mint Hill)
STATE: NC ZIP: 28105

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: 3
NUMBER OF OCCUPANTS: 2

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

11/14/12
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/14/12
Receipt #: 80463
Check / Auth #: MC 02532Z
Received By: WALKEVA

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: QUINN, JOHN J.
Attn:
Address: 12629 IDLEWILD ROAD
Address:
City/State/Zip: MATTHEWS, 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 12629 IDLEWILD ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00	1,410.00				