APP# 4130 D.C.

FEE: $100.00
DATE: 4/1/09
CRT: X35596 VW

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 #: 422A

TYPE APPLICATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Autumn Hostetler - A-Team General Contractg
ADDRESS: 9154 Sandberg Ave
CITY: Charlotte
STATE: NC ZIP: 28213
PHONE: 980 621 5006
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: John Herzog
ADDRESS: 4108 Coleman Dr.
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION:

TAX/PARCEL #: 10524122
STREET ADDRESS: 4108 Coleman Drive
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- ☒ 9-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: 4
NUMBER OF OCCUPANTS: 6

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 We are adding on to the detached garage / shed

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER We are adding on to a detached garage

*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.

Owner's / Agent's Signature — 3-31-09 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 by this Department.
- This permit is not transferable.

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

O.K. TO USE EXISTING SYSTEM FOR DETACHED GARAGE ADDITION.

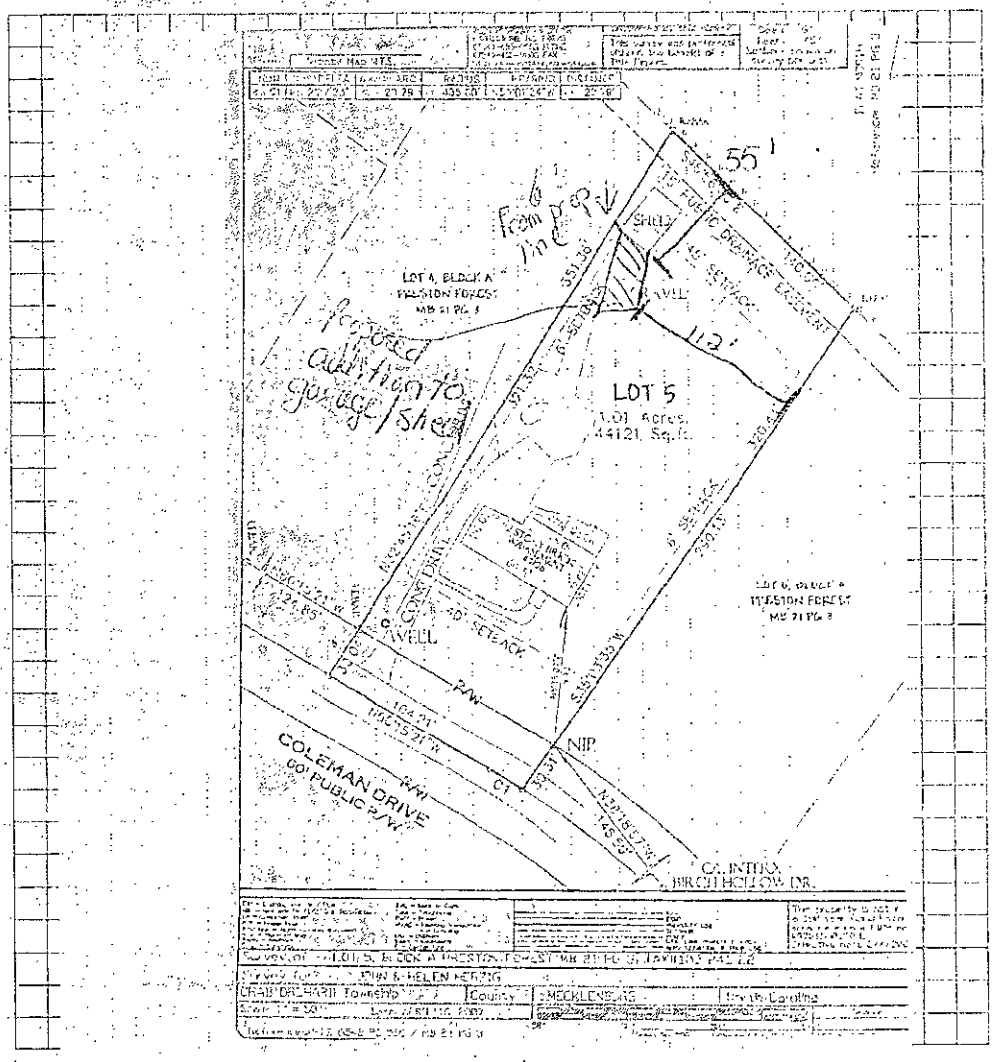
EHS Signature — 4/6/09 Date

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

Date 3-31-09

LBC 12/16/04

addl to IP @ 100% dr 1121 6/10/93 MA $1600

422A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

dr #1113 $30.00 CK 6/26/93 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: SPARKS Homer (last) (first) (mi)
ADDRESS: 715 Nestle Way PHONE: (704) 364-0778
CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER: SAME
NAME: (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 165-241-21
STREET ADDRESS: 4118 Coleman Dr.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) BEDROOM/BATH/Kitchen
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ___ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ___ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Homer Sparks Date: 5-4-1993

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the *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 by this Department. 1/4/94 Approval for deck addition RW

...This permit is not transferable.

... improvement permit issued to increase size of septic tank system & accomodate increase in number of bedrooms - S. Bateman 1-14-94

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

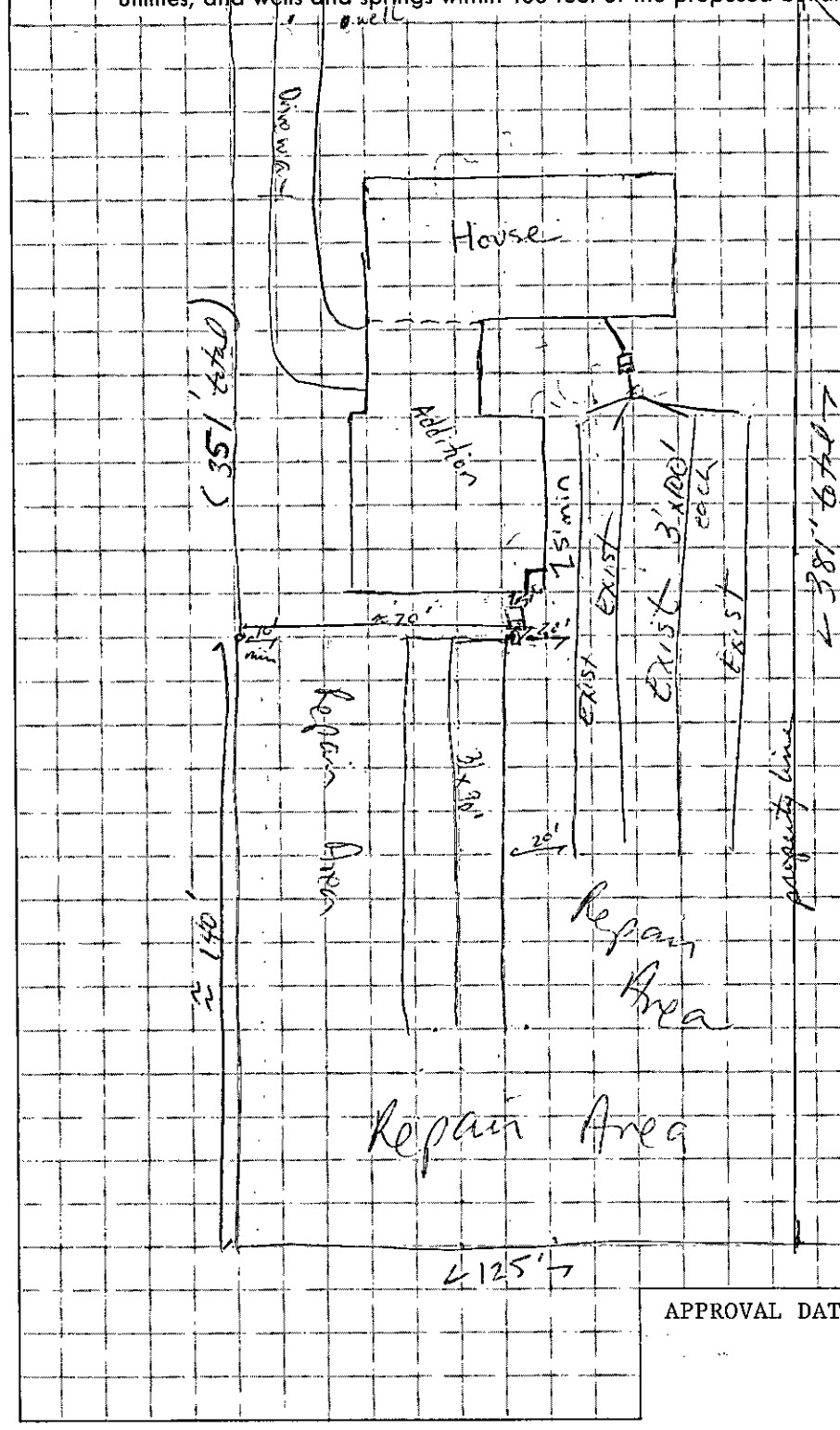
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 422A

TC: 105-241-21

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.



Keep min 5' from any septic tank system with any building foundation.

All plumbing from Addition to go to new septic tank.

1500 g septic tank
810 sq ft drainfield at 3 lines at 3'x90'x12" stone
Keep min 20' off existing system with new system
100% repair area as shown
Septic tank system must be min 5' from building foundation
Install drainlines on contour

Homer Sparks 1-19-94
property owner sign & date

APPROVAL DATE [signature] 1-14-94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

called 8-9-94 for 8-Sept.

400LY

Approved

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

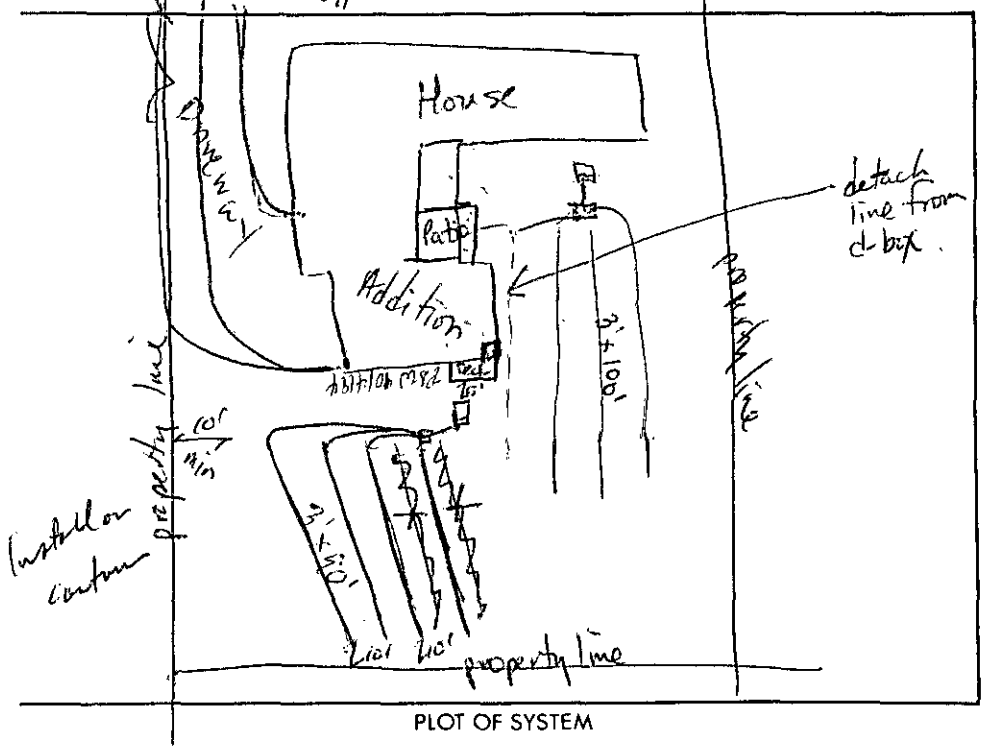
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 422A DATE: 8-8-94

TC: 105-241-21 ☐ L

SERIAL Nº 15769

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7-26-93. All work shall be completed on or before 9-8-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 360' feet

Number of Lines 4 at 90' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' min feet

Distance from Well 100' min feet

NAME OF OWNER John Francese

LOCATION OF PROPERTY 4118 Coleman Drive

Comments: Keep min 20' off existing system. House is one residence only. (Total 4 bedrooms) All plumbing from addition to go to new tank. Washing machine from existing section of house to be plumbed to new tank. Disconnect the existing drainline from existing d-box that line is within 5' of new building foundation

J. Newell for J. Daniel
Division or Section Head

Susan Patterson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

400 RD

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 422A DATE: 9/9/94

TC: 105 241 21 ☐ L ☒ CRT

SERIAL № 14280

Name of Owner John Francese Juris.:

Address of Property 4118 Coleman Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 360'

Number of Lines 4 @ 90'

Cover Depth 8" - 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9/9/94

Tank(s) Inspected 9/9/94

Wash Line Inspected 9/9/94

High Water Alarm Inspected —

Design: 1994, Alteration

Door relocated on 10/4/94 Per Phil Walter

PLOT

G&G Landscaping

CTR# Inc

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: Alteration designed 1 bedroom addition and washer line.

Philip S. Walter R.S.
Environmentalist

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