Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File#: 14922 WASPS App #: 7794

Primary ES assigned to project: Brad Hallman

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ UES ✓

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: J. Walker REHS Date performed: 10/1/15

23 SEP '15 PM 2:03

1499 Application # 794

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: BRAD KLASS (COURTHIAN CONSTRUCTION)
ADDRESS: 16248 BARBEE RD
CITY: STANFIELD
STATE: NC ZIP: 28163
PHONE: 704-201-6112
ALTERNATE PHONE:
E-MAIL: COURTHIANCONSTRUCTION@HOTMAIL.COM

PROPERTY OWNER: ( ) SAME AS PERSON FILING APPLICATION
NAME: CRAIG SPIESMAN
ADDRESS: 9901 TRUELIGHT CHURCH RD
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 704-207-3073
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 13709828
STREET ADDRESS: 9901 TRUELIGHT CHURCH RD.
CITY: MINT HILL
STATE: NC ZIP: 28227

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: 3
NUMBER OF OCCUPANTS: 3

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

*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

9-22-15
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

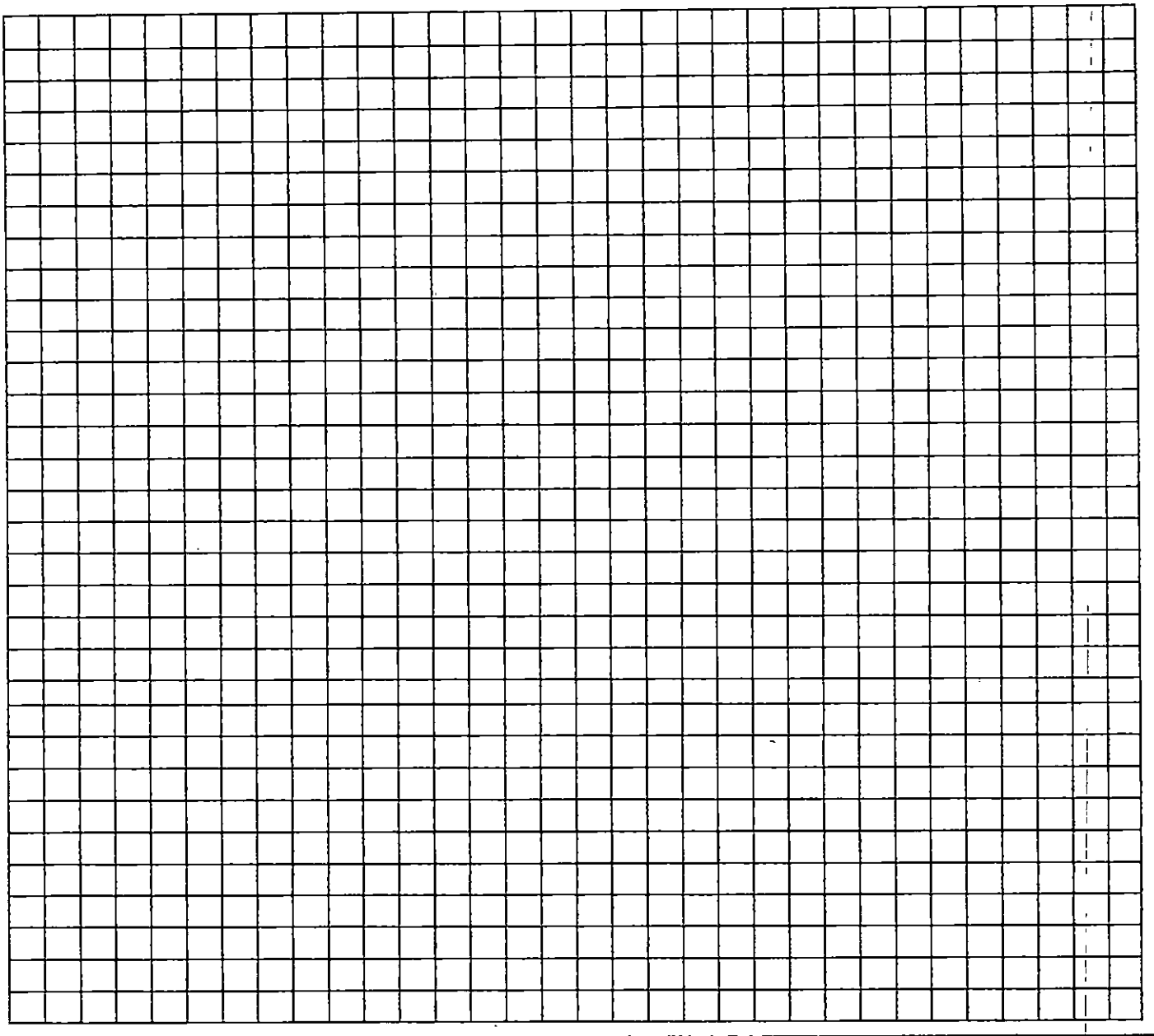
Revised on: 01/03/11

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: 9901 TWILIGHT CHURCH RD Tax Parcel #: 13709828



*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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Permit approved. All setbacks met.

REHS Signature 10/1/15 Date

Bradley W. Hallman

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

ACTION REGISTER - 9/25/15

Date	Notes
9/25/15	16248 Barber Rd, LVM to collect payment
	@ 12:07 pm 9/25/15.
9/28/15	Sent addendum to be signed

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
BRADLEY KLASS

Bill To:

BRADLEY KLASS
16248 BARBEE RD

Stanfield, NC 28163

Single Payment

Transaction Date: 09/28/2015 5:45 AM Pacific Time
Pay Method: VISA **********8500
Approval #: 022314
Trace Number: 02908db9-8f6a-445e-9ffb-faec28634ae4
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Corinthian Construction is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9901 Truelight Church rd Mint Hill
Number Street Town

(Or Parcel Number) 13709828

Craig Spiesman
Property Owner (print name)

Property Owner (signature)

9/24/15
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/28/15	**Amount:**	100.00
Receipt #:	96230	**Tendered:**	100.00
Check / Auth #:	VISA 022314	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #:	200000
Contractor:	BRADLEY KLASS
Attn:	
Address:	16248 BARBEE RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28163

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9901 TRUELIGHT CHURCH RD		1	100.00	100.00

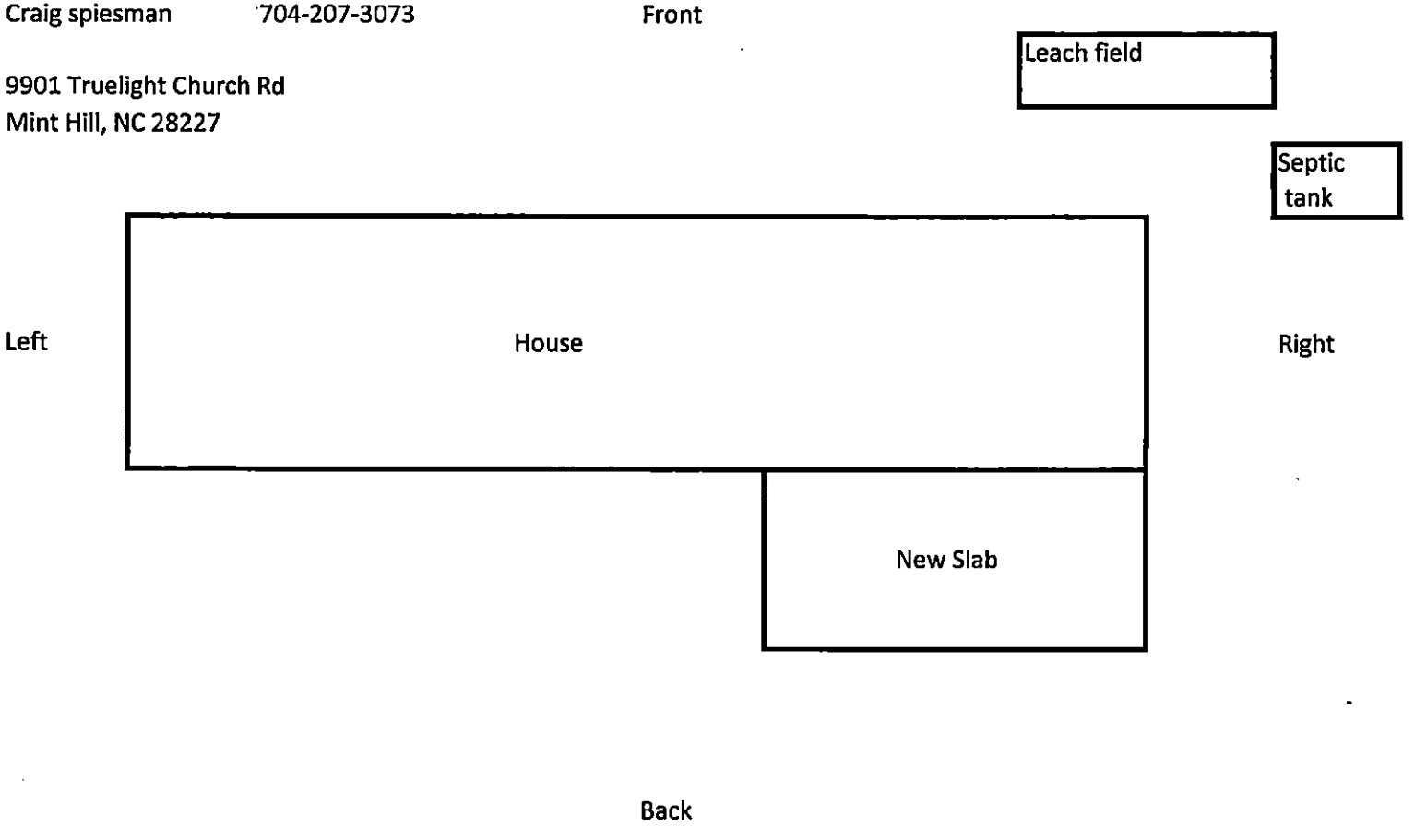
----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
370.00					

Property map for septic inspection

Craig spiesman 704-207-3073

9901 Truelight Church Rd
Mint Hill, NC 28227



Ellis, Loretta

From: Craig Spiesman <cspiesman@thefreshaircompanies.com>
Sent: Thursday, October 01, 2015 10:59 AM
To: Ellis, Loretta
Subject: Septic inspection
Attachments: Craig Spiesman.vcf

Please tell the inspector that the septic tank location has a branch sticking out of the ground where the tank is located.

Craig Spiesman
Fresh Air Technologies
President
(704) 622-7877 Work
(704) 207-3073 Mobile
cspiesman@thefreshaircompanies.com
2246-B Stevens Mill Rd.
Matthews, NC 28104
www.thefreshaircompanies.com

Fresh Air Technologies, LLC.

Indoor Air Quality Solutions

ACTION REGISTER -

Date	Notes
9/30/15	Waiting on plot Plans. Per Jacob