Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

2007 U+S dK

GWS File #: 7330 B WASPS App #: 2714

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☒ Alteration ☐ Repair ☐ Modified Plot Plan ☐ U+S dK

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) 130A-336 (a)(3)	Proposed System Type stated-Repair 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: KL

Date performed: 9-25

2714# CS

FEE: 100.00 Pd CK#2010
DATE: 9-14-07
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 06/07

FILE #: 7330B

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: KENNETH SCHORR
ADDRESS: 7319 VALLEY BROOK ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28270
PHONE: 704-458-3966
ALTERNATE PHONE: 704-362-5651

PROPERTY OWNER:

NAME: SAME
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 187-291-02
STREET ADDRESS: SAME
CITY:
STATE: NC **ZIP:**
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)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 5
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

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.

Owner's/Agent's Signature _____ Date _____

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

OK TO USE EXISTING SYSTEM

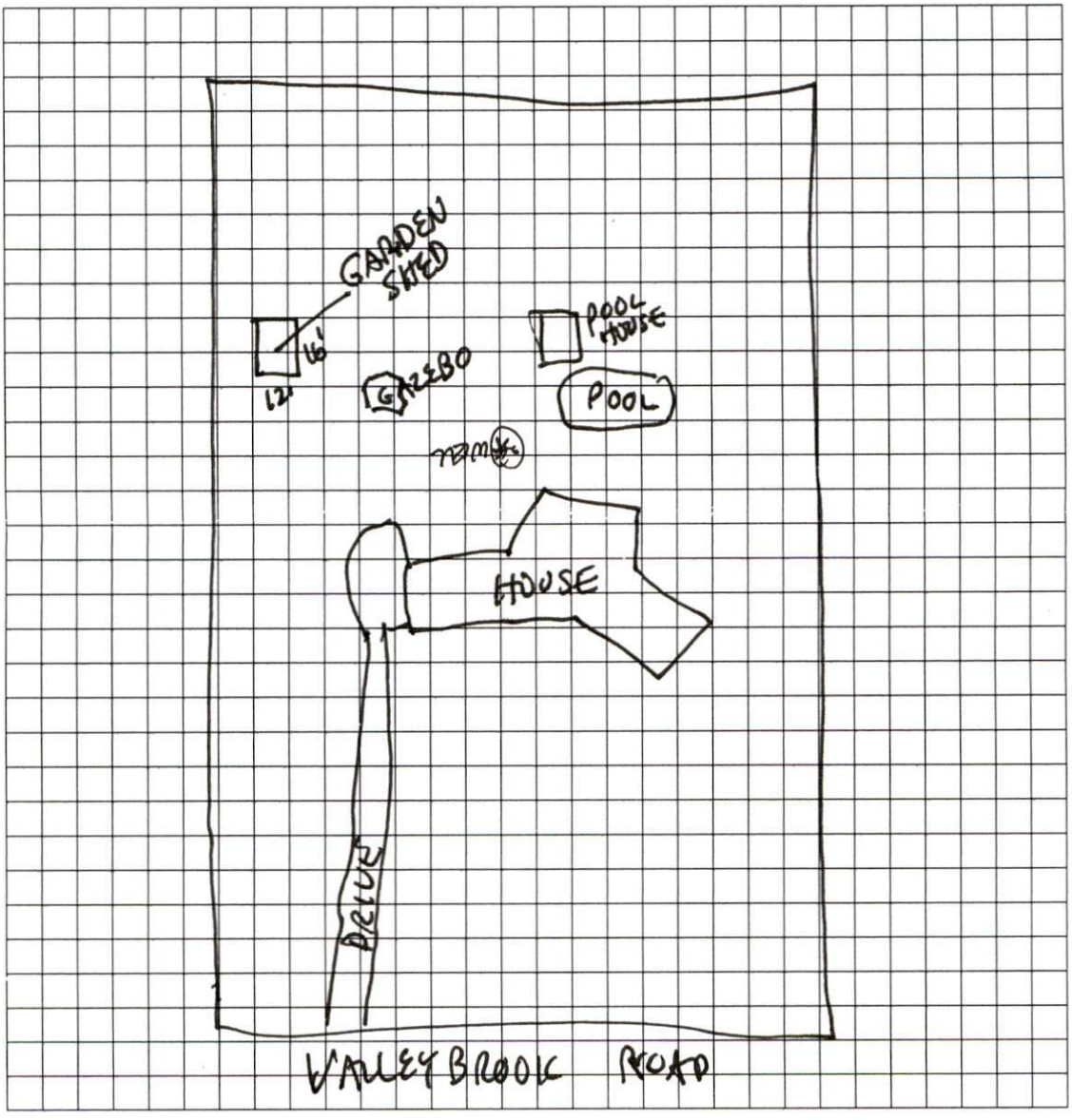
EHS Signature _____ Date 9/20/07

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

File #_____
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature
Date

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/14/07	**Amount:**	100.00
Receipt #:	52675	**Tendered:**	100.00
Check / Auth #:	CHECK 2010	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	SCHORR KENNETH
Attn:	
Address:	7319 VALLEY BROOK RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 7319 VALLEYBROOK RD		1	100.00	100.00

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

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

November 23, 2009

Kenneth Schorr
7319 Valleybrook Rd.
Charlotte, NC 28270

RE: Water Sampling Results
7319 Valleybrook Rd.
PID # 187-291-02

Dear Mr. Schorr

On October 21, 2009, staff with Mecklenburg County Groundwater & Wastewater Services sampled water from your water supply well.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were present, E. coli bacteria were absent. All other inorganic parameters were within standards. The results for all analysis are enclosed.

Please chlorinate the well as per the enclosed procedures. After the well has been chlorinated, please contact me and I will come back out and resample your well water for total coliform bacteria (there is no cost to you for this resample).

If you have any questions concerning these results, please contact me at 980-721-2060.

Sincerely,

Debra Howell

Debra Howell, R.E.H.S.
Environmental Specialist

Enclosures: Laboratory Analysis, copy of Well Chlorination procedures

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: GWO-80782
Address: 7319 Valleybrook Rd
Charlotte, NC **Zip:** 28270

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** GWO-80782
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Well
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D HOWELL **Date:** 10/21/2009 **Time:** 11:30:00 AM

Location of sampling point: Outside spigot

Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	30	mg/l	10/23/2009
Silver	<0.05	mg/l	10/23/2009
Alkalinity as CaCO3	69	mg/l	10/23/2009
Arsenic	<0.005	mg/l	10/23/2009
Barium	<0.1	mg/l	10/23/2009
Calcium	16.5	mg/l	10/23/2009
Cadmium	<0.001	mg/l	10/23/2009
Chloride IC	<5.0	mg/l	10/23/2009
Chromium	<0.01	mg/l	10/23/2009
Copper	0.06	mg/l	10/23/2009
Fluoride	<0.20	mg/l	10/23/2009
Iron	<0.10	mg/l	10/23/2009
Hardness as CaCO3 (Ca,Mg)	63	mg/l	10/23/2009
Mercury	<0.0005	mg/l	10/23/2009
Magnesium	5.2	mg/l	10/23/2009
Manganese	<0.03	mg/l	10/23/2009
Sodium	8	mg/l	10/23/2009
Lead	<0.005	mg/l	10/23/2009
pH	6.5	Std. units	10/23/2009
Selenium	<0.005	mg/l	10/23/2009
Total Dissolved Solids	144	mg/l	10/23/2009
Zinc	<0.05	mg/l	10/23/2009

Date Received: 10/23/2009 **Report Date:** 11/13/2009 **Reported By:** M King
Today's Date: 11/13/2009 **Ref:** 15156 **Login Batch:** 09100058 **Sample Number:** AB96972

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date/Time: 10/23/200910:22

LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 091021160458

Sample ID	Location Code	Location Description		Collection Type	Sample Date/Time		
Parameter		*Result*	*Units*	*RL*	*Method*	*Start Date/Time*	*Analyst*
AD28806	G-PRIV	GWO-80782		Grab	10/21/2009 11:30		
Total Coliform- P/A		P	P/A		SM 9223B	10/21/2009 16:38	MLB
Comment							
AD28806	G-PRIV	GWO-80782		Grab	10/21/2009 11:30		
E. COLI-PA		A	P/A		SM 9223B	10/21/2009 16:38	MLB
Comment							

Laboratory Supervisor: _____

CMU-Environmental Laboratory Services N.C.DENR Certification No.192 N.C.DHHS Certification No.37417
4222 Westmont Drive, Charlotte, North Carolina, 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	7319 Valleybrook Road, Charlotte, NC 28270
LAB CODE:	REAL (PRIV) NEW TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 091021160458

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Analyses Requested: E. Coli P/A
AD28806																						
GWO-80782	DEH	10/21/09 11:30am	N/A	N	NA	3.6				X	100 ml		1						X		X	X
			N/A																			

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		10/21/09	1500
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill