


13628 IDLEWILD RD

21526194

10/5/09

thomatc

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

## Groundwater & Wastewater Services
### Septic Project File & Data Review Worksheet

GWS File #: 3191 WASPS App #: 4337

Primary ES assigned to project: J Michael

Secondary ES assigned to project: —

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

LD 8/13/09

UES ✓

**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 & 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? | 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: UES

IA issued date: _____

OP issued date: _____

Review performed by: P Walker Date performed: 8/13/09

08/04/2009 15:27 Meck County LUE-Stein 7048140874 2 4

FEE: 100.00 ck
DATE: 8/4/09 Sent to ESII
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
Project # 299336
FILE #: 3191

JAM 4337

**TYPE APPLICATION:**

- ☐ 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: WALTER D. WOLFE
ADDRESS: 13628 IDLEWILD Rd
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704-847-4745
ALTERNATE PHONE: 704-807-7124

**PROPERTY OWNER:**

NAME: WALTER D. WOLFE
ADDRESS: 13628 IDLEWILD Rd
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704-847-4745
ALTERNATE PHONE: 704-807-7124

**JOB LOCATION INFORMATION**

TAX/PARCEL #: 215-261-94
STREET ADDRESS: 13628 IDLEWILD Rd
CITY: MATTHEWS
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 13A 1972

**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: 3
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.

W.D. Wolfe
Owner's/Agent's Signature

8-4-09
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

Garage meets required setbacks
off Septic System
Jeremy Mickel 8-10-09
EHS Signature Date

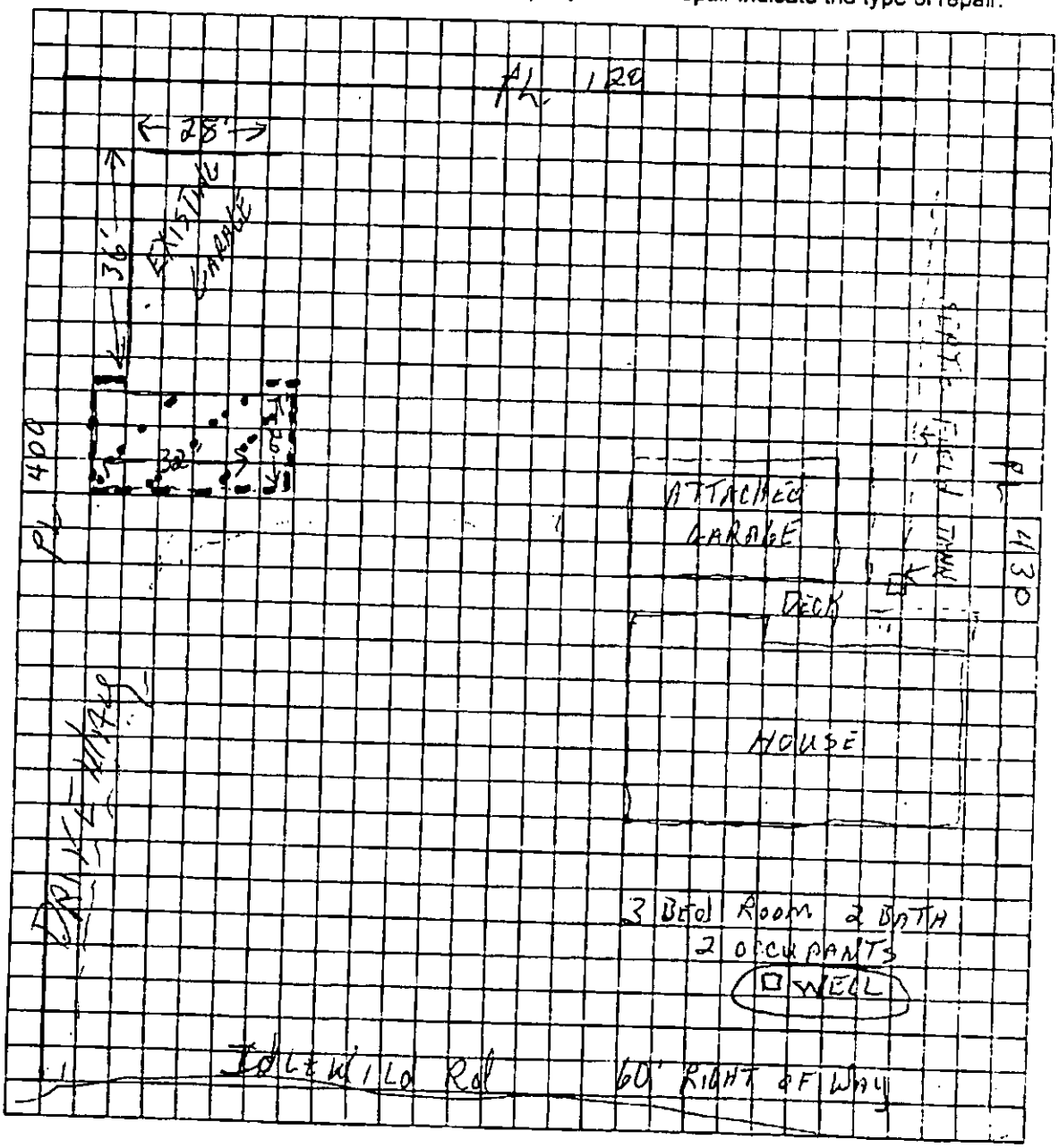
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

Project #299336

## 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 | M. D. Hoyle |
| Date | 8-4-09 |

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 08/04/09 | **Amount:** | 100.00 |
| **Receipt #:** | 63723 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 004895 | **Returned:** | 0.00 |
| **Received By:** | POWELPT | | |

**Account Information**

**Account #:** 200000
**Contractor:** WOLFE, WALTER D.
**Attn:**
**Address:** 13628 IDLEWILD RD
**Address:**
**City/State/Zip:** MATTHEWS, NC 28105

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>13628 IDLEWILD RD | 299336 | 1 | 100.00 | 100.00 |

LUESA SOUTH
1311 MATTHEWS MINT HILL
MATTHEWS, NC. 28105

TERMINAL I.D.: 88119488888813466577B1
MERCHANT #: 8813466577

VISA
[redacted]6386
SALE
RECORD #: 4 INV: 000004
DATE: AUG 04, 09 TIME: 11:33
BATCH: 59 AUTH: 004895

TOTAL $100.00

MELINDA R WOLFE
X

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| | 400.00 | | | | |