

2723 CROSS COUNTRY RD

22713482

9/5/08

marliwr

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

EHS 21962

Reviewer PSW

2544 **County Permit Review Worksheet**

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.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)(2)	Mineralogy Recorded?										
.1939 (a)(3)	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

ch15
3185

FEE: 100 00
DATE: 7/25/07
CRT I I

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 #: 21962

SJC

ID2544 - C5

LD

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: Robert Klawinski
ADDRESS: 2723 Cross Country Rd
CITY: Charlotte
STATE: NC ZIP: 28270
PHONE: 704-845-6205
ALTERNATE PHONE: 704-907-8254

PROPERTY OWNER:

NAME: Robert and Kathryn Klawinski
ADDRESS:
CITY: (Same) as
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 227-134-82
STREET ADDRESS: 2723 Cross Country Rd
CITY: Charlotte, NC
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 37, Parham Place Sub.

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: 5
NUMBER OF OCCUPANTS: 4

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.

Robert Klawinski — Owner's/Agent's Signature
7/25/07 — 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.

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

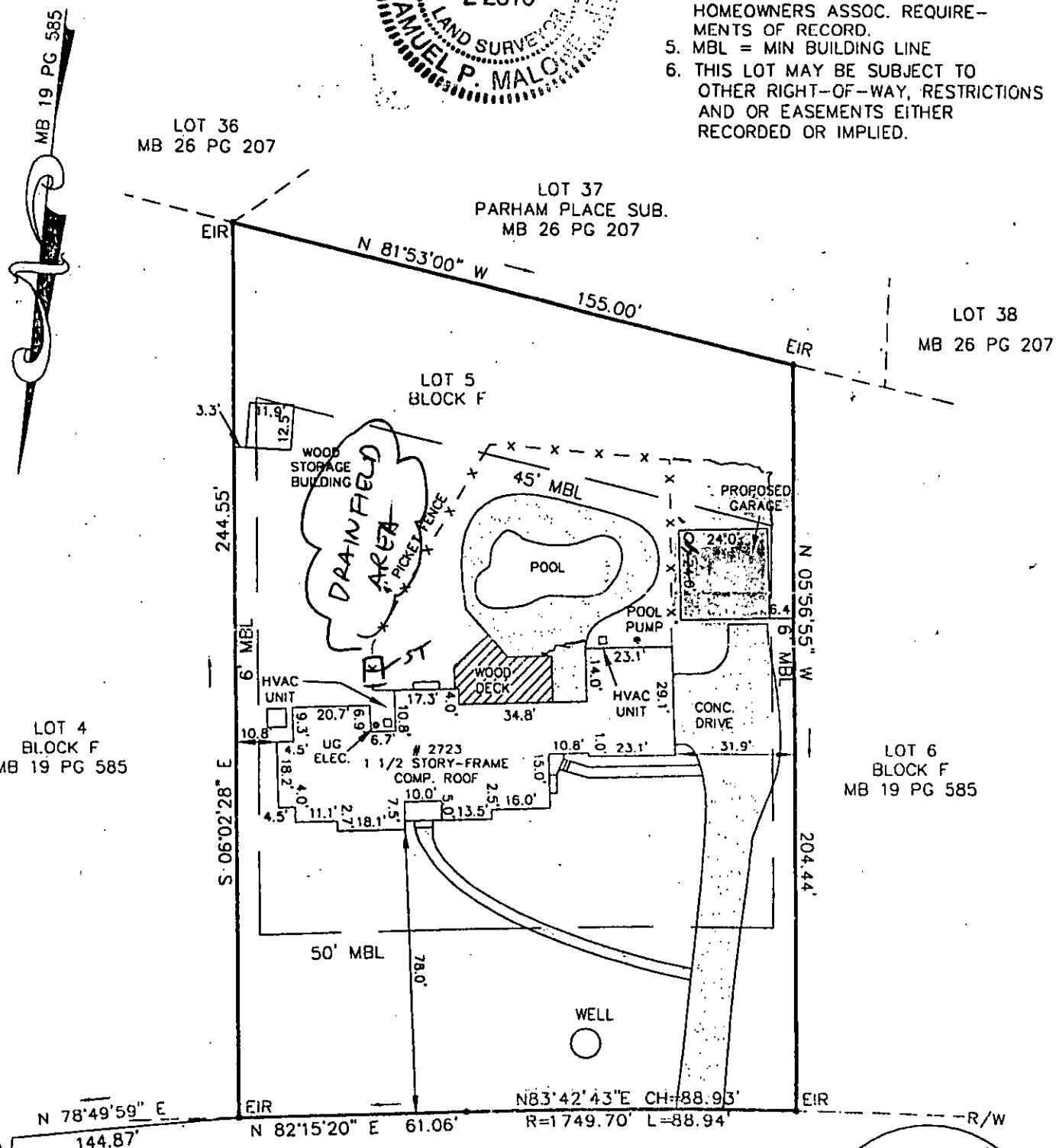
OK TO USE EXISTING SYSTEM

EHS Signature — 7/30/07 — Date

FAX (704) 847-5188
TOLL FREE 1 800 287-8978

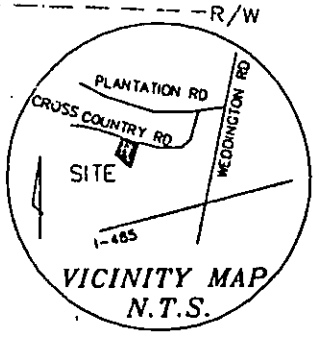
NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR.
3. NIR = NEW IRON REBAR.
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO OTHER RIGHT-OF-WAY, RESTRICTIONS AND OR EASEMENTS EITHER RECORDED OR IMPLIED.



CROSS COUNTRY ROAD

(60' R/W)



PHYSICAL SURVEY

OF:

LOT 5, BLOCK F, PLANTATION ROAD -- SECT. III

CITY OF CHARLOTTE, MECKLENBURG CO., N.C.

SCALE: 1"=40'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/26/07	**Amount:**	100.00
Receipt #:	51907	**Tendered:**	100.00
Check / Auth #:	CHECK 3185	**Returned:**	100.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: KLAWINSKI ROBERT A
Attn:
Address: 2723 CROSS COUNTRY RD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 2723 CROSS COUNTRY RD		1	100.00	100.00

Outstanding Balances

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

GWS – RES. APP 12/04

SEPTIC FEE: $200.00 V. Walka
DATE: 7/8/05
CRT [ ] Check # 2248

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 21962

WELL FEE:
DATE:
CRT [ ] ACS

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 227-134-82
STREET ADDRESS: 2723 CROSS COUNTRY Rd.
CITY: CHARLOTTE
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME: PROVIDENCE PLANTATION
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☒ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☒ OTHER GARAGE

HEATED SQUARE FOOTAGE: WITH 1 Room over Heated with Bath
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
Garage w/room only, NO bedroom PD 10-7-05
FOUNDATION FOR RESIDENCE:

☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: + PD NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO

PROPERTY OWNER:

NAME: BOB KLAWINSKI
ADDRESS: 2723 CROSS COUNTRY Rd.
CITY: CHARLOTTE
STATE: NC ZIP: 28270
HOME PHONE: 704-845-6305 WORK PHONE:
MOBILE PHONE: 704-907-9407 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Dale Dalton
ADDRESS: N/A
CITY:
STATE: ZIP:
704-506-7773
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:
contractor

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 10/11/05 OK TO USE EXISTING SYSTEM

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

Dale Dalton 7/8/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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

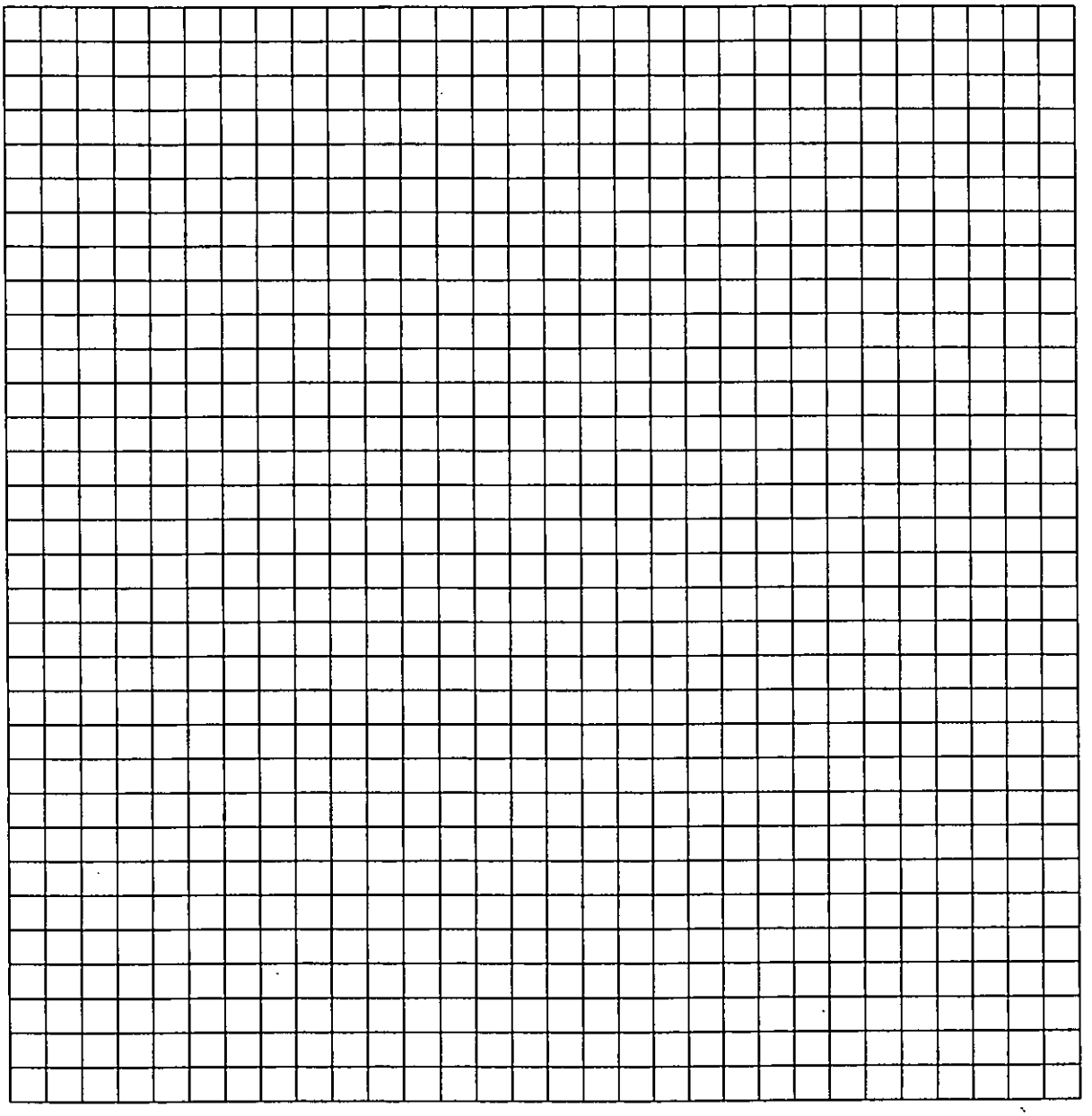
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 21962
Approval Date_____

APPROVED 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.



Owner/Agent Signature	Staff Signature
Date 7/8/05	Date

LBC 12/15/04

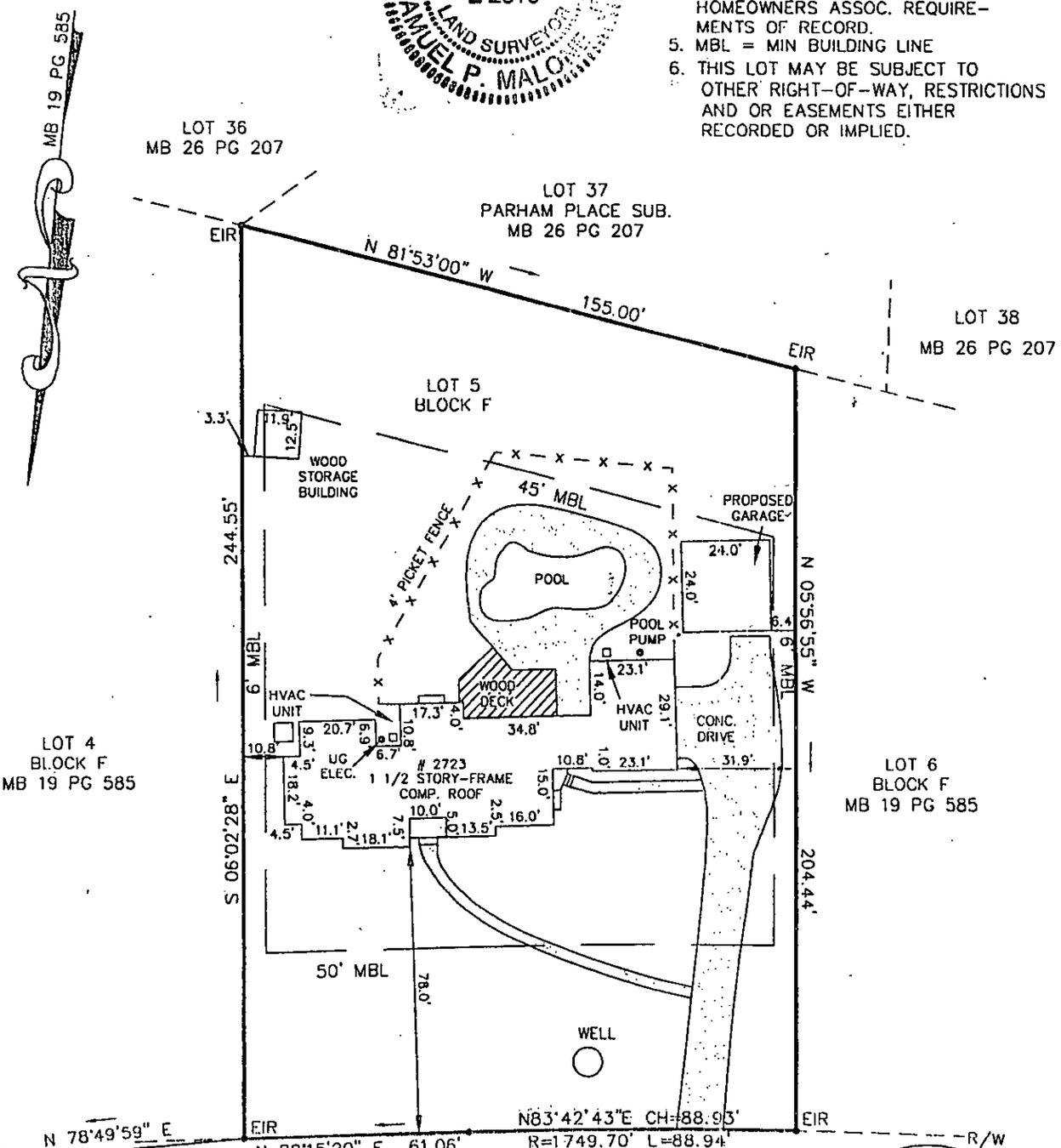
THIS IS TO CERTIFY THAT ON THE 22nd DAY OF JUNE 2005, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

SAM MALONE & ASSOCIATES
Surveying – Design – Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

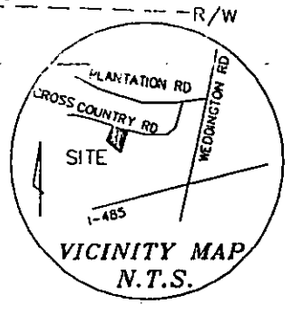
SIGNED _____
PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2610

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR.
3. NIR = NEW IRON REBAR.
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5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO OTHER RIGHT-OF-WAY, RESTRICTIONS AND OR EASEMENTS EITHER RECORDED OR IMPLIED.



CROSS COUNTRY ROAD
(60' R/W)



PHYSICAL SURVEY
OF:
LOT 5, BLOCK F, PLANTATION ROAD – SECT. III
CITY OF CHARLOTTE, MECKLENBURG CO., N.C.

SCALE: 1"=40'
FOR THE BENEFIT OF MINY AND BOB KLAWINSKI

MAP REFERENCE IN BOOK 19 PAGE 585 DEED REFERENCE IN BOOK _____ PAGE _____

ACAD FILE: C:\DATA\LPR2\2723CCR.DWG FOLDER: 20th JUNE 2005

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☑

1. Property Owner's Name: Bob Klawinski 2. Permit Number: _____
3. Address: 2733 Cross Country Rd 4. Date Issued: 7/8/05
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ ☐ Not Doing Work ☒ Other (Specify) Service Requested was ~~not~~ changed (Duplicate Permit # / Date of Duplicate)
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: Dalton Construction 8. Phone 506-7773
9. Address: 13502 Kintyre Court (Street) Matthews (City) NC (State) 28105 (Zip)
10. Signature: Jay Aidoo for 11. Printed Name (Please Print) Dale Dalton 12. Date: 10/12/05

For Departmental use only. Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

# Of made Inspections	B	E	M	P	F	L

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	50 %	$	$ 200.00	$ 100.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials JKA Date 10-12-05

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88 ---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

INSTRUCTIONS FOR COMPLETION OF CREDIT REFUND ADJUSTMENT FORM
PLEASE PRINT - PRESS FIRMLY
ONLY SIGNED APPLICATIONS WILL BE PROCESSED

SECTION I - Applicant Instructions:

#1, #2, #3 and #4	Information can be obtained from the permit
#5	Specify reason for requested Refund or Credit to Account
#6	List account number
#7, #8 and #9	For a REFUND, provide name and complete mailing address for check issuance
#10, #11, and #12	Signature of person completing form is REQUIRED

SUBMIT ENTIRE FORM TO: Mecklenburg County Land Use and Environmental Services
Attention: Revenue Collection
P. O. Box 31097
Charlotte, NC 28231-1097
(704) 336-3801

OR FAX TO: (704) 353-0419 for permits
(704) 336-3800 for all others

(Note: If faxing, please tear off the top band so the entire form can be received.)

SCHEDULE OF CREDIT/REFUND

The amount of the credit or refund issued is a percentage of the fee paid for each permit. No credit or refund will be given for permits less than the minimum fee. The minimum fee will be retained if no work has commenced. The amount retained by Mecklenburg County represents work done by plan review, permit processing and/or inspections made to date. A change of general contractor on a specific project requires a new permit application by the NEW general contractor. All credits or refunds are to the permittee unless there is proof of payment provided. No transfer of credits from one account to another will be made. No credit or refund will be given for expired permits. (Permits expire 6 months after issued date if no work has commenced. Permits also expire when work has started and discontinued for 12 months from the last inspection.)

	Maximum Refund
PERMITS REQUIRING PLAN REVIEW	
Plan reviewed, permit processed, no inspections	80%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
PERMITS NOT REQUIRING PLAN REVIEW	
Permit processed, no inspections	90%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
ALL PERMITS	
Permits DUPLICATED by no fault of Mecklenburg County	90%
A MINIMUM CHARGE will be retained to offset the cost of processing permits	See Fee Schedule

FEE SCHEDULES MAY BE OBTAINED AT LAND USE AND ENVIRONMENTAL SERVICES, 700 NORTH TRYON STREET, CHARLOTTE, NC 28202 OR BY CALLING (704) 336-2831 OR ON OUR INTERNET SITE: www.meckpermit.com

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/08/05	**Amount:**	200.00
Receipt #:	35691	**Tendered:**	200.00
Check / Auth #:	CHECK 2248	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: DALTON CONSTRUCTION & HOME I
Attn:
Address: 13502 KINTYRE COURT
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 2723 CROSS COUNTRY ROAD		1	200.00	200.00

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

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