#13581

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

OK To Release
Hold for 20 kids
and 2 Teachers

(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 MR/1-12-2023 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 ☐ _____

5830B / 13581

12 JAN '23 PM 4:52

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: Laura Self
ADDRESS: 1304 Golden Ridge Rd.
CITY: Lake Wylie
STATE: SC ZIP: 29710
PHONE: 803-415-1412
ALTERNATE PHONE:
E-MAIL: laura@journeymontessori.org

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Chris Self
ADDRESS: 1304 Golden Ridge Rd.
CITY: Lake Wylie
STATE: SC ZIP: 29710
PHONE: 703-402-8110
ALTERNATE PHONE:
E-MAIL: chris_self@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #:
STREET ADDRESS: 13601 S. Tryon St.
CITY: Charlotte
STATE: NC ZIP: 28278
↑ Property/Business Address per Laura

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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: 02
NUMBER OF OCCUPANTS: 27

Property was rezoned RD3 in 2009

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: preschool
EMPLOYEES PER SHIFT: 2
OF SHIFTS: 1

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

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.

Laura Self
Owner's/Agent's Signature

1-12-2023
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: 704-336-8894

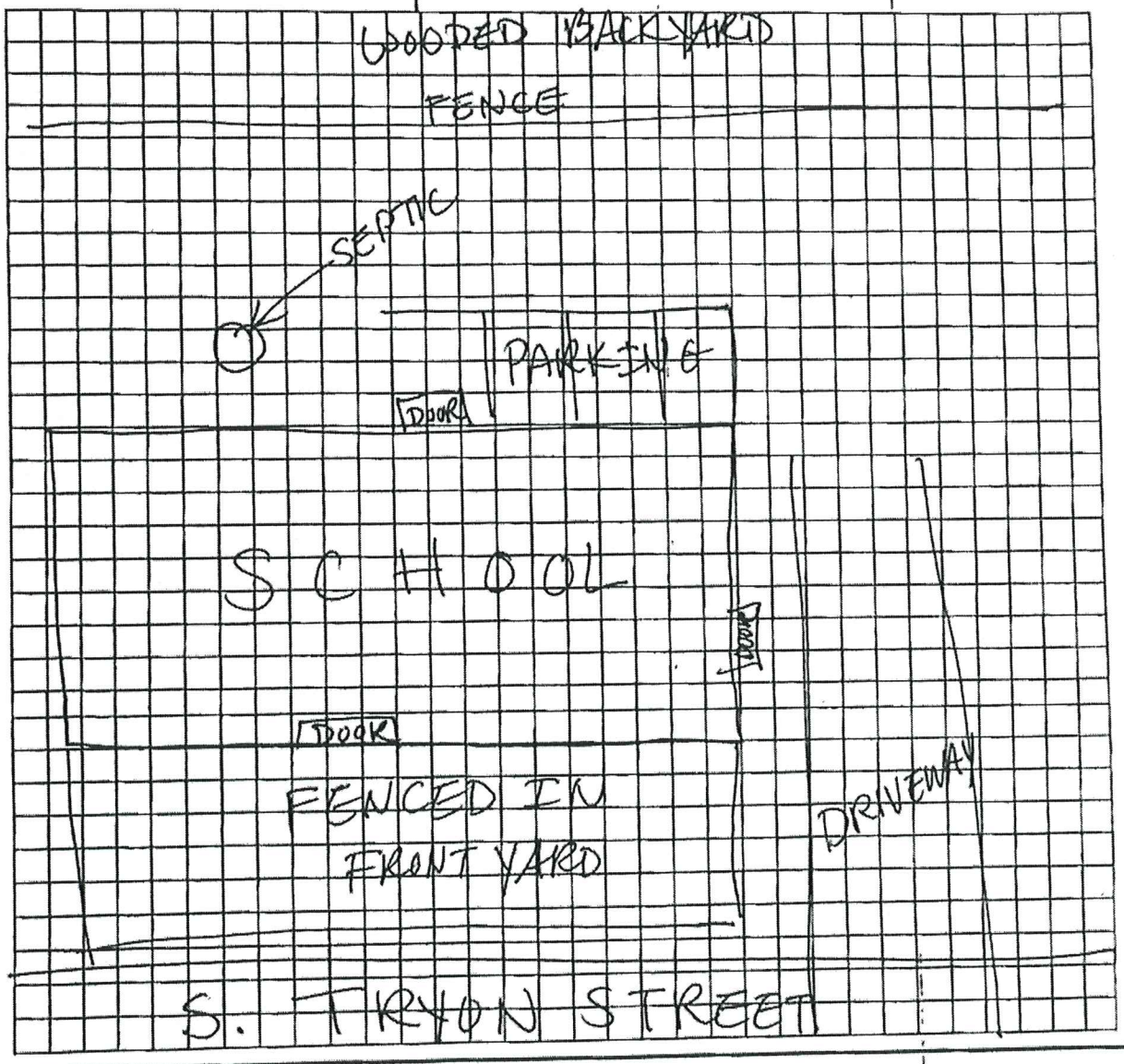
Revised on: 03/27/19

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: 13601 S. Tryon 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

System is large enough for 20 kids & 2 teachers.

April Burnganer 1-23-23

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-8894

Revised on: 03/27/19

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/12/23
Receipt #: 139368
Check / Auth #: VISA 170255
Received By: RAMSEMA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SELF LAURA K
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 13601 S TRYON ST		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
205.00					

Payment Receipt

Mecklenburg County

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

Enter Account # or Customer Name Here: LAURA K SELF

Bill To:

LAURA K SELF

Single Payment

Transaction Date: 01/12/2023 1:05 PM Pacific Time
Pay Method: VISA **********2463
Approval #: 170255
Trace Number: 071173ca-e888-4351-b030-ef73b045b805
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

FEE: 100.00
DATE: 2/1/05 CK #
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 01/05

FILE #: 58308

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
January 1,05 — Date

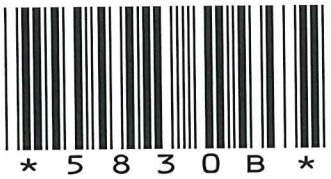
*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment 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 — Date 2/3/05



13601 S TRYON ST

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

PROPOSED PLOT PLAN

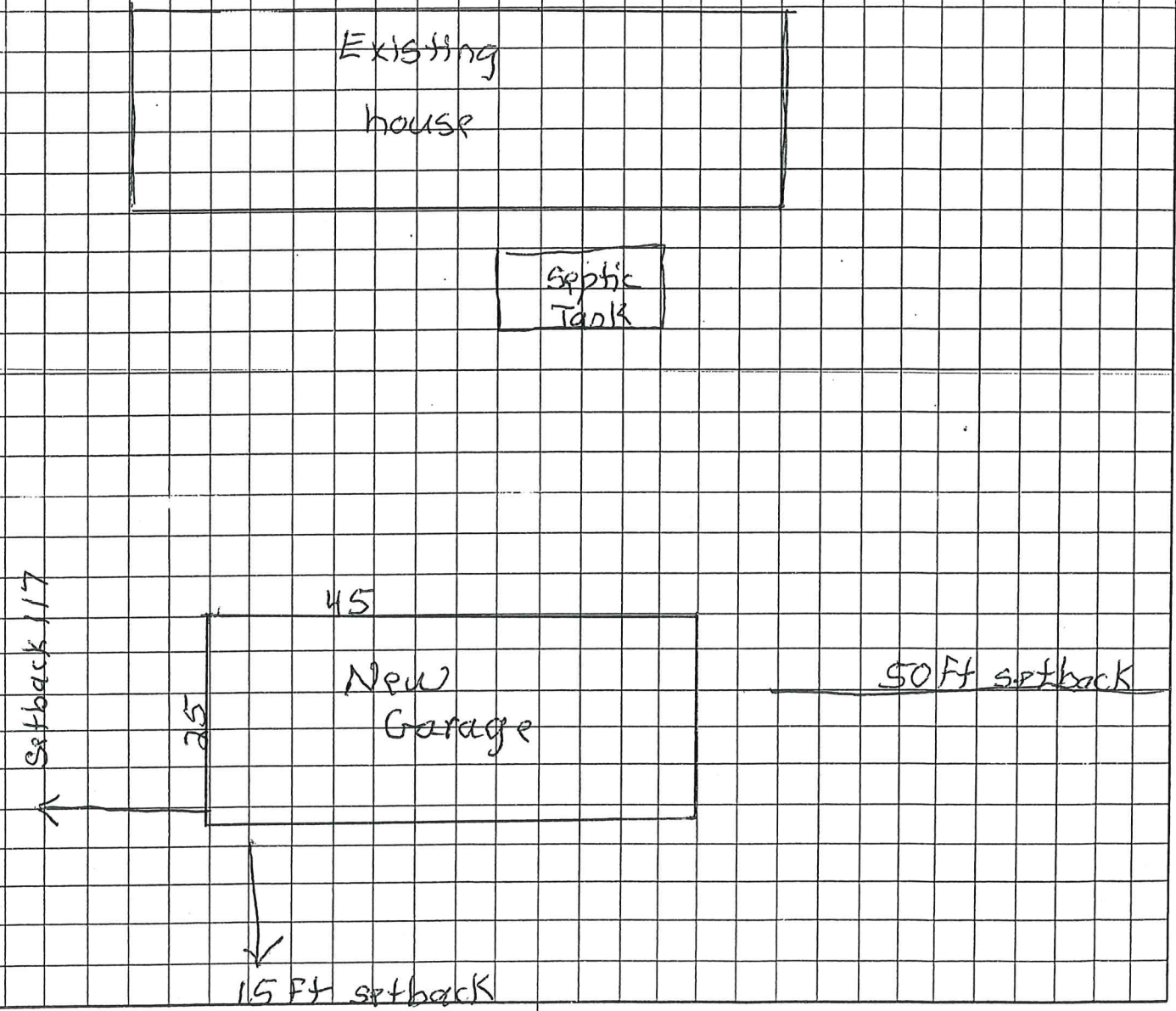
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

COPY

FILE: 58308

TC: 219-124-02

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

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: Philo 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
91700	63400	100	155200

Exemption	Year Approved	Review Date	Amount

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