#12506

5946

22 SEP '21 PM 4:50

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
⊘ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Karla P Guevara Fuentes and wilmar
ADDRESS: 9800 Windrift Rd
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: 704 201 - 55-41
ALTERNATE PHONE: 704-258-3844
E-MAIL: wilmarcara06140gmaid.com.

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 10812204
STREET ADDRESS: 9800 Windrift Rd
CITY: Charlotte
STATE: NC **ZIP:** 28269

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: 6.

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, X Living Space X

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.

Karla P Fuentes
Owner's/Agent's Signature

09/22/2021
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

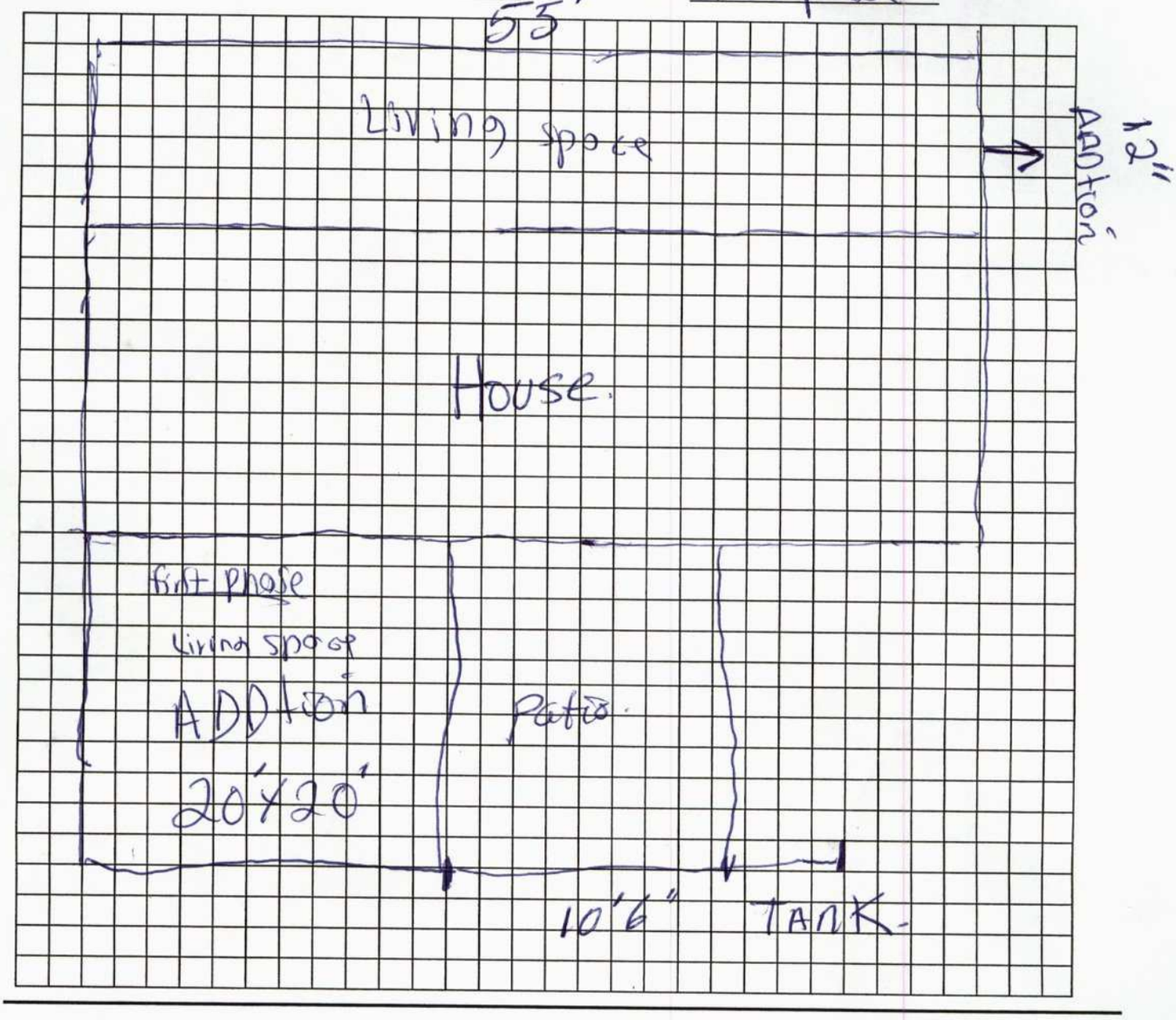
Revised on: 03/27/19

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: _____ Tax Parcel #: Second phase



*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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Proposed Addition(s) are off the septic system. Meets set back requirements. No sign of any septic issues

Braeden Shelton
REHS Signature

9/29/21
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

PROPOSED PLOT PLAN

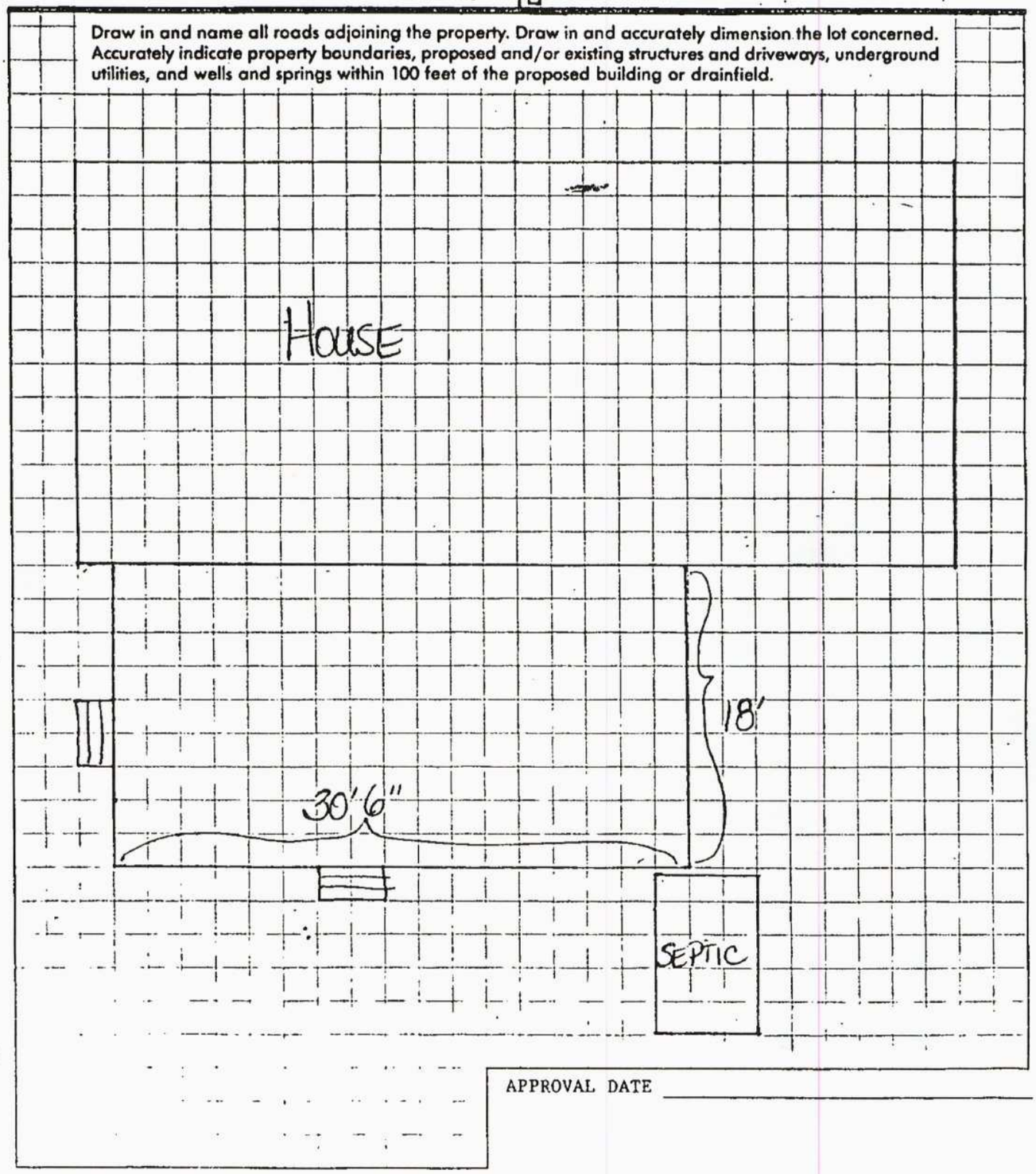
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 5946

TC: 108-122-04

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.



APPROVAL DATE _____

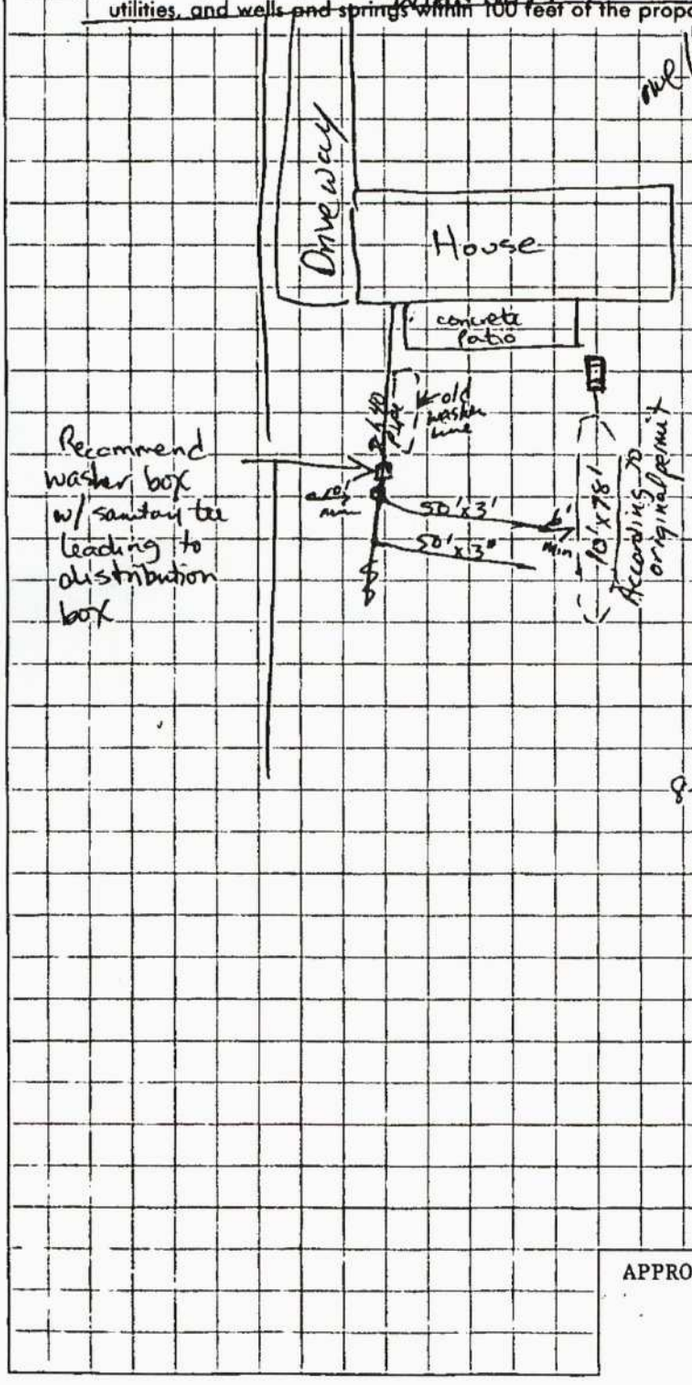
PROPOSED PLOT PLAN

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

FILE: 5946

TC: 108-122-04

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.



- Recommend washer box w/ sanitary tee
- Distribution box to feed 2 lines.
- Sch 40 to box from house
- min 10' off property line with any part of washer drain line, pipes or box.
- Install 2 lines ea. 3'x 50'x 12" stone - Keep at a bare min. 6' from septic tank drainfield.

8-10" cover only.

* Need installation plan from our office before installing - Installation plan given when I meet w/ your septic tank contractor at site.

APPROVAL DATE 6-1-93

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/22/21
Receipt #: 130759
Check / Auth #: VISA 074984
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

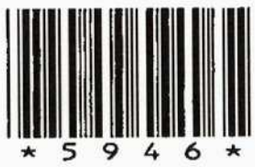
Account Information

Account #: 200000
Contractor: FUENTES KARLA G
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9800 WIND DRIFT RD		1	100.00	100.00

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

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



9800 WINDRIFT RD

10812204

5/28/08

marliwr

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

135-256-08
5986

Mecklenburg County
Health Department

November 19, 1994

Mr. Mike Stough
7300 Pine Lake Lane
Mint Hill, N. C. 28227

Dear Mr. Stough:

This letter is written to confirm our telephone conversation of November 1, 1994 and subsequent receipt of your letter dated November 2, 1994, regarding your request for an approval to add a garage to your home located at 7300 Pine Lake Lane, Mint Hill, NC.

As explained during our telephone conversation, on November 1, 1994, I visited the property for the purpose of inspecting the septic system to confirm the garage could be constructed in the location staked and would not impact the sewage system. I was unable to locate the septic tank and was able to probe only the last sixty feet of the nitrification field bed. According to the records we have on file for your septic system, it appears that the septic tank and a portion of the nitrification bed is located under the concrete pavement which is located behind the proposed garage addition.

Septic tanks are constructed with access ports to allow for maintenance of the septic tank. North Carolina State Laws And Rules for Sewage Treatment and Disposal Systems, NCAC 15A 18A, .1961 (a) (2) requires "Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically to ensure proper operation of the system." Normally approximately forty (40%) percent of sewage is dissipated through evapo-transpiration from the drain lines. This treatment is lost with construction, paving, etc. over the drainfield. Premature failure may occur as a result of such construction.

I have confirmed that the Charlotte Mecklenburg Utility Department has a sewer line available at the street. Therefore if a failure should result to the system connection to this line shall be mandatory. An access port must be provided for maintenance of the septic tank.

Your letter indicates you are in agreement with the conditions to the approval and it will become a permanent part of our records for this property.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Please contact me at 336-5571 to schedule an inspection as soon as construction has been completed on the tank.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

5946

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&D 50.00 5/19/93 CK#2182 OK [ ] 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: SALLE (last) MARY (first) A. E (mi)
ADDRESS: 9800 WINDRIFT RD. PHONE: 704 567-7600
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-122-04
STREET ADDRESS: 9800 Windrift Rd.
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

LOT NUMBER: 4 LOT SIZE (in acres): 3/4

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] 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 [X] 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: Mary E Salle Date: 5-19-93

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.

...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

... repair permit issued 6-1-93 Saterwhite
do not release for deck until repair completed

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Request: Sewage Complaint 28668

Address: 1100 MANCHESTER LN

Initiated By: Cabanero-Plyler, Lily Ann
Date Initiated: 9/28/2021 2:04:18 PM

Submitted To: Shelton, Braedon

Details: REQUEST: NOTICE OF VIOLATION
CALLER STATED:
- SEPTIC SYSTEM IS NO LONGER FUNCTIONING
- WOULD LIKE TO CONNECT TO CITY SEWAGE ASAP
* CALLER WOULD LIKE TO BE CONTACTED ASAP

1100 MANCHESTER LN

CONTACT: MRS. RODNEY ROBBINS
704.536.6980 / 704.619.7612

Comments:
By Cabanero-Plyler, Lily Ann : 9/28/2021 2:04:20 PM
CALLER REQUESTED THAT THIS PROCESS BE EXPEDITED DUE TO LACK OF SEWAGE SYSTEM. PLS. CALL BOTH NUMBERS TO GET IN CONTACT WITH HER.

Location:

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

UX S
OK 3PM

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 9/22/21 LE Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____