Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 1045A WASPS App #: 5655

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:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: SAM Date performed: 06/22/2012

1045A

326829

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Appt# 5655

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: Jon M. Kennerley
ADDRESS: 2501 Taimi Dr.
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 7046074560
ALTERNATE PHONE: 7043354798
E-MAIL: jkennerley@carolina.rr.com

JOB LOCATION INFORMATION
TAX PARCEL #: 053-142-13
STREET ADDRESS: 2501 Taimi Dr.
CITY: Charlotte
STATE: NC ZIP: 28214

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

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: 1
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 _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Carport

*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.

Jon M. Kennerley
Owner's/Agent's Signature

06/14/2012
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

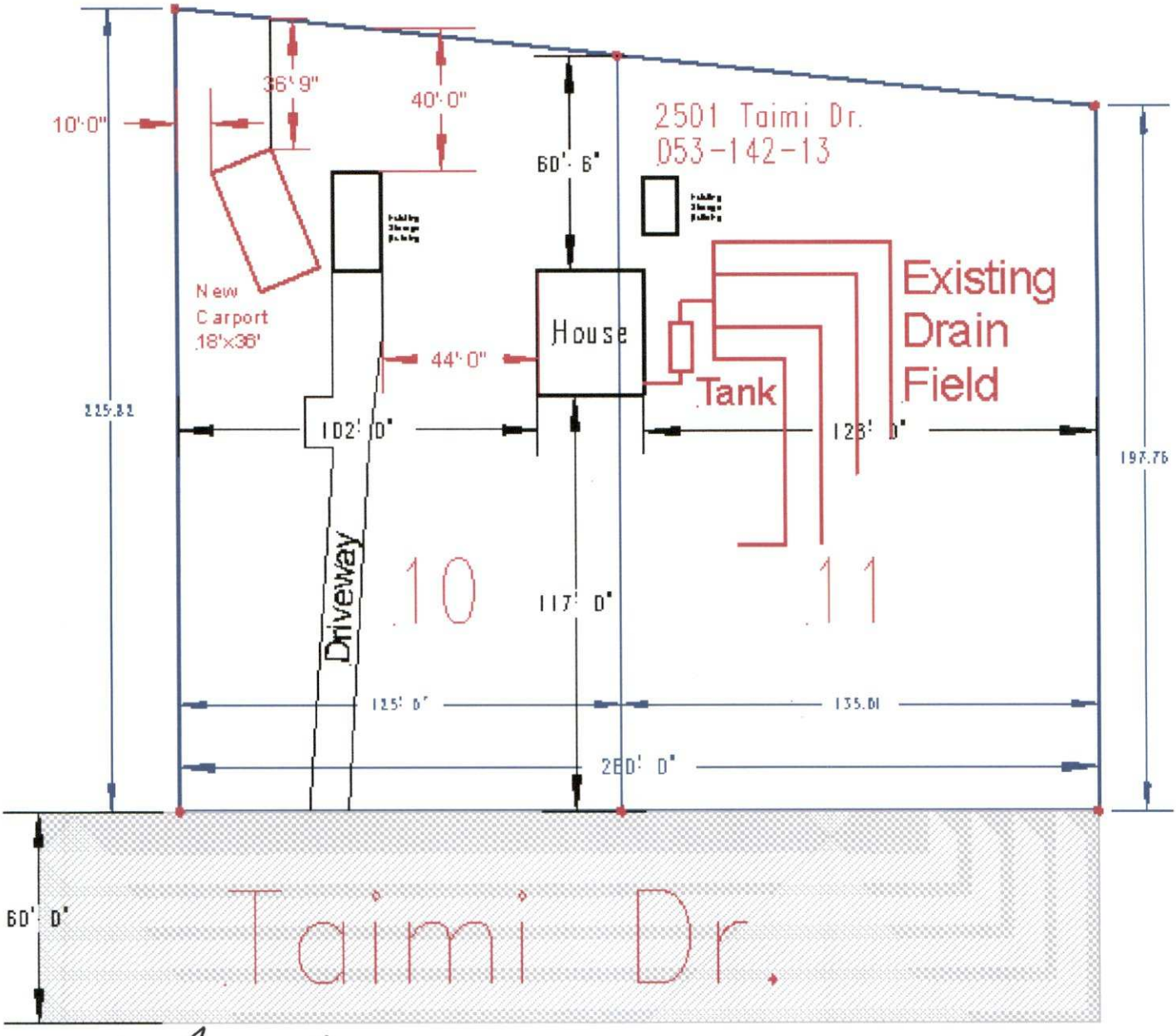
Revised on: 01/03/11

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: 2501 Taimi Dr. Tax Parcel #: 053-142-13



Property Owner's or Owner's Legal Representative Signature

06/14/2012
Date

O.K. to Use Existing System for a Carport Addition.
Terry Mark Reitz
6/22/12

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

Revised on: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/14/12
Receipt #: 78625
Check / Auth #: CHECK 2636
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KENNERLEY JON M
Attn:
Address: 2501 TIAMI DR
Address:
City/State/Zip: CHARLOTTE, NC 28214

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

OFF Sam WRSAW

App. #: 5655

Fee: 100.0000

Date: 6/14/2012

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 #: 1045A

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: Jon M. Kennerley
ADDRESS: 2501 Taimi Dr
CITY: Charlotte
STATE: NORTH CAROLINA ZIP: 28214
PRIMARY PHONE: 704-607-4560 ALTERNATE PHONE: 704-335-4798
EMAIL: jkennerley@carolina.rr.com

JOB LOCATION INFORMATION:

TAX / PARCEL #: 05314213
STREET ADDRESS: 2501 TAIMI DR
CITY: CHARLOTTE NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 0

PROPERTY OWNER: [ ] Same as Filer

NAME: Jon M. Kennerley
ADDRESS: 2501 Taimi Dr
CITY: Charlotte
STATE: NORTH CAROLINA
ZIP: 28214
PRIMARY PHONE: 704-607-4560
ALTERNATE PHONE: 704-335-4798
EMAIL: jkennerley@carolina.rr.com
General Comments:

WATER SUPPLY:

[x] MUNICIPAL (M) [ ] 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: 1
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 [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

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

Print Update Go to Front Counter

1045A

326829

Appt # 5655

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

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EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
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Jon M. Kennerley
Owner's/Agent's Signature

06/14/2012
Date

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

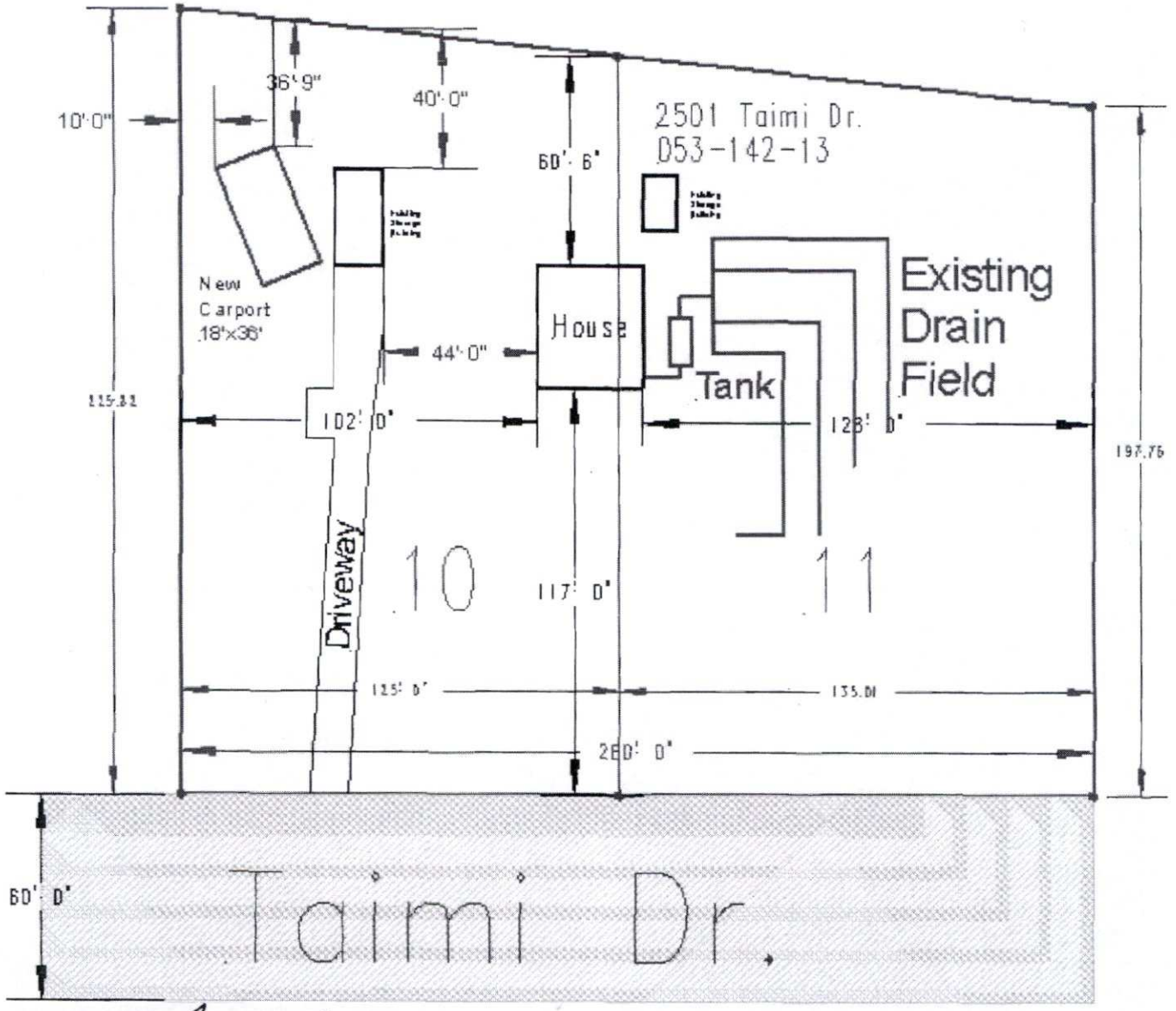
Revised on: 01/03/11

File #: _____

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Street Address: 2501 Taimi Dr. Tax Parcel #: 053-142-13



Property Owner's or Owner's Legal Representative Signature

05/14/2012
Date

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

Revised on: 12/15/10

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

053-142-13

FILE: 1045 A DATE: 3/2/00

TC: 053-142-2 ☐ L ☒ CRT

SERIAL Nº 18229

Name of Owner Jon M. Kennerley Juris.:

Address of Property 2501 Taimi Drive

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Municipal

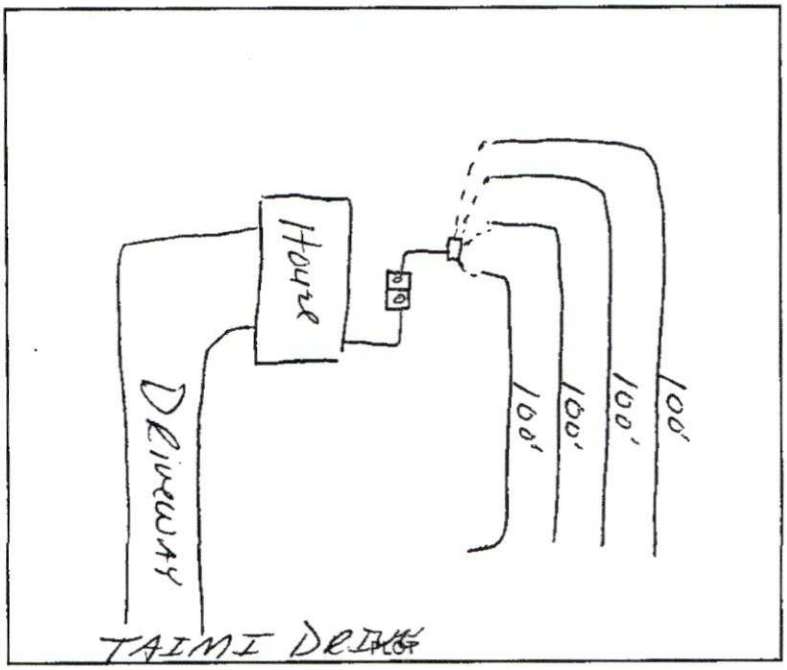
Distance to Water Source NA

Excavation Inspected 3/2/00

Tank(s) Inspected 3/2/00

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2000, 1500ST, 1200SFT, Com, CTR# Dennis Joyce

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System designed for 3 Bedroom House
Type II Conventional System 400 TLF

Jerry P. Mickulec
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.