

3328 LAKESIDE DR

22709225

10/8/09

thomatc

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

FEE: 100 ck 114162
DATE: 7/28/08
CRT [ ]

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 #: 19093

JAM

TYPE APPLCATION: 3741

- ☐ 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: Kent's Backyard Vision Inc
ADDRESS: 2311 Village Lake Dr.
CITY: Charlotte, ~~NC 28212~~
STATE: N.C ZIP: 28212
PHONE: 704-944-1350
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Johannes & Marina Reif
ADDRESS: 3378 Lakeside Dr
CITY: Charlotte
STATE: N.C ZIP: 28270
PHONE: 704-846-4989
ALTERNATE PHONE: 704-482-3456

JOB LOCATION INFORMATION
TAX/PARCEL #: 227-092-25
STREET ADDRESS: 3328 Lakeside Dr
CITY:
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 183

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: 4
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

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.

X John Aaron — Owner's/Agent's Signature
X 7/23/08 — 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

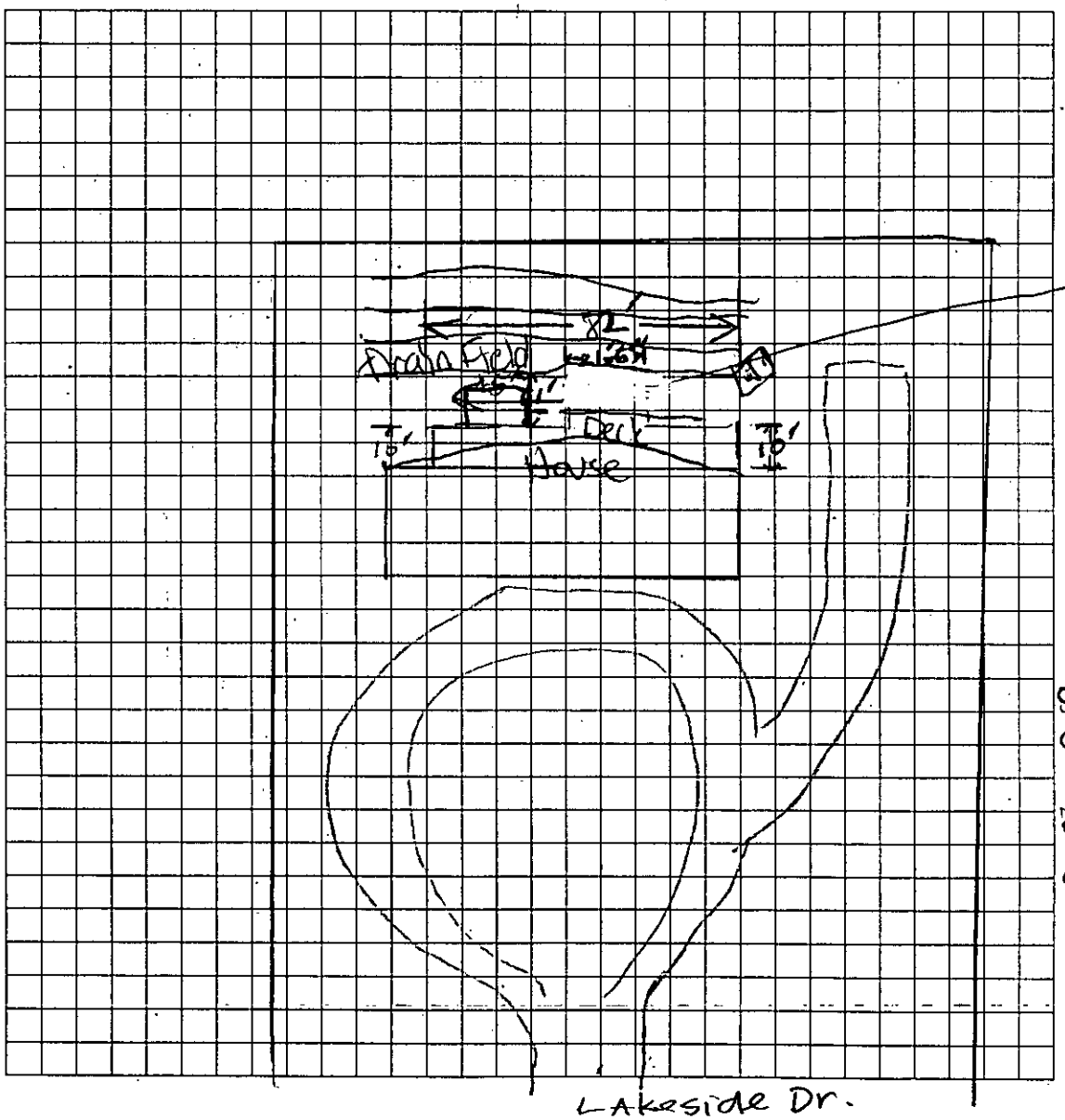
Proposed Deck meets required setbacks off drainfield.
Jeremy Michael — EHS Signature
07-29-2008 — Date

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 # 19073
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.



Propose Deck/w gazebo was shifted to meet 5' off drain line. Met builder & Homeowner on site SAM.

Owner/Agent Signature	John Asher
Date	9/23/08

LBC 12/15/04

2008
U/S
DELK

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 19073 WASPS App #: 3791

Primary ES assigned to project:

Secondary ES assigned to project:

Project Type: New System [ ] Alteration [ ] Repair [ ] Modified Plot Plan [ ] U/S

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 & WW characteristics?	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: _____ Date performed: 7/31/08