FEE: 100
DATE: 5/18/10 LWS
CRT [ ] 1

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 #: 7269

TYPE APPLCATION: PH 311073 JAM 4626

- [ ] 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: Jerry Connell
ADDRESS: 8742 Blair Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-361-3326
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Mark Eskridge
ADDRESS: 13230 Albemarle Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704-491-0426
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 137-153-14
STREET ADDRESS: 13230 Albemarle Rd
CITY: Mint Hill
STATE: NC **ZIP:** 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [x] 7-MINT HILL

WATER SUPPLY:
- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] 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)
- [x] OTHER (O) Commercial Restaurant

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT: 2
OF SHIFTS: 2
INDUSTRIAL WASTES? [ ] YES [x] NO
UNDERGROUND STORAGE TANKS? [ ] YES [x] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [x] OTHER No Addition

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.

Jerry Connell 5-13-10
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 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

Proposal does not meet required drainfield and septic Requirements. DENIED Use Existing

Jeremy Mutsol 05/19/2010
EHS Signature Date

Level Const. G/C
Dave Matthews 980-521-5298

not Applicable per .1962

K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 20 - 60 - 092 **County:** Meck

Name of Water System: MARK ETHRIDGE/BOGEYS **System Type:** Trans. NC **Water Source:** Well-Ground

1 OR

☐ **Distribution System — Total Coliform Rule (TCR)**

Sample Type: ☑ Routine (RT) ☐ Repeat (RP) ☐ Special / Non-compliance (SP)

Facility ID: D 0 1 **Location Code:** 0 0 1 **Location Where Collected:** INSIDE FAUCET

Sample Point: 001 **Routine Original (RTOR)** ☐ **Repeat-Original Tap (RPOR)** ☐ **Repeat-Upstream (RPUP)** ☐ **Repeat-Downstream (RPDN)**

☐ **Source Water — Ground Water Rule (GWR)**

Sample Type: ☐ Triggered (RT) ☐ Additional/Confirmation (CO) ☐ Assessment (RT) ☐ Triggered/Distribution Repeat (RPOT) *

* for systems with a population ≤ 1,000

Facility ID: **Sample Point:**

Collected — BY: Mark Ethridge **DATE:** 05 / 04 / 10 **TIME:** 2 : 00 : PM

Mail Results to (water system representative):

Phone #: 704 491 0426

Fax #: 704 442 1607

Responsible Person's email:

Complete for Repeat, Triggered or Additional/Confirmation Samples:

- Previous Positive Laboratory ID Number:
- Positive Laboratory Log Number:
- Positive Location Code:
- Positive Collection Date: / /

Disinfectant Used:

Total Chlorine Residual (chloramines): mg/L

Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: 3 7 7 6 7 ☐ **Repeat Samples Required from Client** ☐ **Resample Required from Client**

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS Present [1,2]	RESULTS Absent	Invalid Code
3100	Total Coliform	9223B	TCR		✓	
3014	*E. coli*	9223B	TCR / GWR			
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3013	Fecal Coliform		TCR			
3001	Heterotrophic P.C.[3]	9215B		cfu/mL or MPN		

INVALID CODES:

1	Confluent Growth / No Coliform Growth Found
2	TNTC/No Coliform Growth Found
3	Turbid Culture / No Coliform Growth Found
4	Over 30 Hours Old
5	Improper Sample or Analysis [4]

[1]If fecal, *E. coli*, enterococci or coliphage is present, lab must fax results to the State on day test completed. [2]If total coliform bacteria is present, lab must fax results to the State within 24 hours. [3]If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. [4]Explain invalid code below in comments.

Analyses Began — DATE: 05 / 04 / 10 **TIME:** 02 : 00 PM (Date rec'd by lab)

Analyses Completed — DATE: 05 / 05 / 10 **TIME:** 02 : 00 PM (Date rec'd by lab)

Laboratory Log Number: G625 **Certified By:** G. KRASKA G Kra (Print and sign name)

COMMENTS: Location was Bogeys Bisho - changed to Stooges

2009

Laboratory should mail results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax #: (919) 715-6637

K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

NITRATE/NITRITE ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: 2 0 - 6 0 - 0 9 2 **County:** Meck

Name of Water System: Bogeys Bistro/Stooges

Sample Type: ☒ Entry Point ☐ Special/Non-compliance

Location Where Collected: 13230 Albemarle Rd Matthews NC 28227

Facility ID No. S 0 1

Sample Point: ~~well~~ E 0 1

Collected By: Mark Enbridge (Please Print)

Collection Date	Collection Time
5 / 4 / 10 (MM/DD/YY)	2:00, P M (Specify AM or PM)

Mail Results to (water system representative):

Mark Enbridge
201 Old Bell Rd
Charlotte NC 28227

Phone #: (704) 491-0426
Fax #: (704) 442-1607
Responsible Person's email:

LABORATORY ID #: 3 7 7 6 7 ☐ SAMPLE UNSATISFACTORY ☐ RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
1040	Nitrate	4500NO3-D	1.00 mg/L	☒	____ mg/L	10.00 mg/L
1041	Nitrite	4500NO2-B	0.10 mg/L	☐	____ mg/L	1.00 mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State on day test completed.

	DATE:	TIME:
ANALYSES BEGUN:	05/05/10 (MM/DD/YY)	06:10 P M (Specify AM or PM)
ANALYSES COMPLETED:	05/05/10 (MM/DD/YY)	06:35 P M (Specify AM or PM)

Laboratory Log #: G6251 **Certified By:** G. Kraska (Print and sign name) G. Kra

COMMENTS: Location used to be Bogeys - Now Stooges

2008

Laboratory should Mail Results to:

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

May 19, 2010

Jerry Connell
8724 Blair Rd.
Mint Hill, NC 28227

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 13230 Albemarle Rd.
Health Department file number: **7269**

Dear Property Owner or Owner's Agent:

On May 19, 2010 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated May 18, 2010, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Jeremy Michael

Jeremy Michael
Environmental Specialist

Encl: (1) Application

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 7269

Date:

PERSON FILING APPLICATION:

NAME: BROWN JAMES R
(last) (first) (mi)

ADDRESS: 1323 WOODBERRY RD. PHONE: (704) 535-7670

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28212

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-157-14

STREET ADDRESS: 13524 ALBERMARL RD.

ZONING:

PROPERTY OWNER: (Units John & Wives

NAME: ATHANS - GREECE
(last) (first) (mi)

ADDRESS: 300 Suckland LN PHONE: (__) _____

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one): UXS

LOT NUMBER: LOT SIZE (in acres):

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business SPORTS BAR (POOL TABLES) # Employees 4 Per Shift 2 250 - less seats
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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: James R. Brown Date: Jan. 19, 1999

NOTICE:

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.

...

[] 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

WATER : 122791

DW