9706 5951 Project #304204 4442 JAM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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: ~~73615~~ 195-017-13
STREET ADDRESS: 13615 IDLEFIELD LANE
CITY: MATTHEWS
STATE: NC ZIP: 28105
SUBDIVISION NAME: IDLEWOOD
LOT #: LOT SIZE (acres):
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 2-DAVIDSON ☒ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1789
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT 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: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

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: CARLOS P. BETETA
ADDRESS: 13615 IDLEFIELD LANE
CITY: MATTHEWS
STATE: NC ZIP: 28105
HOME PHONE: 704 845-9408
WORK PHONE: 704 363-7430
MOBILE PHONE:
FAX: 704 363-7430

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

Project # 304204

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. CPB (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.

Carlos P. Beteta
Property Owner's or Owner's Legal Representative Signature

11-12-09
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☑ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 200.00 DATE FEE RECEIVED: 11-12-09

WELL APPLICATION FEES RECEIVED: $ N/A DATE FEE RECEIVED: N/A

APPLICATION PROCESSED BY: GC

GWS FILE NUMBER ASSIGNED: 5951

APPLICATION ID NUMBER ASSIGNED: 4442

COMMENTS:

Credit of $100.00 from original application - Total Fee = $300.00

Existing septic system has enough drain field to accomidate 4th bedroom. Jeremy Mulvaney 11-13-2009
Bedroom is interior and meets required setbacks off septic

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

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: Carlos Beteta 2. Permit #: File # 5951
3. Permit Address: 13615 Idlefield Ln 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: Carlos Beteta 9. Phone # _____
10. Mailing Address: 13615 Idlefield Lane (Please Print) Matthews NC 28105
Street City State Zip
11. Signature: Jean Craig for Carlos Beteta 12. Printed Name Gwen Craig for Carlos Beteta 13. Date: 11/18/09

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) Overpayment for services Needed

For Department 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	%
Pmt or Fee Amt $ Total Amt	$ 200.00
Zoning Fee $ Amt	$

$ 200.00 X 50 % =

Total Pmt/ Fee Credit/Refund: $ 100.00
Permit Fee- Zoning X C/R% or Min/- Whichever is greater

Initials: gyc Date: 11/19/09

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

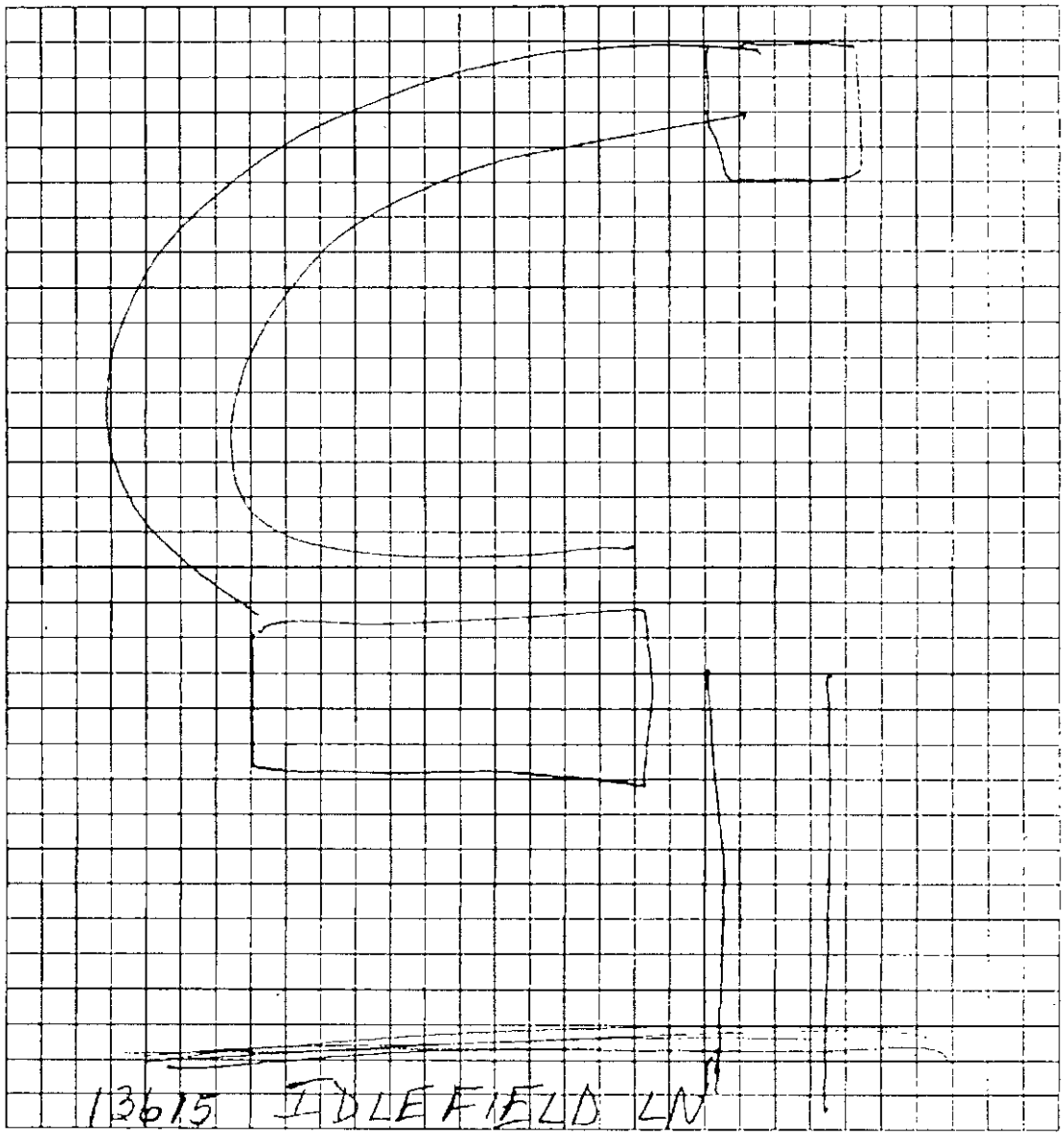
File #:_____
Date_____

Project #304204

PROPOSED PLOT PLAN

13615 Idlefield LN.

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	Carlos P. Betets
Date	11-12-09

3862# J Michael

FEE: 100.00
DATE: 9-9-08
CRT I : CK # 1880

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 #: 5951

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: CARLOS P. BETETA
ADDRESS: 13615 IDLEFIELD LANE
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704 891 6329
ALTERNATE PHONE: 704 363-7430

PROPERTY OWNER:
NAME: CARLOS P. BETETA
ADDRESS: "
CITY: " "
STATE: " " ZIP: "
PHONE: "
ALTERNATE PHONE: " "

JOB LOCATION INFORMATION
TAX/PARCEL #: 195.017.13
STREET ADDRESS:
CITY: same
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: 3
NUMBER OF OCCUPANTS: 3

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.

Carlos P. Beteta — Owner's/Agent's Signature
09-09-08 — 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

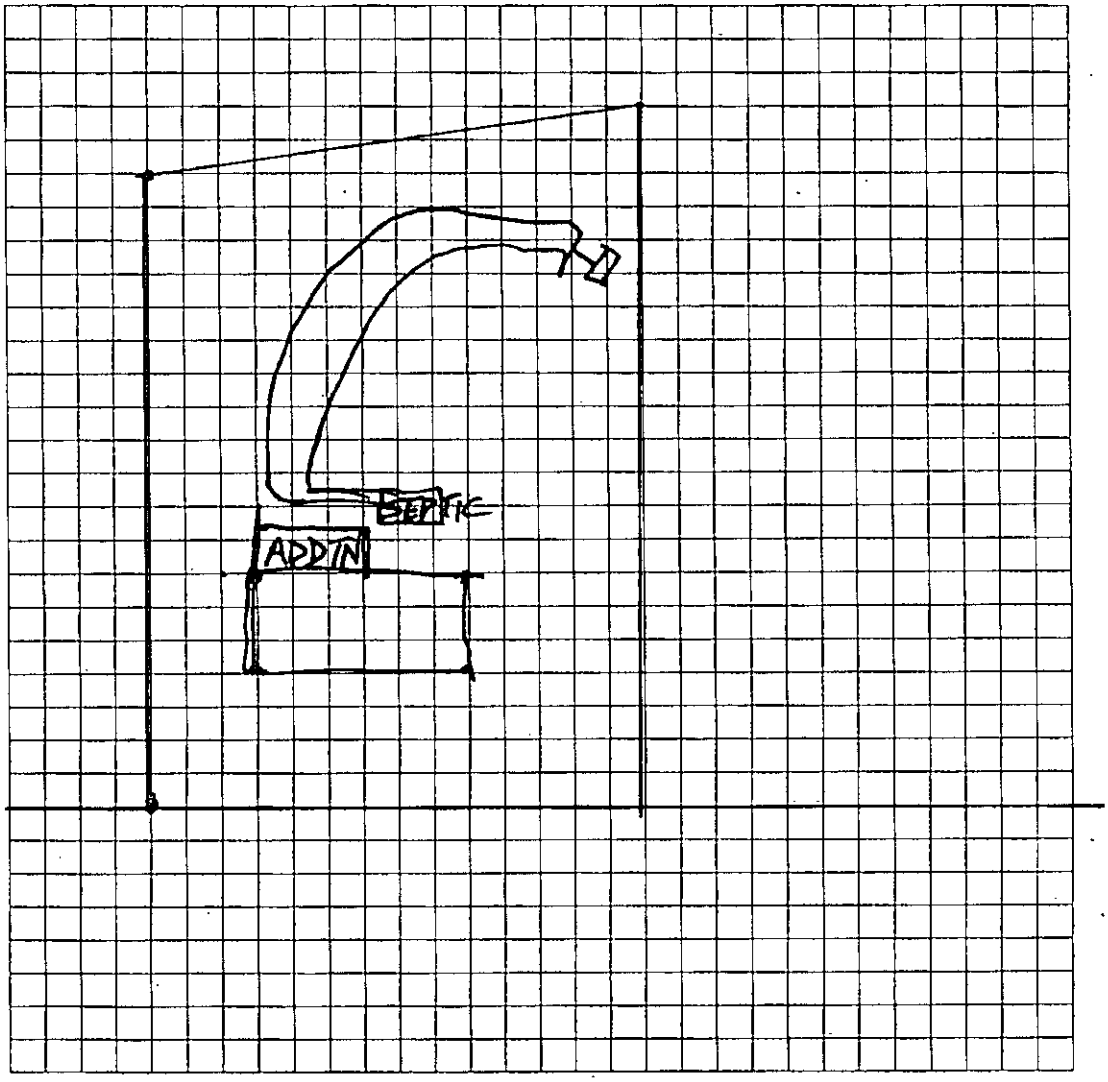
Plans Do not meet required setbacks off the drainfield.
Jeremy Mulkey — EHS Signature
09-11-2008 — Date

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	Carlos P. Beteta
Date	09-09-08

LBC 12/15/04

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

September 11, 2008

Carlos P. Beteta
13615 Idlefield Ln.
Matthews, NC 28105

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 13615 Idlefield Ln.
Health Department file number: 5951

Dear Property Owner or Owner's Agent:

On September 11, 2008 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated September 9, 2008, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Jeremy Michael
Environmental Specialist

Encl: (1) Application