Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

2006 STS & K

GWS File #: 7651B WASPS App #: 3284

Primary ES assigned to project: CS

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ USE EXISTING ☑

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?	Yes ☐	No ☐	N/A ☑
.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) 130A-336 (a)(3)	Proposed System Type stated-Repair System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☑
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☑
.1945(b) .1937 (f)(g).	Repair area shown 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?			
.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(j)	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:

Use existing system inspection for 8379 Mt. Holly Rd. (3'x40') Located drainfield and existing tank. System functioning properly. OK to use existing system.

IA issued date: _____

OP issued date: _____

Review performed by: Christy M Shaw Date performed: 3/6/08

3284# c Sherrill

FEE: 100.00
DATE: 2-25-08
CRT I 1 Charged acct X36128

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 #: 7651B

TYPE APPLCATION:

- ☐ 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: Richard Young
ADDRESS: 2923 S. Tryon St Ste 230
CITY: Charlotte, NC
STATE: NC ZIP: 28203
PHONE: 704-507-9434
ALTERNATE PHONE: 704-334-3777

PROPERTY OWNER:
NAME: Jim Myers
ADDRESS: 8329 Mt Holly Rd
CITY: Charlotte, NC
STATE: NC ZIP:
PHONE: 704-326-7287
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 05503203
STREET ADDRESS: 8329 Mt Holly Rd
CITY: Charlotte, NC
STATE: NC **ZIP:** 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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 ~~6~~ see form
NUMBER OF OCCUPANTS: 2 3-5 2008

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:
NO ADDITIONS, NO EXTENSIONS
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER
NO ADDITIONS, NO EXTENSIONS

*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 — Date 2/25/2008

*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

OK TO USE EXISTING SYSTEM

EHS Signature — Date 3/5/08

3284# c Sherrill

FEE: 100.00
DATE: 2-25-08
CRT I Charged acct #36128

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
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- ☐ 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: Richard Youard
ADDRESS: 2923 S. Tryon St STE 230
CITY: Charlotte, NC
STATE: NC ZIP: 28203
PHONE: 704-507-9434
ALTERNATE PHONE: 704-339-8777

PROPERTY OWNER:
NAME: Jim Myers
ADDRESS: 8329 Mt Holly Rd
CITY: Charlotte, NC
STATE: NC ZIP:
PHONE: 704-326-7287
ALTERNATE PHONE:

JOB LOCATION INFORMATION
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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: 1 BR
NUMBER OF OCCUPANTS: 2 2-29-08

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:
NO ADDITIONS, NO EXTENSIONS
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER
NO ADDITIONS, NO EXTENSIONS

*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 — 2/26/2008 Date — Bjorn Greene

*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.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 5 MONTHS FROM ISSUANCE

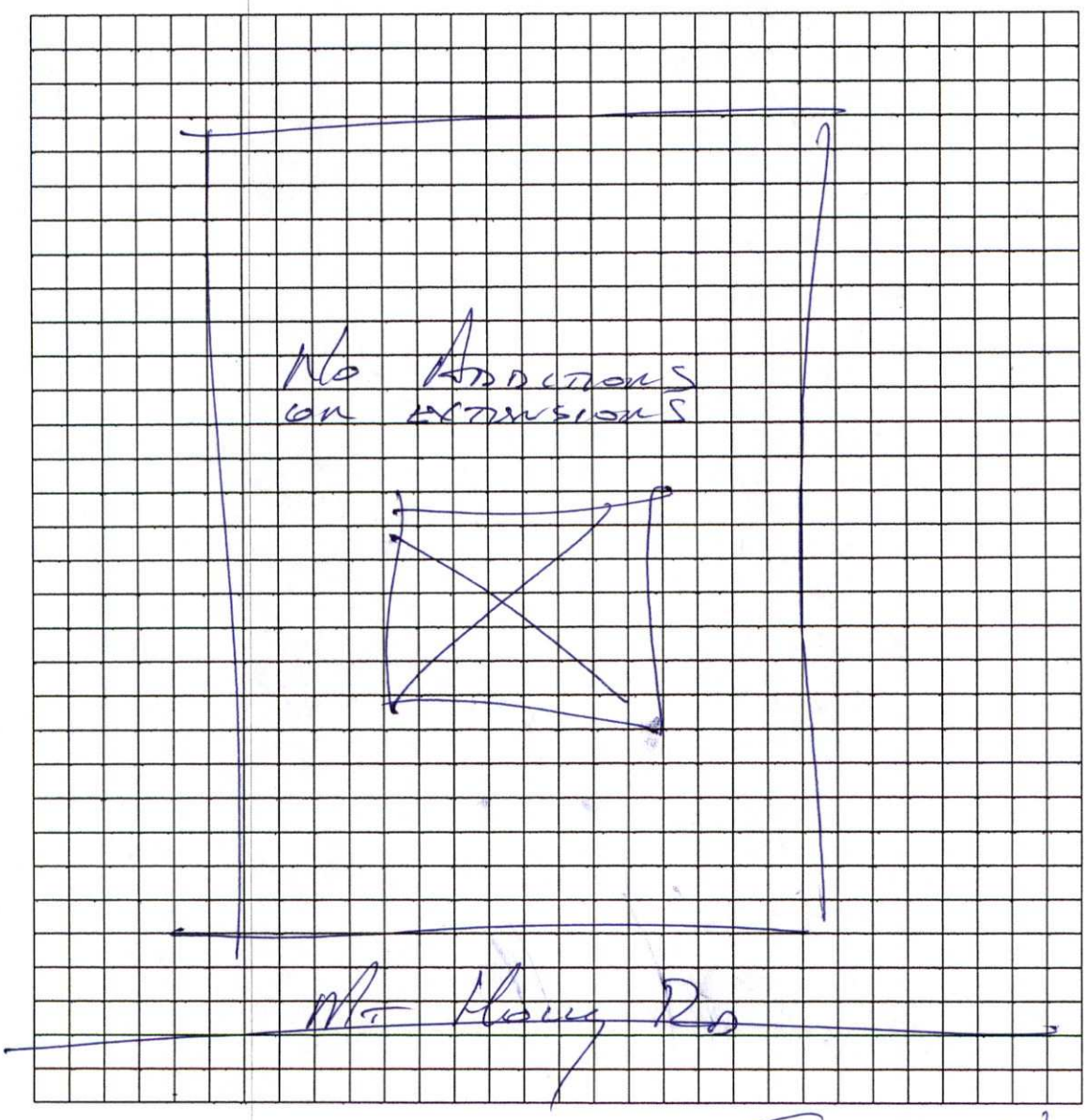
EHS Signature — Date

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 #_____
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.



Extension Work Only

Owner/Agent Signature
Date

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/25/08	**Amount:**	100.00
Receipt #:	55698	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X36128
Contractor: CONCEPT BUILDING & RESTORATIO
Attn:
Address: 2923 S TRYON ST
Address: UNIT 230
City/State/Zip: CHARLOTTE, NC 28203

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 8329 MT HOLLY RD		1	100.00	100.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,945.47					

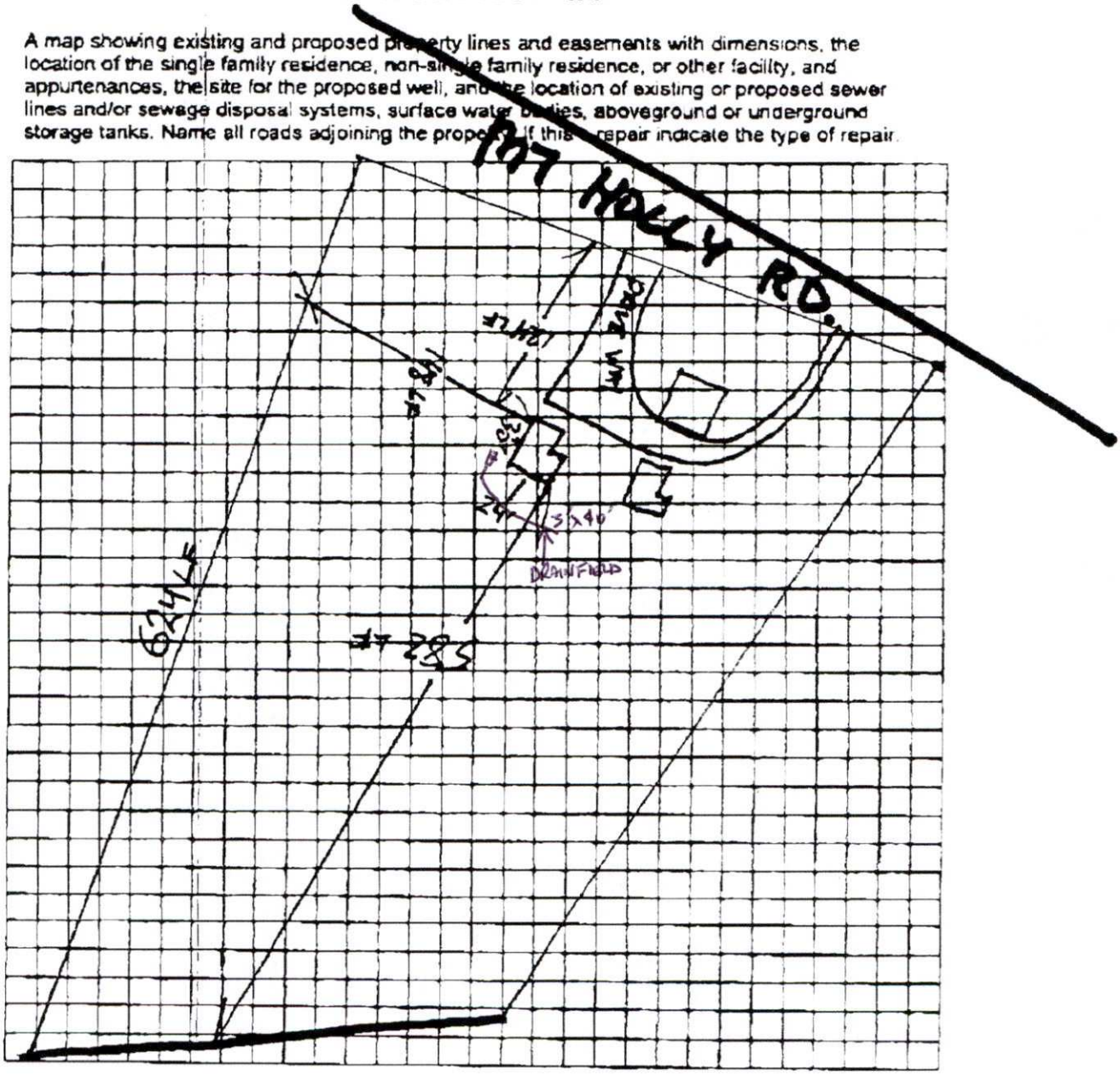
T0T9L P.03

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 #_____
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 is a repair indicate the type of repair.



Owner/Agent Signature

Date 2-26-08

LBC 12/15/04

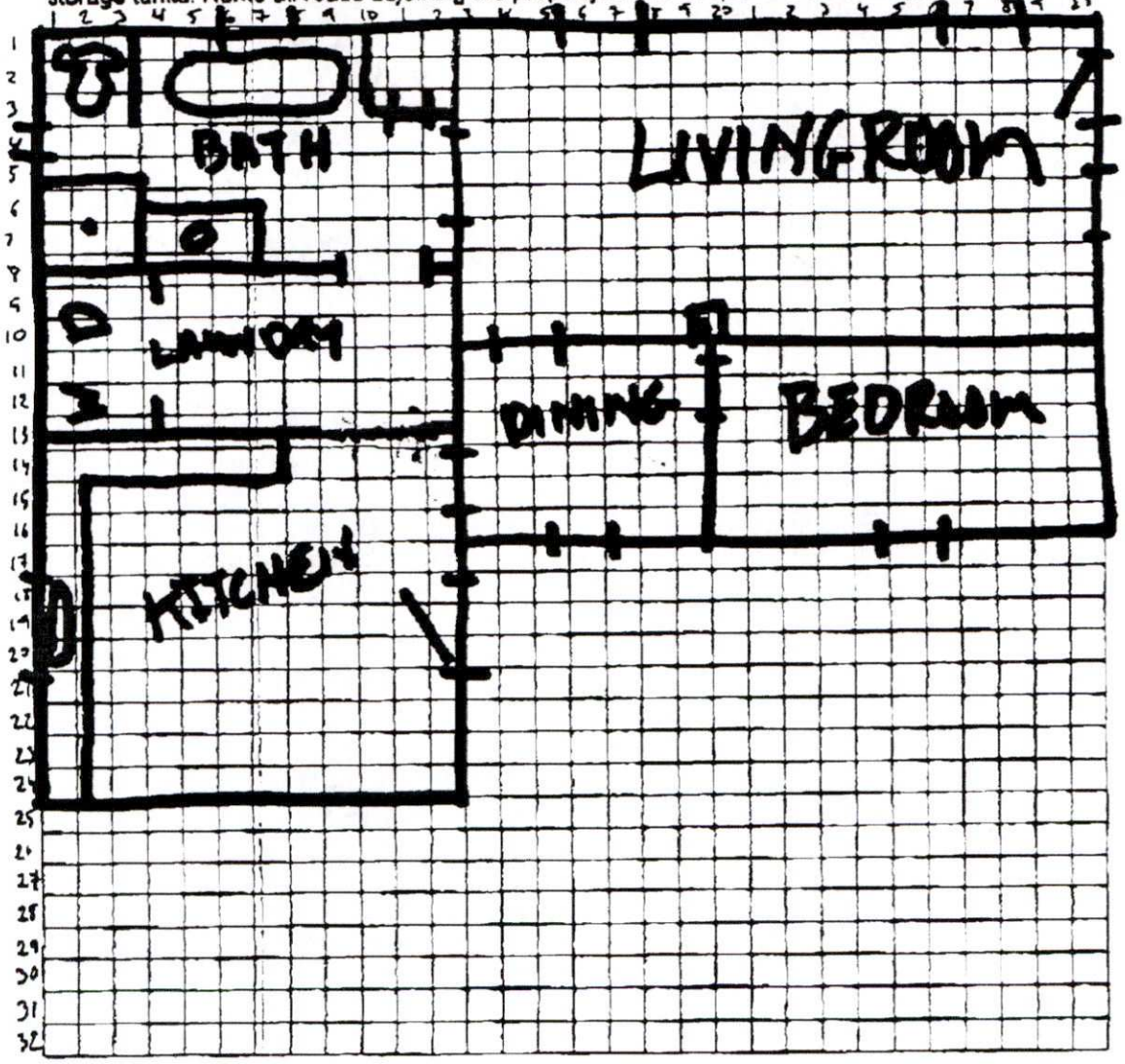
MAR-05-2008 09:29 MECKLENBURG CO SWS 704 336 6894 P.03/03

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
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File #_____
Date_____

PROPOSED PLOT PLAN

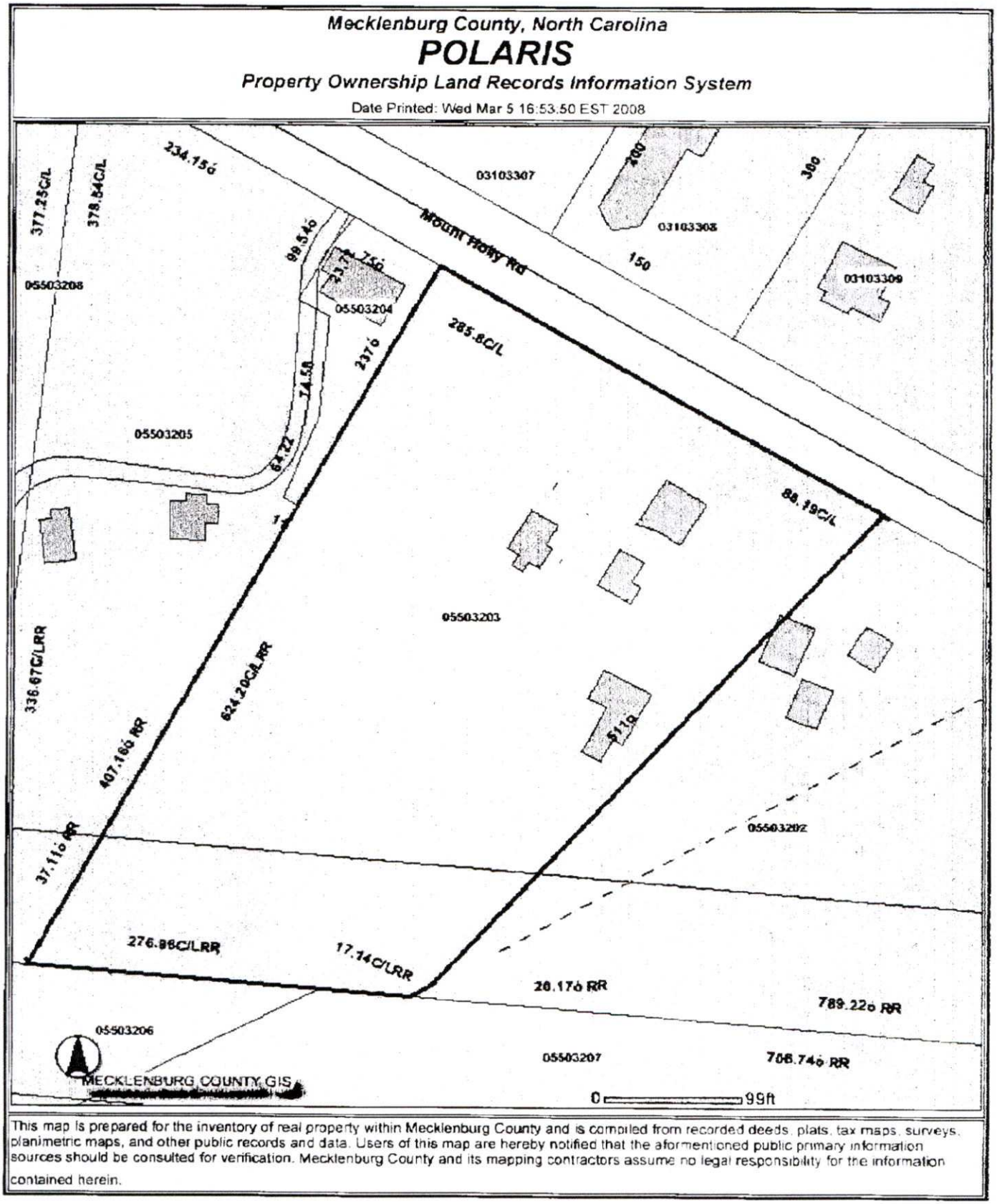
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



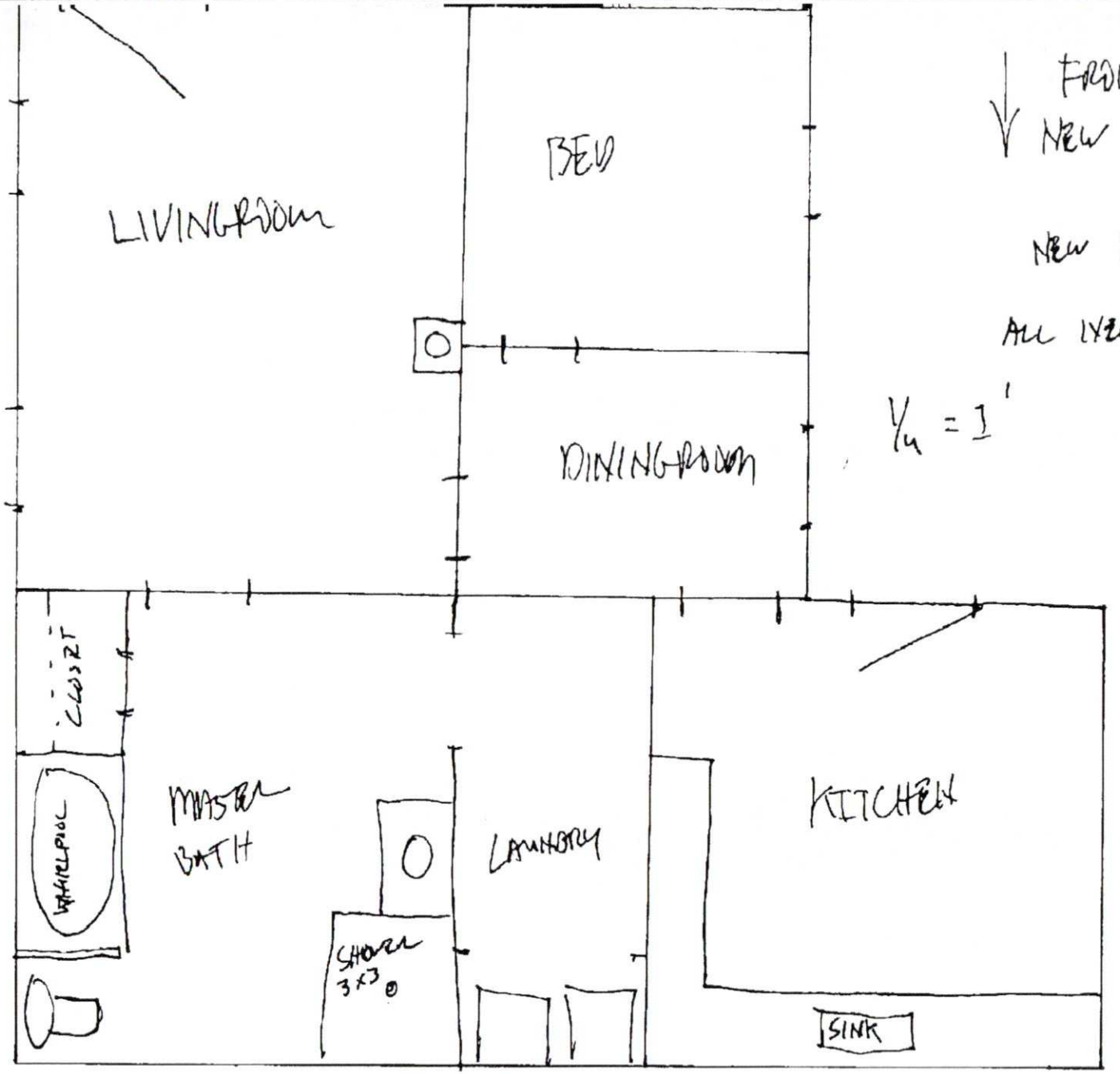
1" = 6'

Owner/Agent Signature	
Date	2-29-08

LBC 12/15/04



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



FRONT OF HOUSE

NEW KITCHEN CABINET COUNTERS

NEW BATH FIXTURES

ALL NEW PAINT / TILE

1/4 = 1'