scan 11/19/19

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 VW 10/8/19 Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

70323

OCT '19 AM 10:14

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: erick west
ADDRESS: 4416 Parkwood school rd
CITY: monroe
STATE: NC ZIP: 28112
PHONE: (704) 309-1449
ALTERNATE PHONE:
E-MAIL: erickwest33@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Steve Hagerman
ADDRESS: 9105 Island Point
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: (614) 668-6001
ALTERNATE PHONE:
E-MAIL: hagerman_steve@hotmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 19935217
STREET ADDRESS: 9105 Island Point
CITY: Charlotte
STATE: NC ZIP: 28112

SUBDIVISION OR MOBILE HOME PARK NAME:
Sanctuary
LOT #: 129

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: 4
NUMBER OF OCCUPANTS: 3

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 GYM

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.

Erick West — Owner's/Agent's Signature
10/8/19 — Date

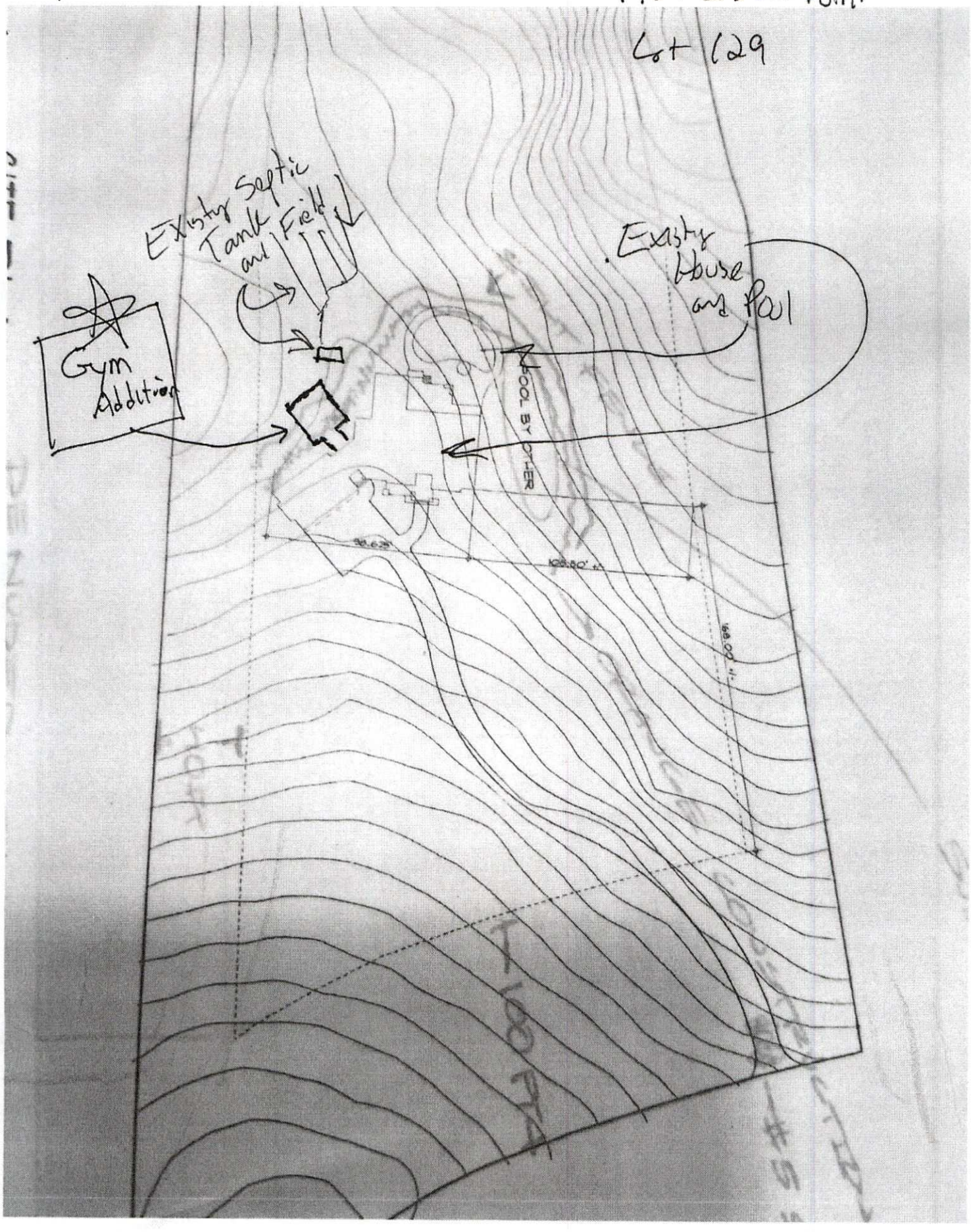
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

1905 Island Point

Lot 129

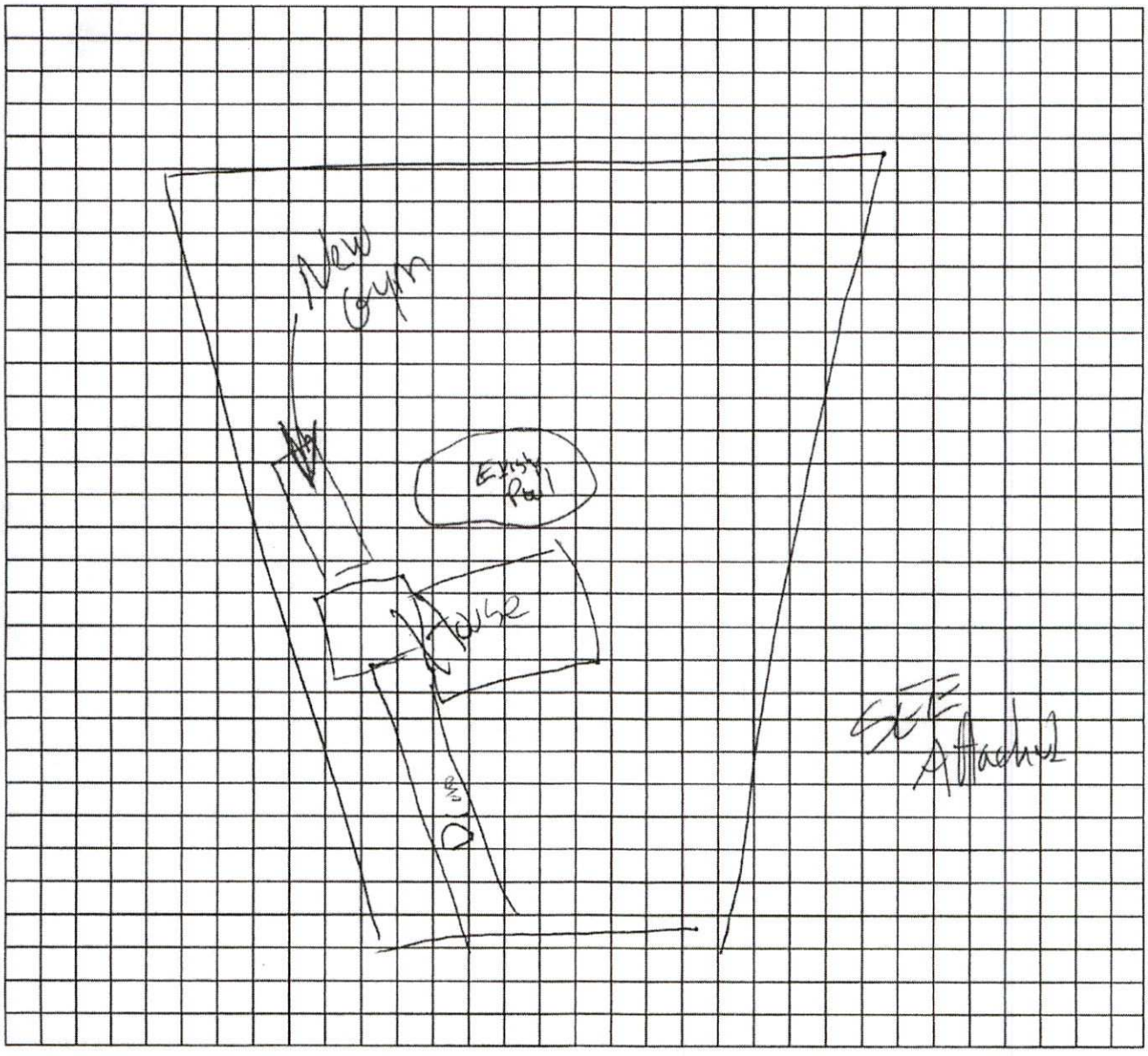


File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*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 and Water Supply Wells 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 by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Customer was informed to move stake away from tank/ drainfield 5ft off

Bryan Dagnat 10/22/19
REHS Signature Date

pic attached

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/08/19	**Amount:**	100.00
Receipt #:	118922	**Tendered:**	100.00
Check / Auth #:	VISA 082371	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: WEST, ERICK
Attn:
Address: 4416 PARKWOOD SCHOOL RD
Address:
City/State/Zip: MONROE, NC 28112

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9105 ISLAND POINT		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: ERICK WEST

Bill To:

ERICK WEST
4416 PARKWOOD SCHOOL RD

Monroe, NC 28112

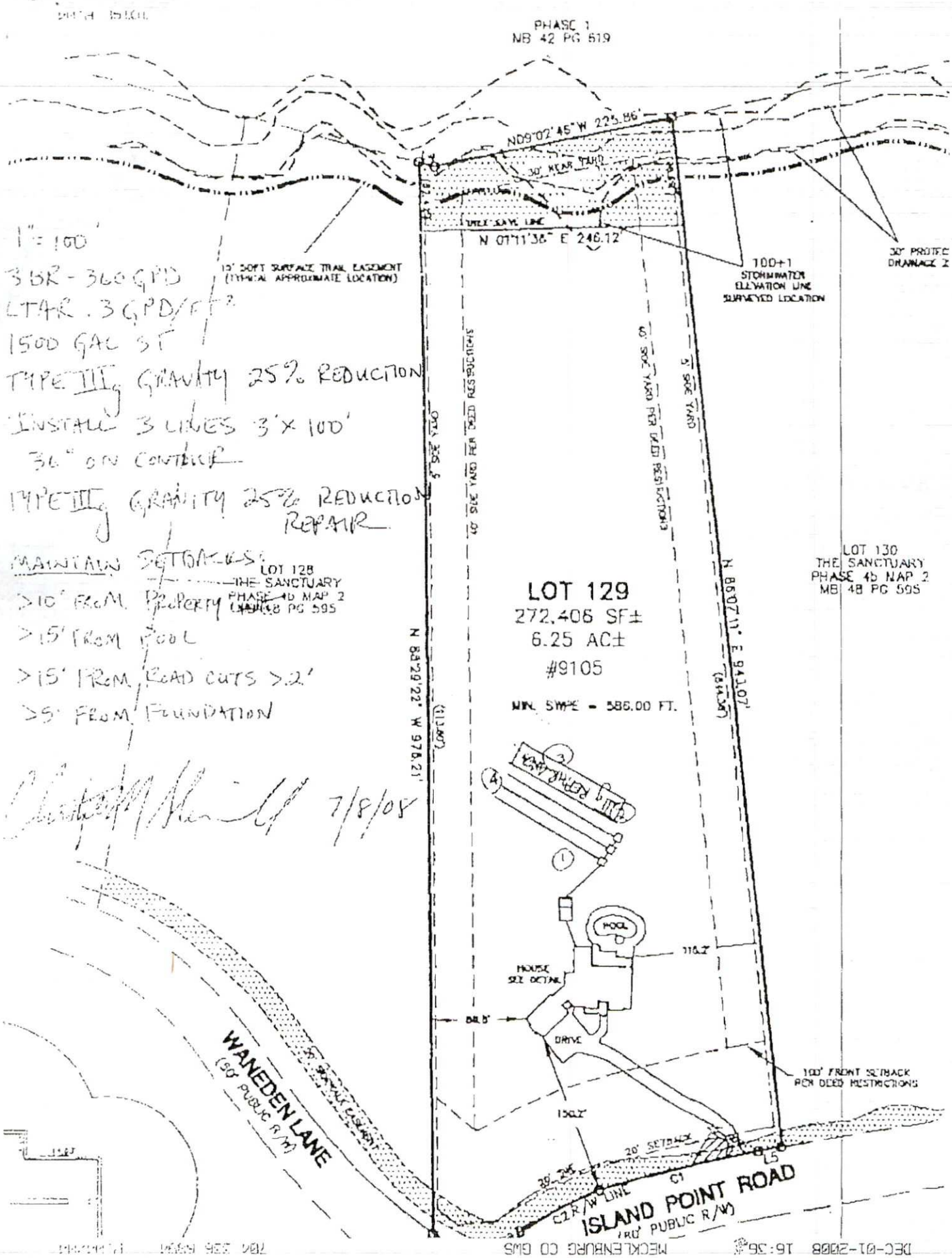
Single Payment

Transaction Date: 10/08/2019 6:59 AM Pacific Time
Pay Method: VISA **********6527
Approval #: 082371
Trace Number: 82968d36-c0f8-4b5e-a33e-950296c0c255
Amount: $200.00

Payment Amount: $200.00

Total: $200.00

Thank you for your payment.


PHASE 1
NB 42 PG 619
N09°02'45"W 225.86'
30' REAR YARD
DRIVE SAVE LINE
N 07°11'36" E 246.12'
10' SOFT SURFACE TRAIL EASEMENT (TYPICAL APPROXIMATE LOCATION)
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
30' PRIVATE DRAINAGE E
1" = 100'
3 BR - 360 GPD
LTAR .3 GPD/FT²
1500 GAL ST
TYPE III, GRAVITY 25% REDUCTION
INSTALL 3 LINES 3' X 100'
36" ON CONTOUR
TYPE III, GRAVITY 25% REDUCTION
REPAIR
MAINTAIN SETBACKS:
>10' FROM PROPERTY
>15' FROM POOL
>15' FROM ROAD CUTS >2'
>5' FROM FOUNDATION
7/8/08
LOT 128
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
40' SIDE YARD PER DEED RESTRICTIONS
ENCROACHES DEED RESTRICTIONS
ORIG 305.5'
N 83°29'22" W 978.21'
LOT 129
272,406 SF±
6.25 AC±
#9105
MIN. SWPE = 586.00 FT.
N 86°07'11" E 943.07'
LOT 130
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
REPAIR AREA
POOL
HOUSE SEE DETAIL
DRIVE
100' FRONT SETBACK PER DEED RESTRICTIONS
20' SETBACK
C1
C2
L5
WANEDEN LANE
(50' PUBLIC R/W)
ISLAND POINT ROAD
(80' PUBLIC R/W)
MECKLENBURG CO GIS
DEC-01-2008 16:36

P9-352-17

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 #: 7032B Permit #: 3657 Tax Parcel #: 199-352-17

Property Owner: RONALD + ELANOR BARLEY

Job Location Address: 9105 ISLAND POINT RD. (LOT # 129)

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 12/18/08

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 1/18/09, 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: 360 GPD

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

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 4 @ VAR feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: DROP BOXES

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

Bed Depth: 0 inches

Bed Width: ____ feet

Total line length: ____ feet

# of Lines: ____ @ ____ feet

Depth of Media: ____ inches (Type) ____

Distribution Device: ____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other ____

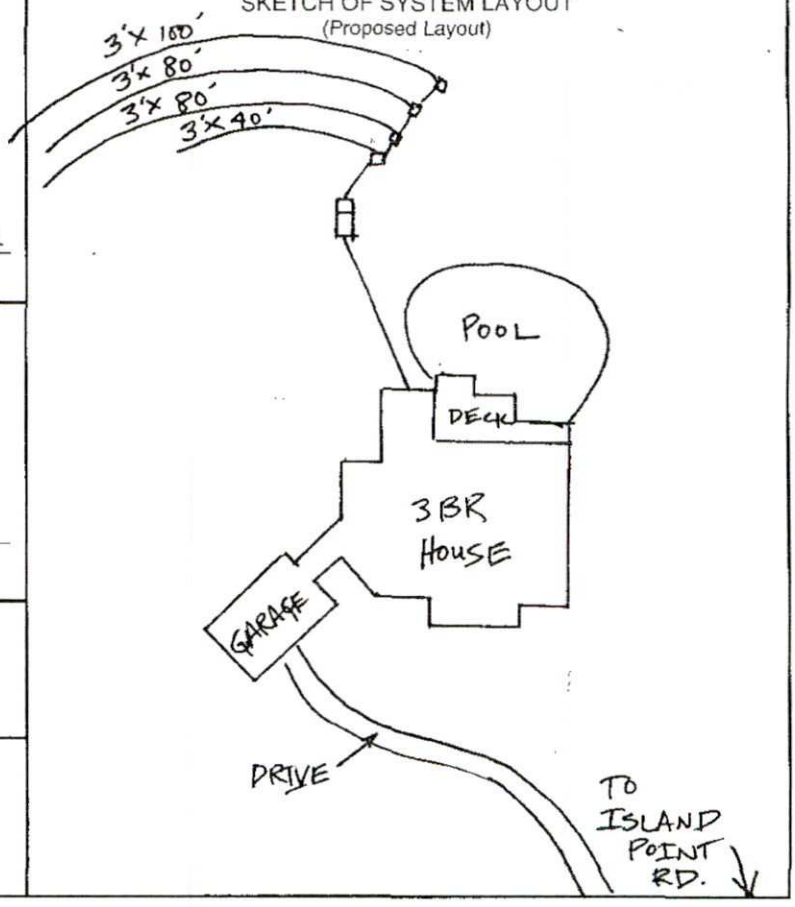
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: [signature]

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 #: 7032B Permit #: 3657 Tax Parcel #: 199 35217

Property Owner: Kingswood Custom Homes

Job Location Address: 9105 Island Point

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 4/15/09

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 5/15/09, 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: 360 GPD

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

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ VAR feet

Depth of Media: 12 inches (Type) chambers

Distribution Device: Drop boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

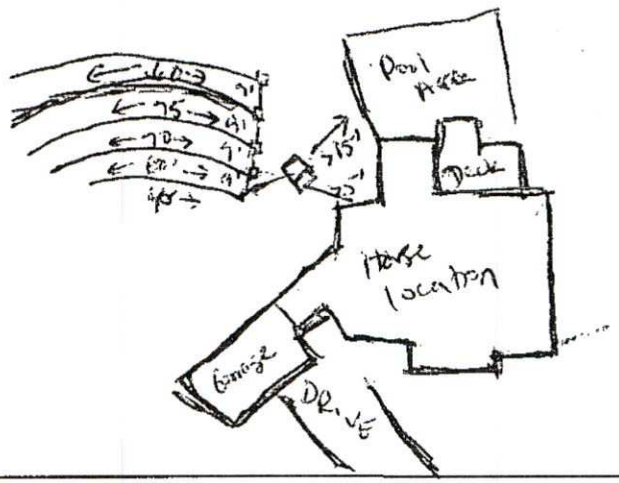
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Conv. type III system - chambers OK
keep system > than 15' from pool area, > 5' from house foundation

DENR Authorized Agent: Tom Jackson Signature: Tom Jackson

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 #: 7032B Permit #: 3657 Tax Parcel #: 19935217

Property Owner: Kingswood Custom Homes

Job Location Address: 9105 Island point Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/16/09 Contractor Name: Jamie S Daniel

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons
Shoat-1500 STP 350 7-14-09

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 300' feet

# of Lines: 6 @ VAR feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 6 inches

Distribution Device: Drop Boxes

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: ~~25~~ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 750' feet

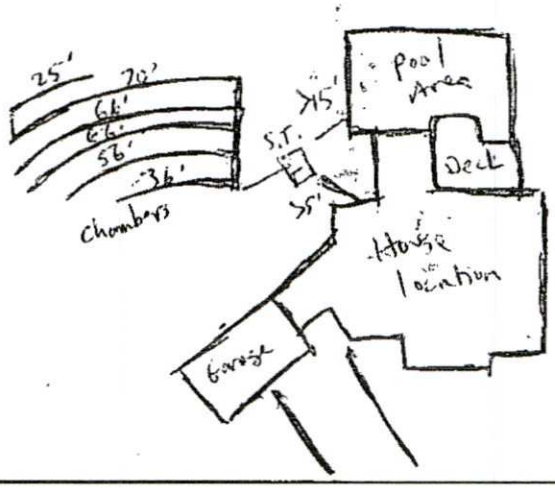
Inspection Dates

Tank(s) Inspected: 4/16/09

Excavation Inspected: 4/16/09

Pump & Controls Inspected: N/A

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 III, chamber system, EQ4 w/ Gravity

DENR Authorized Agent: Jason Jackson Signature: _____



10/22/19

-Spoke with erick west about moving the stakes off /5ft from tank and drainfield. He said he would move the stakes away and be off drainfield I placed some red flags down and told him anything above that I would approve. informed him in a text message to be careful if he hits anything 2 call.

