

9801 PROVIDENCE FOREST LN

23115309

8/12/08

marliwr

Barcode Font = IDAutomationHC39M

EHS PW

16559 County Permit Review Worksheet

Reviewer IG

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	/									
.1937(d)	Is there a Site plan/Plat with application	/									
.1937(d)	Is the Facilityshown?	/									
.1937(d)	Are appurtenances shown	/									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(3)	Mineralogy Recorded?										
	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	*Is System design consistent with soil/site conditions?*										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 OTS DK

Verbal OK
To release
from K.R. &
& P.W 3/22/07

FEE: 100 cr pd 3/12/07
DATE: 3-12-07
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 01/05

LD 3/22/07
Appd 2027
P, W
FILE #: 16559

TYPE APPLCATION:

- [x] 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: Mercer Green
ADDRESS: 312 old Dutch Rd West
CITY: Indian Trail
STATE: NC ZIP: 28079
PHONE: 704-661-2359
ALTERNATE PHONE: 704-753-1635

PROPERTY OWNER:

NAME: Anderson
ADDRESS: 9801 Provendence Forest LN.
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 704-846-4731
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 231-153-09
STREET ADDRESS: 9801 Providence Forest LN
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 9 BA 1980

TOWNSHIP:

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

WATER SUPPLY:

- [x] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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
- [x] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [x] 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.

Mercer Green — Owner's/Agent's Signature
3-12-07 — 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.

Approval granted for bathroom + den addition
use existing system (washer line abandoned (660' on existing drainfield)
washer plumbed to drainfield

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

Phyllis A. Walker RS — EHS Signature
3/21/07 — Date

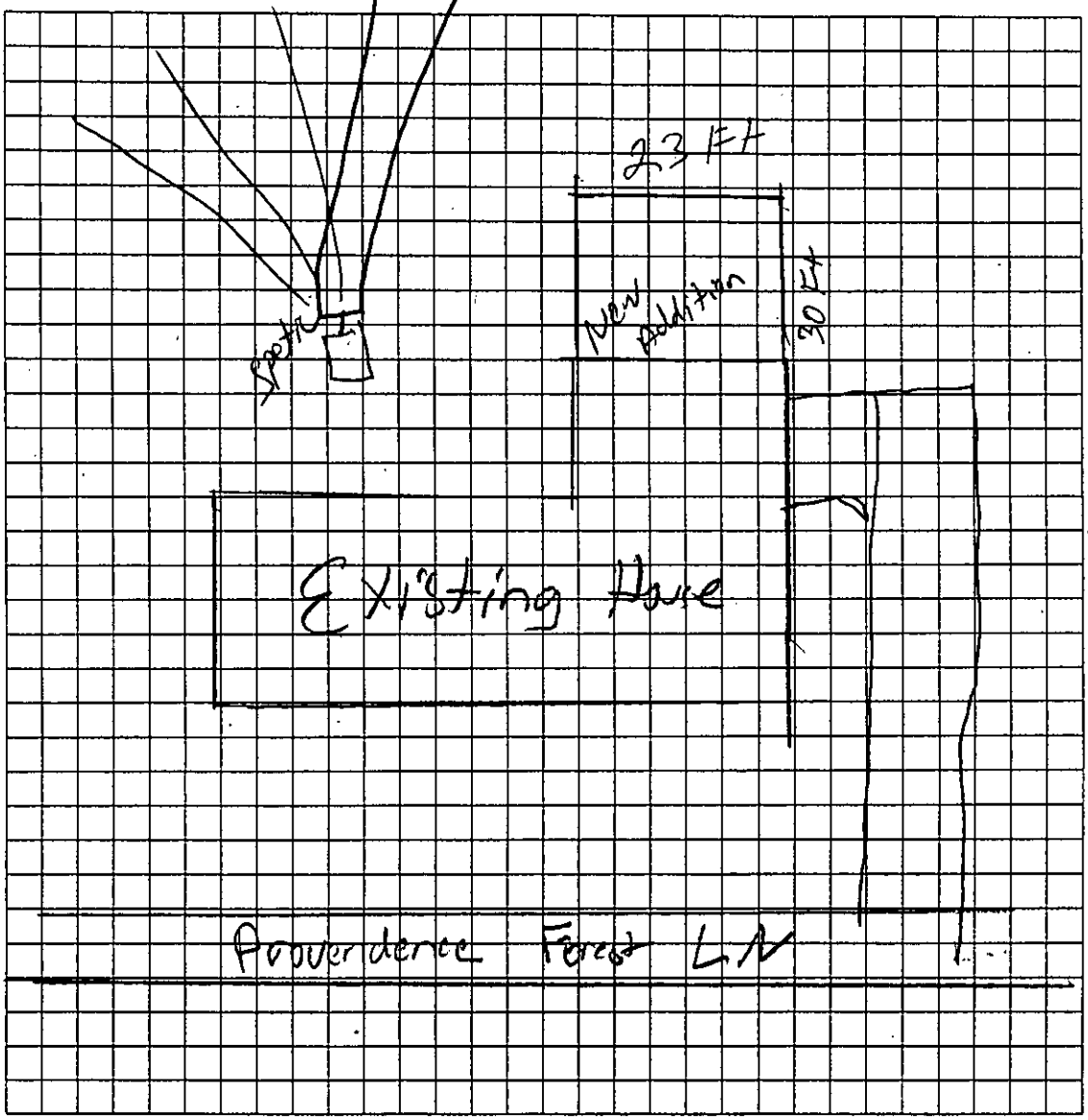
Inspected on 3/21/07

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 # 16559
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 Meron Tsion Greens Construction
Date 3-12-07

LBC 12/15/04

C of A (s) No. 16559

Date Issued 12-17-80 Serial 4227

T 231-139-00-03

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner HARRY GRINTER CO., INC.
(LAST, FIRST, MIDDLE)

Location of Property 9801 Providence Forest Lane

Application Number 16559 Permit Number 16559

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 660'-167' Number of Lines 5-4

Depth of Filter Material 17" Cover Depth 24"-24"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 12-17-80 (DATE) Tank Inspected ____ (DATE)

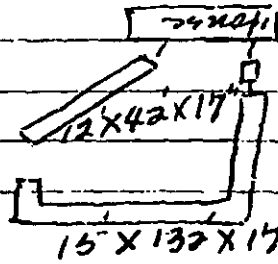
Nitrification Field Inspected 12-17-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-17-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~___~~ installed or constructed, ~~___~~ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

Providence Forest Ln.



Marshall Edwards
Environmentalist

END-5-76

Environmental Health Department's Copy