SERVICE REQUEST/WORK ORDER

Log No.: 17221 Section: GWS Hazard? ( )Yes ( )No

Date: 4/19/2010 Parcel: 219-124-02 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Stephen Graham PHONE NUMBER(S): 704-336-5548

ADDRESS: CITY ZIP

PROPERTY CONCERNED: Facility Name Journey Montessori Academy PHONE NUMBER(S): 704-960-9885

ADDRESS: 13601 South Tryon St. CITY Charlotte ZIP 28278

SERVICE REQUESTED: Operator is planning to open a school. Operator is planning to have 20 children plus staff at the school during the day. Survey existing septic system. Determine if septic system is approved for use by the new school. Send findings to Stephen Graham

ASSIGNED TO/ AREA: PW COMPLETED BY:

DATE	ACTIVITY REPORT
	File #
	5830B 13601 York Rd
5/18/10	Flow rate for proposed school 350 GPD
	Existing system designed for 3 bedroom residence. Septic system drainfield located on back right side of property. OK to use the existing system for school as described in service request.

NOTIFICATION TO REQUESTING PERSON: (✓) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Phil Walker RS DATE 5/18/10

Kelly Ruth 5/24/10

Mecklenburg County Health Department

Plan Review Application

(Child Care Centers, Schools, Adult Day Service, Hospitals, Nursing Homes, Assisted Living Facilities, and Other Institutions)

Name of Facility Journey Montessori Academy Phone # 704-960-9885

Physical Address of Facility 13601 S. Tryon City Charlotte Zip 28278

Owner of Facility Chris and Laura Self Phone # 803-831-2275

Mailing Address of Facility 13601 S. Tryon City Charlotte State NC Zip 28278

Applicant/Contact Person Laura Self Phone # 803-415-1412

Relation to owner **(mark one)**: Architect ( ), Owner (✓), Employee ( ), Contractor ( ), Other ( ) _____

LUESA Commercial Plan Project Number (if applicable): 307318

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Type of facility: ( ) Hospital, ( ) Nursing Home, ( ) Assisted Living, ( ) Other Institution: _____
(✓)** Public/Non-Public School, ( ) Child Care Center, ( ) Adult Day Service Facility

Construction type: ( ) New, (✓) Remodel Existing Structure, ( ) Change of Ownership
Scope of work: adding ramp, remodeling bathrooms to be ADA complient

YEAR Structure Was Originally BUILT: 1966

Sewage Disposal: ( ) Municipal (✓) Septic Tank ( ) Other _____
Water Supply: (✓) Municipal ( ) Well ( ) Other _____
Meals provided: ( ) Breakfast ( ) Lunch ( ) Dinner (✓) Students/Patrons will bring bag lunch
Meal preparation: ( ) Onsite ( ) Offsite/Specify location _____ how transported _____
Dining Utensil Type: ( ) Single-service ( ) Multi-use
Proposed operating days and hours: _____
Proposed date that facility will open: _____
Number of children/residents/patrons presently or requesting licensing for: 20

School: Grades **(check all that apply):** (✓) **Pre-K** (partial day), (✓) **K**, ( ) **1**, ( ) **2**, ( ) **3**, ( ) **4**, ( ) **5**, ( ) **6**, ( ) **7**, ( ) **8**, ( ) **9**, ( ) **10**, ( ) **11**, ( ) **12**
Child Care Center: Ages of children to be served **(check all that apply):** ( ) 0-1 years, (✓) 2-3 years, (✓) 4-5 years, ( ) 6+ years

BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION.

Applicant NAME & TITLE: Laura Self, directress (PRINT) Signature Laura K Self

Owner/Director NAME: Laura Self (PRINT) Signature Laura K Self

Date 4-15-2010

SUBMIT THIS APPLICATION WITH PLANS TO LUESA. CONTACT LUESA AT (704) 336-2831 OR WWW.MECKPERMIT.COM

Visit: http://www.deh.enr.state.nc.us/ehs/rules.htm to view all sanitation regulations. Visit: envhealth.charmeck.org to view plan review submittal requirements.

** Plan review is not required for Public and Non-Public schools, unless food is served at the school. Applications involving public/private schools without food service should be sent to Stephen Graham, REHS 700 N. Tryon St. Suite 208 Charlotte, N.C. 28202 Questions? Contact Environmental Health at 704-336-5100.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
21912402	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
BROCKELBANK DARIN D	13601 YORK RD	CHARLOTTE NC 28278
BROCKELBANK HEATHER M SPOUSE	13601 YORK RD	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	CHARLOTTE	6/30/2005 12:00:00 AM		CITY OF CHARLOTTE	1.56

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
91700	63400	100	155200				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Nov 24 2004	140000	280.0000		IMP	18040 - 932	WARRANTY D	18040-932	CRAWLEY ,TERESA MOOR
Nov 6 2001	0			IMP	12858 - 312	DEED STAMPS	12858-312	KEETER STUART W & WF

Land Use

Use	Units	Type	Neighborhood	Assessment
1000	1.56	AC	V901	63400

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1966	13601 S TRYON ST CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2204	1924	CRAWL SPACE	FACE BRICK -	AVERAGE 03	91700

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP3	AC-CENTRAL		3	2		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1714
1	GARAGE - UNFINISHED	280
1	PORCH - ENCLOSED - FINISHED (HEAT)	210

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 31.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1966	TERRACE	1	3X8	100

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	155200	0
Apr 27 2001	2001	Right of Way Taking for Road/Utility/Etc	121920	
Jan 5 1998	1998	Countywide Revaluation	123930	
Jan 2 1991	1991	Countywide Revaluation	92780	

15 X 20 = 300

FEE: 110.00
DATE: 2/1/05 CK #
CRT [ ] NC

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

FILE #: 358306

AC

WD 115612 ~~WD 115612~~

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: Dorin Brochelbank
ADDRESS: 13601 York Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-763-2989
ALTERNATE PHONE: 704-488-2704

PROPERTY OWNER:

NAME: Dorin Brochelbank
ADDRESS: 13601 York Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-763-2989
ALTERNATE PHONE: 704-488-2704

JOB LOCATION INFORMATION

TAX/PARCEL #: 219-124-02
STREET ADDRESS: 13601 York 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: 3
NUMBER OF OCCUPANTS: 2

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.

Dorin D Brochelbank — Owner's/Agent's Signature
February 1, 05 — 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

ADDITION APPROVED. O.K. TO USE EXISTING SYSTEM FOR ADDITION.

EHS Signature — 2/3/05 Date

PROPOSED PLOT PLAN

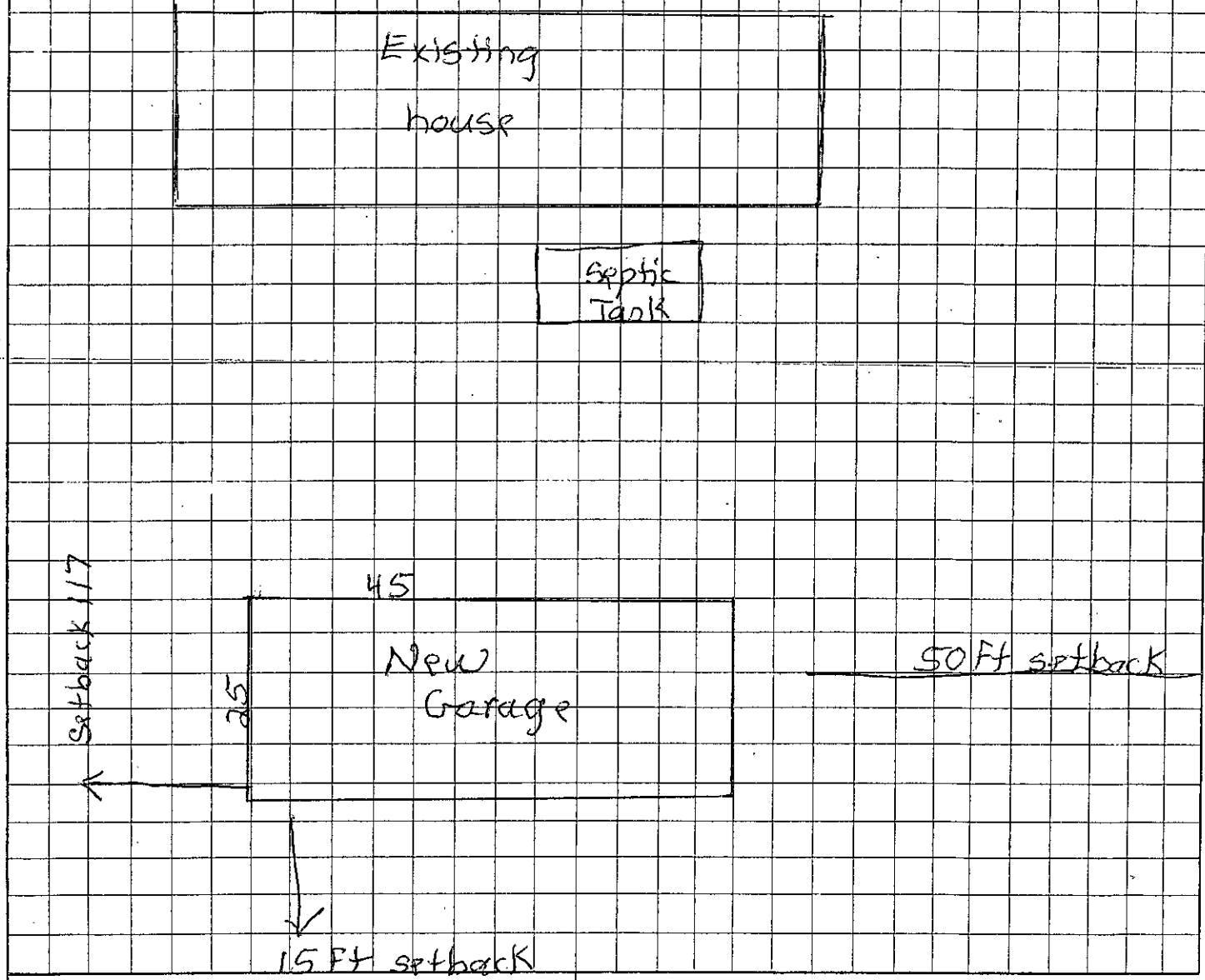
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 58305

TC: 213-124-02

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.



Dori S. Brocheler
OWNER/AGENT SIGNATURE

DATE February 1 05

APPROVAL DATE _____

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