

4533 MT OLIVE CHURCH RD

11338123

5/28/08

marliwr

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5543 WASPS App #: 3336

Primary ES assigned to project: CS

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?	Yes ☐	No ☐	N/A ☑
.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	Yes ☐	No ☐	N/A ☑
.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:

USE EXISTING APPROVED. VERIFIED 2 BR's IN HOUSE.
INSTALLED TEE AND PUMPED TANK

IA issued date: _____

OP issued date: _____

Review performed by: _____

Date performed: 8/1/03

C Sherrill 3336

FEE: 100.00
DATE: 3-10-08
CRT I] MC-968580

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 #: 5543

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: KELLY MARCA
ADDRESS: 8353
CITY: Mooresville
STATE: NC ZIP: 28103
PHONE: 7045023346
ALTERNATE PHONE: 704-502-6346

PROPERTY OWNER:

NAME: Leonard Maureen
ADDRESS: 4933 Mt Olivet Church Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 113-381-23
STREET ADDRESS: 4483 Mt Olivet Church Rd 4533
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)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 2
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 MOVE-ON

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.

Kelly Marcia
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

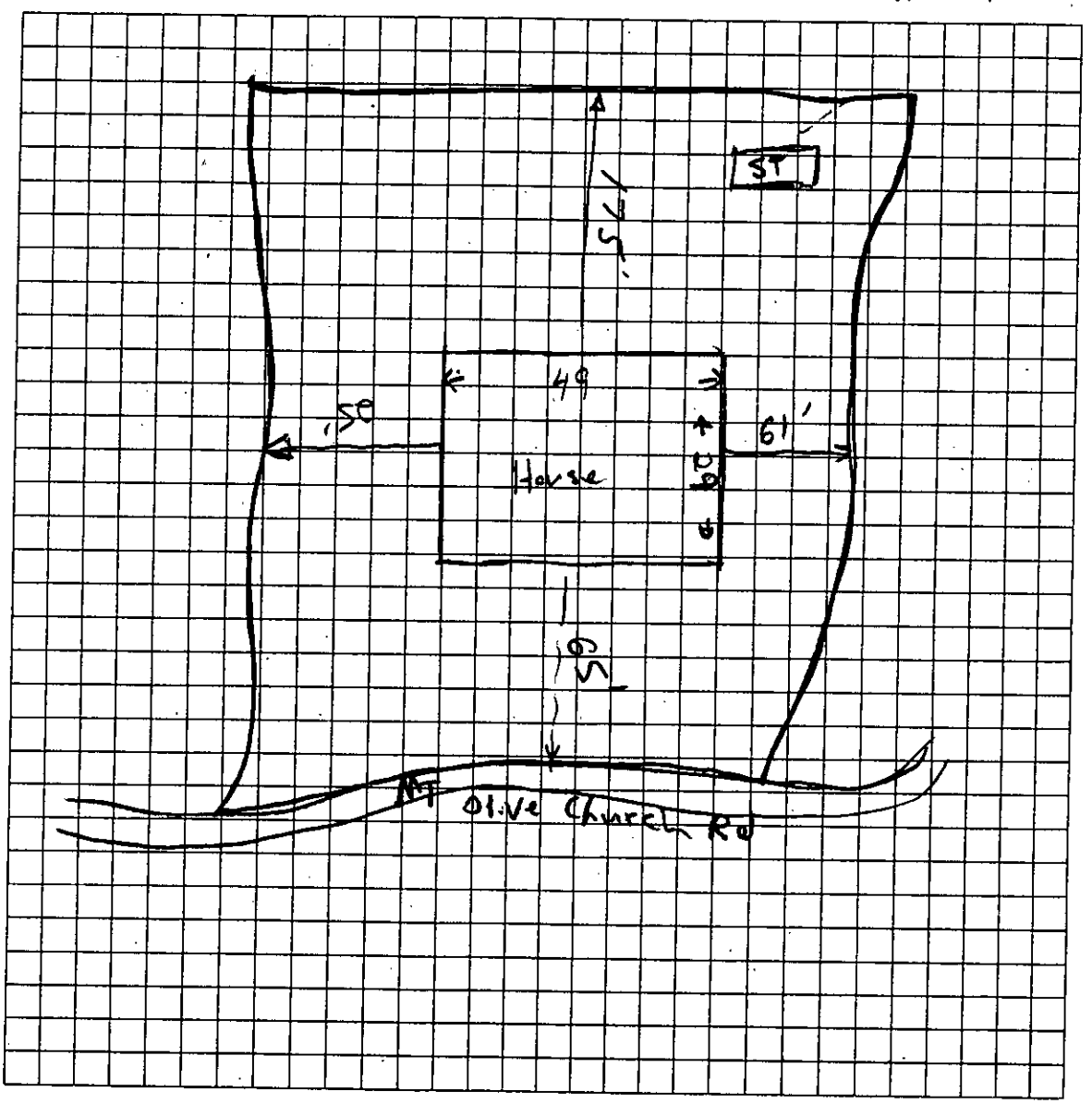
Christopher M Steinmetz 4/1/08
EHS Signature Date

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	Kelly Mann
Date	3/10/08

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/08	**Amount:**	100.00
Receipt #:	56368	**Tendered:**	0.00
Check / Auth #:	MC 968580	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	MARSH KELBY
Attn:	
Address:	P.O. BOX 353
Address:	
City/State/Zip:	MARSHVILLE, NC 28103

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4433 MT OLIVER CHURCH RD		1	100.00	100.00

Outstanding Balances

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