Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 73621S WASPS App #: 5629

Primary ES assigned to project: Jeremy Michelone

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)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
130A-336(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)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b) .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:

VGE Existing

IA issued date: _____

OP issued date: _____

Review performed by: JAM Date performed: 6/04/12

7367A

MECKLENBURG COUNTY HEALTH DEPARTMENT Appt #5629

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: Cynthia R Vlasak
ADDRESS: 1040 Teresa Ln
CITY: Charlotte
STATE: NC ZIP: 28216
PHONE: 717-201-4738
ALTERNATE PHONE: 717 201-5095
E-MAIL: CRVLASAK@yahoo.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: Anthony J & Cynthia R Vlasak
ADDRESS: SAME
CITY: ____ STATE: ____ ZIP: ____
PHONE: ____
ALTERNATE PHONE: ____
E-MAIL: ____

JOB LOCATION INFORMATION
TAX PARCEL #: 03702514
STREET ADDRESS: 1040 Teresa Ln
CITY: Charlotte
STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: ____
LOT #: ____

WATER SUPPLY:
○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ● OTHER Community Well

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 Screened porch

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.

Cynthia R Vlasak — Owner's/Agent's Signature
5/28/12 — 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

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- SHADED AREAS FOR DEPARTMENT USE ONLY.

57782

LIBERTY PRESS, RUTHERFORDTON, NC

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 1040 — STREET NAME Teresa Ln. (AV,RD,ST, etc)

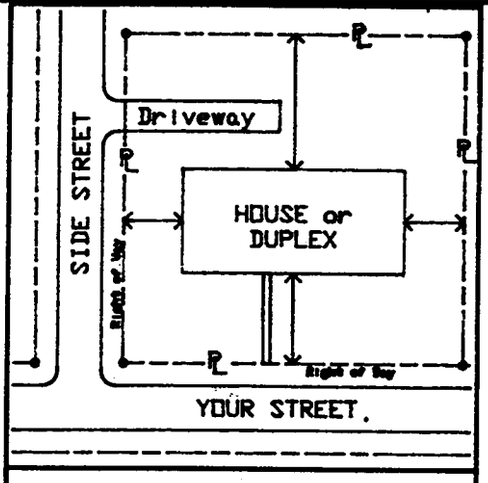
PERMIT #

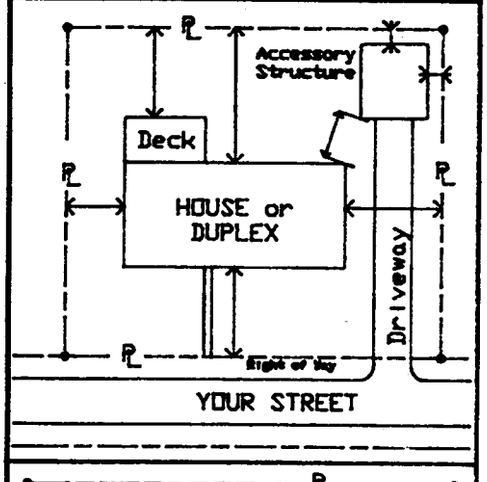
SUITE/UNIT(S):

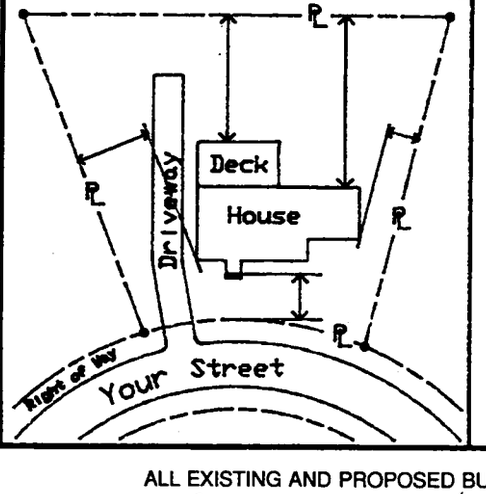
TAX JURISDICTION (Check One):
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 103

EXAMPLES/PLOT PLAN





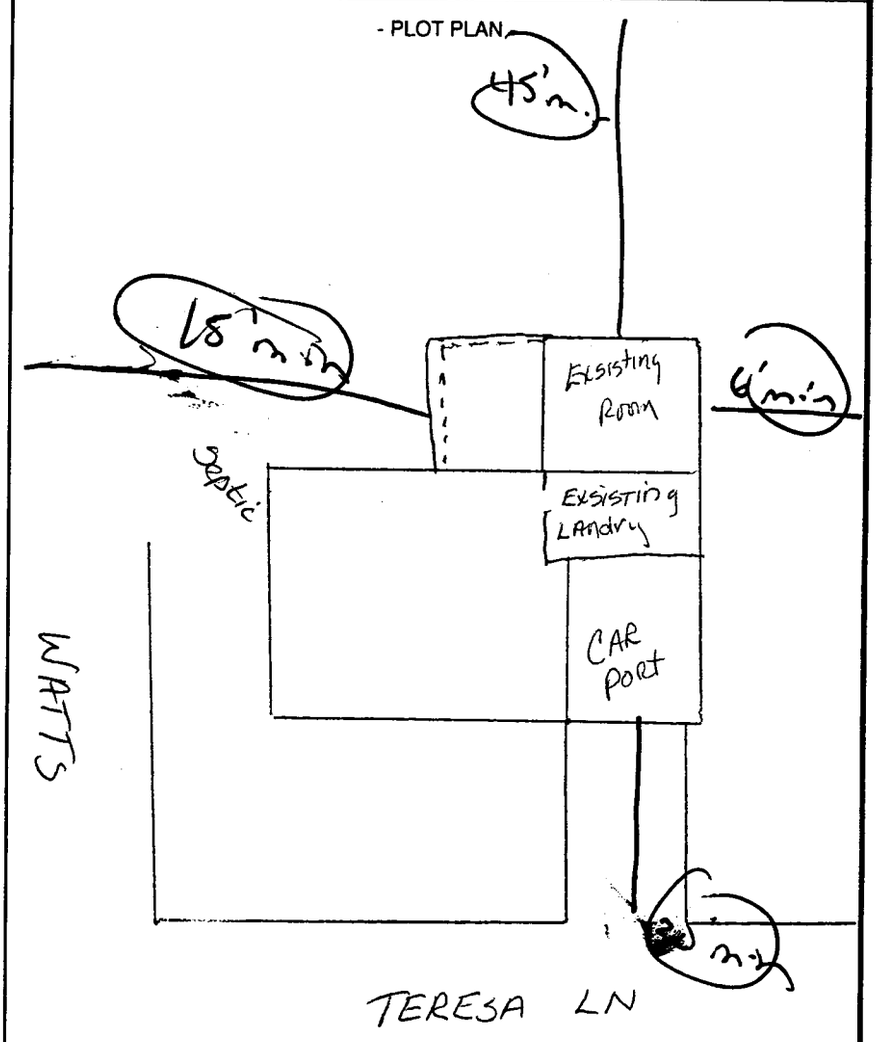


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

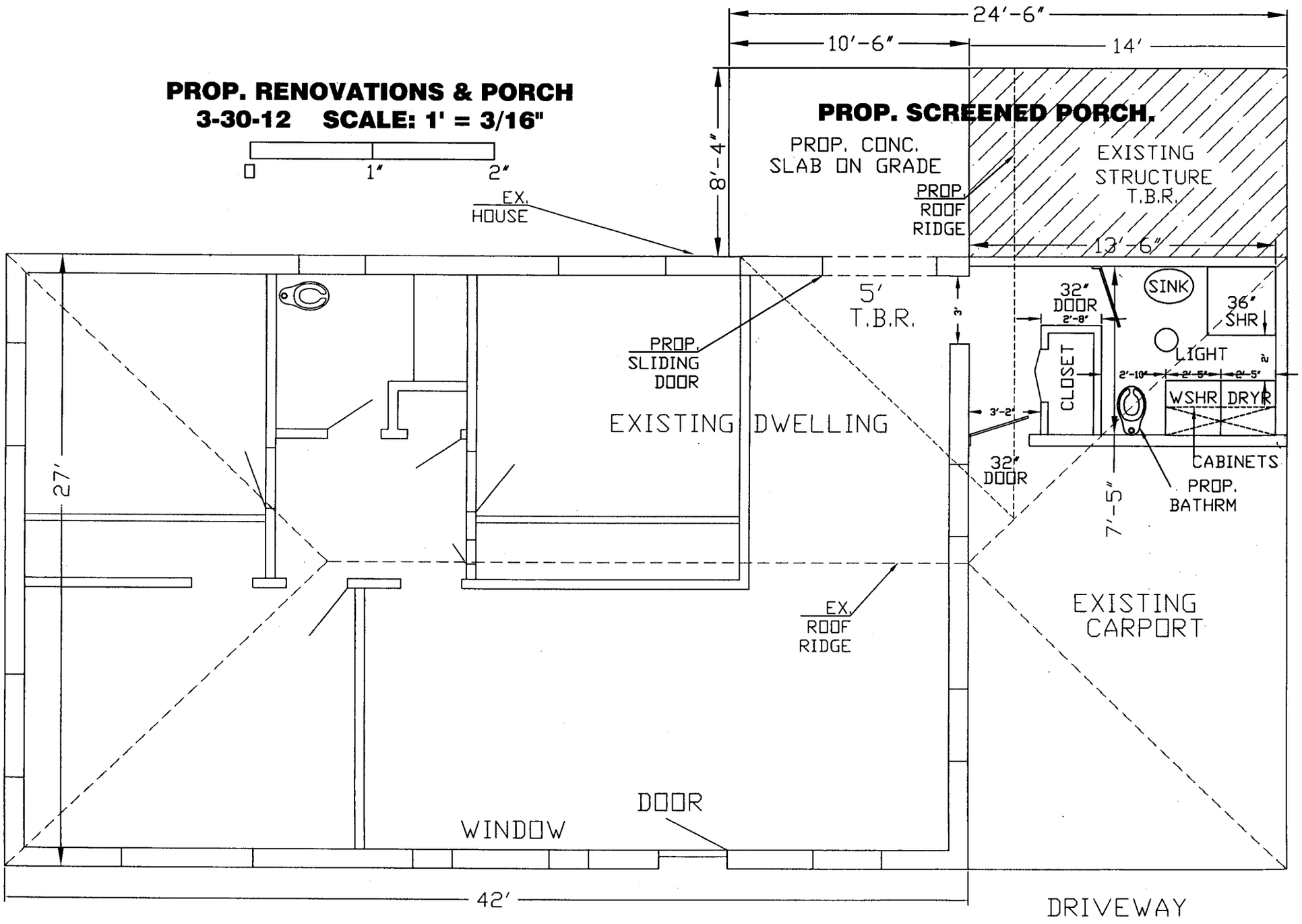
1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Cynthia R Vlasak 4/28/12 Cynthia R Vlasak


PROP. RENOVATIONS & PORCH
3-30-12 SCALE: 1' = 3/16"
0
1"
2"
24'-6"
10'-6"
14'
PROP. SCREENED PORCH.
PROP. CONC. SLAB ON GRADE
EXISTING STRUCTURE T.B.R.
8'-4"
EX. HOUSE
PROP. ROOF RIDGE
13'-6"
5' T.B.R.
32" DOOR
2'-8"
SINK
36" SHR
LIGHT
CLOSET
2'-10"
2'-5"
2'-5"
WSHR
DRYR
3'-2"
CABINETS
PROP. BATHRM
7'-5"
PROP. SLIDING DOOR
EXISTING DWELLING
27'
EX. ROOF RIDGE
EXISTING CARPORT
DOOR
WINDOW
42'
DRIVEWAY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/29/12
Receipt #: 78434
Check / Auth #: VISA 07428A
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: VLASAK CYNTHIA
Attn:
Address: 1040 TERESA LN
Address:
City/State/Zip: CHARLOTTE, NC 28216

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

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

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

App. #: 5629

Fee: 100.0000

Date: 5/29/2012

CRT[ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY HEALTH DEPARTMENT
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894

FILE #: 7367A

TYPE APPLICATION:

- (•) SEPTIC ONLY
- ( ) WELL ONLY
- ( ) SEPTIC AND WELL
- ( ) ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE
- ( ) EXCHANGE MOBILE HOME - SAME # OF BEDROOMS
- (•) ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
- ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION

NAME: Cynthia R. Vlasak
ADDRESS: 1040 Teresa Ln
CITY: Charlotte
STATE: NORTH CAROLINA ZIP: 28216
PRIMARY PHONE: 717-201-4738 ALTERNATE PHONE: 717-201-5095
EMAIL: crvlasak@yahoo.com

JOB LOCATION INFORMATION:

TAX / PARCEL #: 03702514
STREET ADDRESS: 1040 TERESA LN
CITY: CHARLOTTE NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME: LOT #: 0

PROPERTY OWNER: [ ] Same as Filer

NAME: Anthony & Cynthia R. Vlasak
ADDRESS: 1040 Teresa Ln
CITY: Charlotte
STATE: NORTH CAROLINA
ZIP: 28216
PRIMARY PHONE: 717-201-4738
ALTERNATE PHONE: 717-201-5095
EMAIL: crvlasak@yahoo.com

General Comments:

Screened porch / Bathroom.

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [x] PUBLIC (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- (•) HOUSE
- ( ) MODULAR HOME
- ( ) MULTIPLE FAMILY
- ( ) SINGLE MOBILE HOME
- ( ) DOUBLE WIDE
- ( ) OTHER

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
INDUSTRIAL WASTES?: ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS?: ( ) YES ( ) NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [x] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH/DECK
- [ ] OTHER

Print | Update | Go to Front Counter

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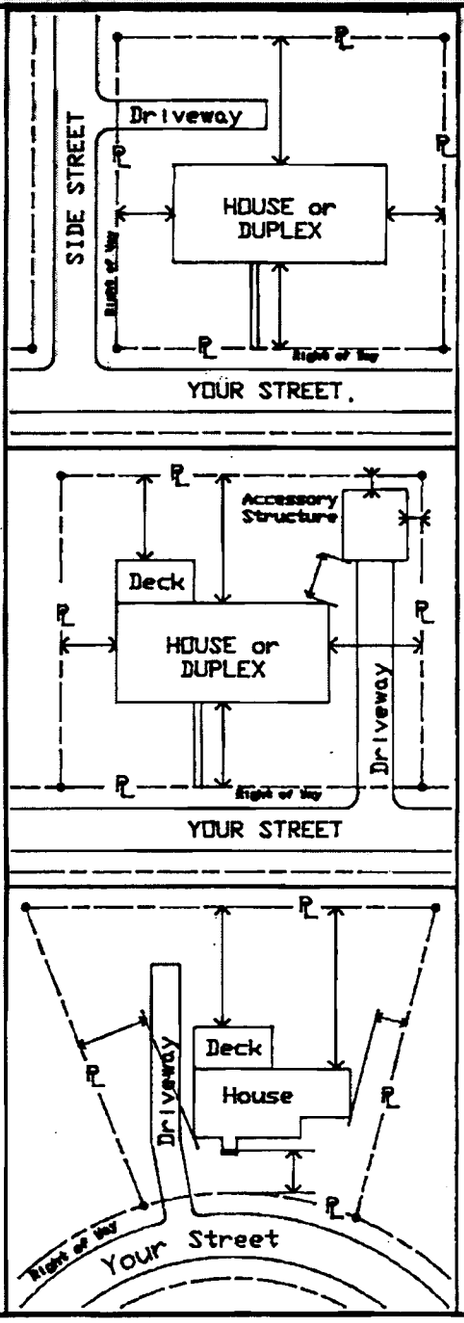
PERMIT #

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TAX PARCEL # — **LOT #**

EXAMPLES/PLOT PLAN

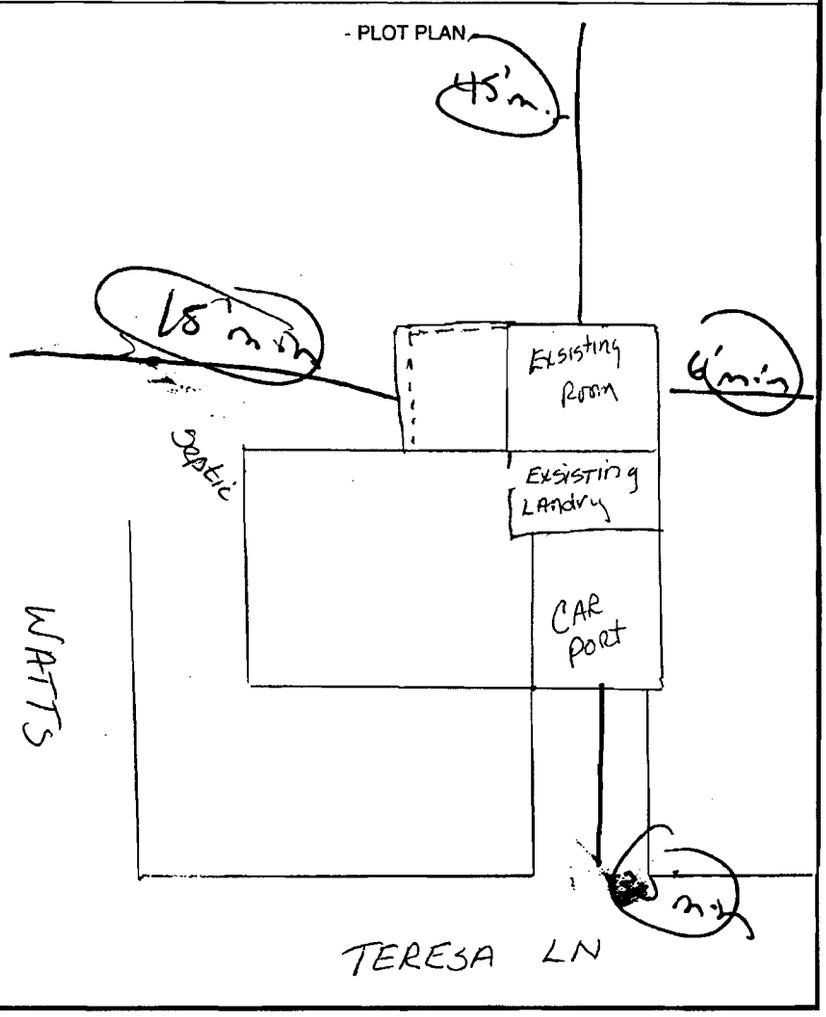


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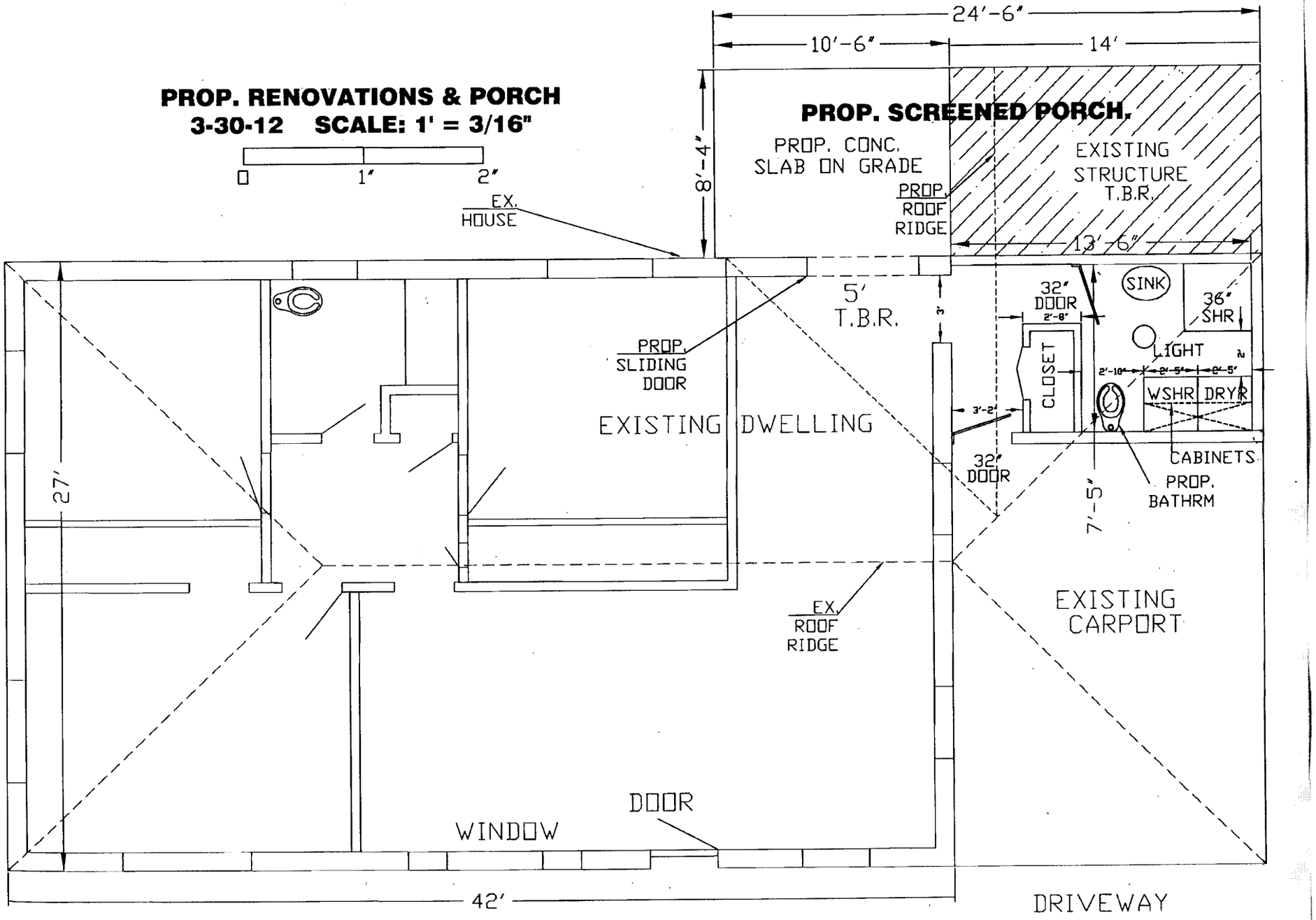
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- PLOT PLAN



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Cynthia Rivenbark

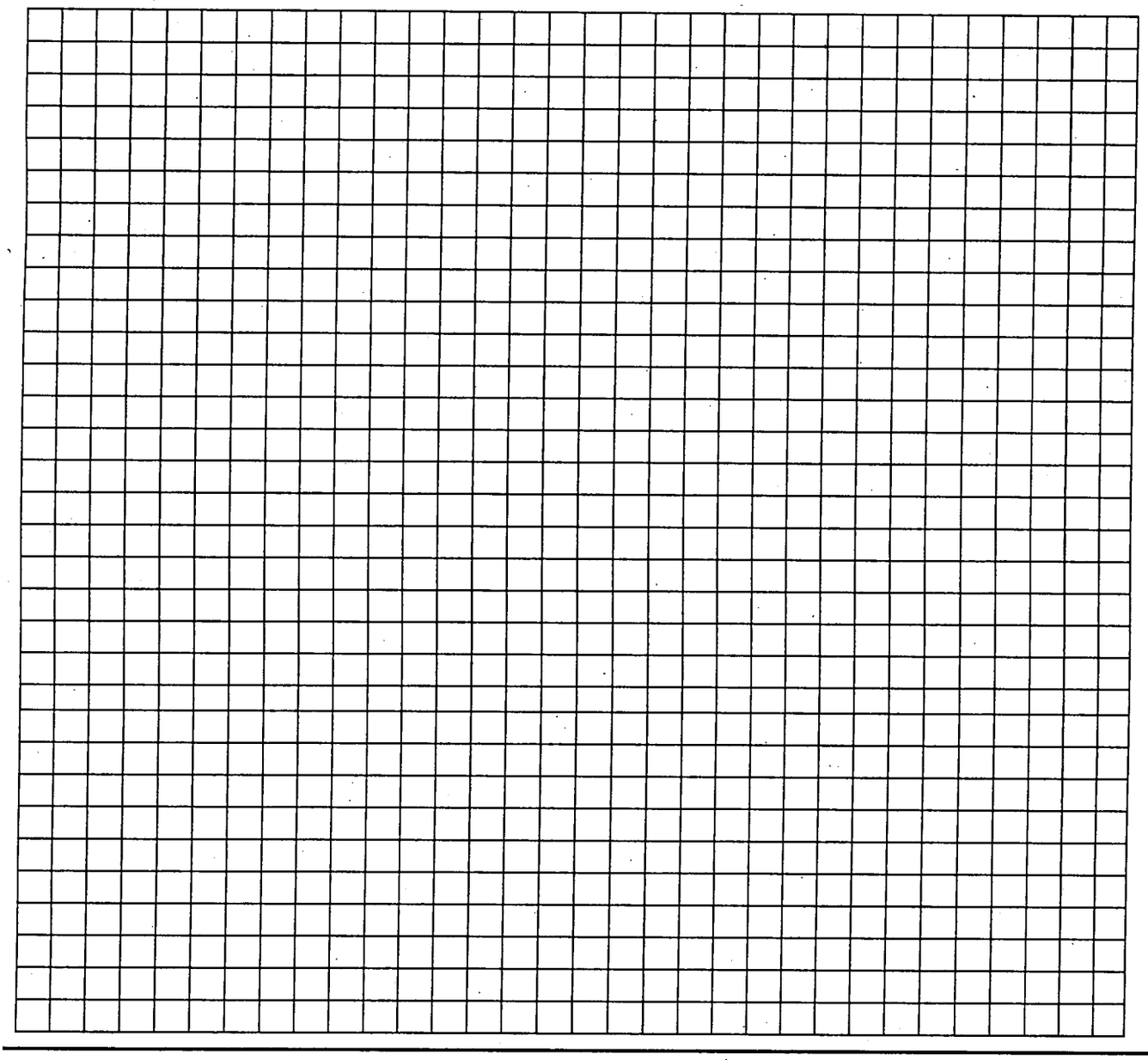

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8'-4"
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13'-6"
5' T.B.R.
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SINK
36" SHR
LIGHT
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PROP. SLIDING DOOR
EXISTING DWELLING
32" DOOR
CABINETS
PROP. BATHRM
7'-5"
27'
EX. ROOF RIDGE
EXISTING CARPORT
DOOR
WINDOW
42'
DRIVEWAY

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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. to use existing system for a screen porch & bathroom addition.

REHS Signature _____ Date 5/21/12

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