FEE: 100.00 CK 8214
DATE: 11/22/10
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL
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 04/10

FILE #: 8239B

JAM 4867

TYPE APPLCATION: [X] SEPTIC ONLY [ ] WELL ONLY [X] SEPTIC & WELL
[X] 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: MARC ROBERTS
ADDRESS: 5320 MAYHEW COUNTRY DR
CITY: CHARLOTTE ~~N.C 28220~~
STATE: NC ZIP: 28227
PHONE: 704.507-4577
ALTERNATE PHONE: 704.553-3514

PROPERTY OWNER:
NAME: DORIS H. MILLER
ADDRESS: 7932 LARGE OAK CN
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 704-545-4558
ALTERNATE PHONE: 704.517-0429

JOB LOCATION INFORMATION
TAX/PARCEL #: 13901215
STREET ADDRESS: 7932 LARGE OAK CN
CITY: MINT HILL
STATE: NC ZIP: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: N/A
1969

WATER SUPPLY:
[ ] MUNICIPAL (M) [ ] COMMUNITY (C) [X] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
[X] 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: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT: N/A
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
[X] BEDROOM [X] 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.

Marc R. Roberts 11/22/10
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 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 y this Department.
- This permit is not transferable.

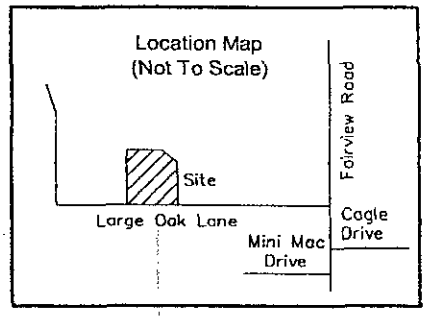
[ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Original system was installed in 1969 to accomidate 3rd Bedroom. Meets Required Setback off Septic
Jennifer Mullen 11-23-2010
ES Signature Date

File #239B

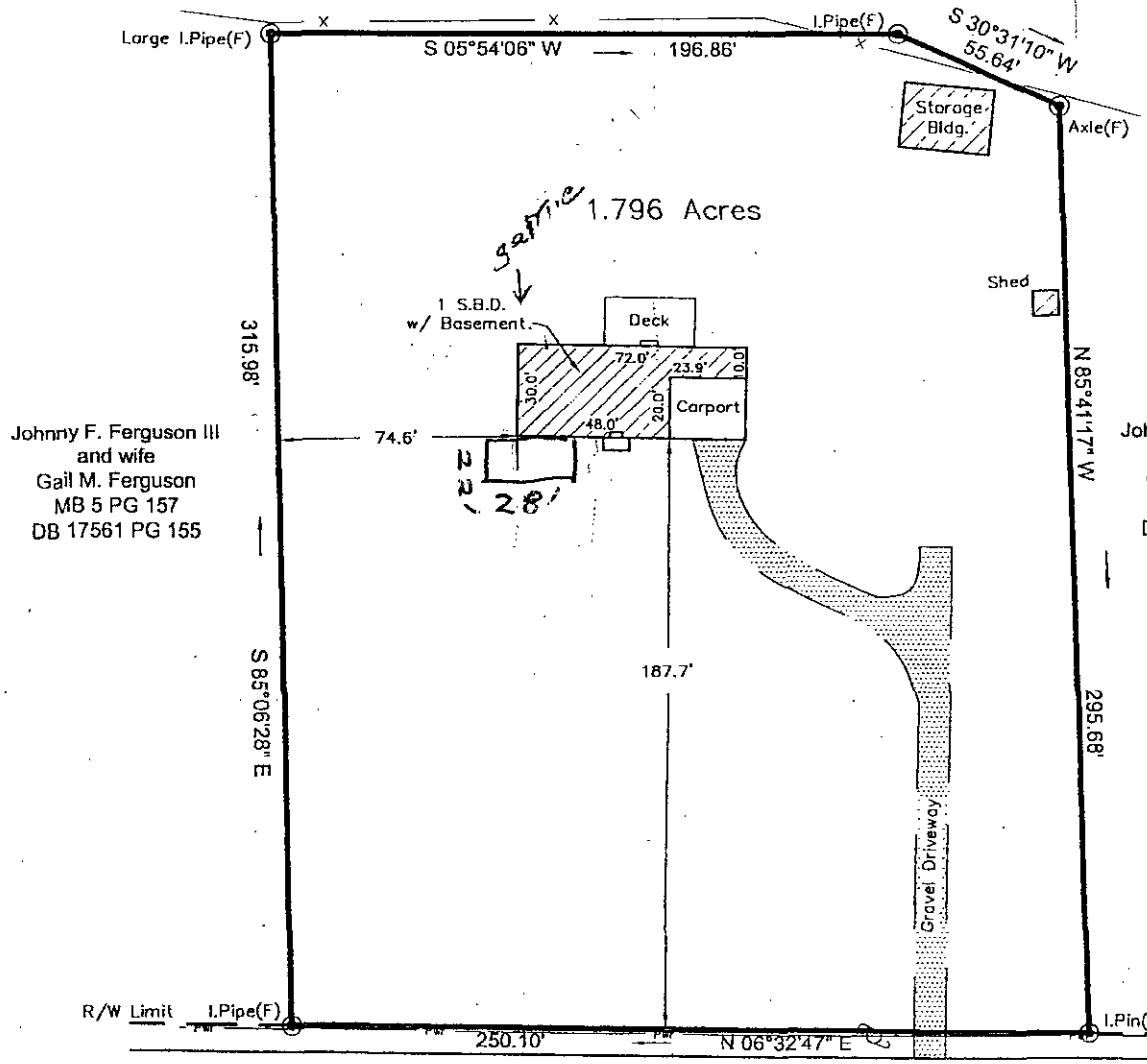
Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

Location Map
(Not To Scale)



Deed North 24845 176

Johnny F. Ferguson III
and wife
Gail M. Ferguson
MB 5 PG 157
DB 17561 PG 155



Johnny F. Ferguson III
and wife
Gail M. Ferguson
MB 5 PG 157
DB 17561 PG 155

Johnny F. Ferguson III
and wife
Gail M. Ferguson
MB 5 PG 157
DB 17561 PG 155

NORTH CAROLINA PROFESSIONAL SEAL L-3600

NOTE:
ALL CORNERS ARE I.PIN(F) UNLESS OTHERWISE NOTED.

2010
OTJ OK

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

Poss 1/5/11 JC

GWS File #: 02343 WASPS App #: 4067

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ OTS ☑

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)	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) .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: _____ Date performed: 11-30-10