

8507 CLEAR MEADOW LN

13927458

8/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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19385 400 17 INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM 1/18/93
APPLICATION FOR SERVICES Cash $50.00 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: Peters (last) Maria (first) (mi)

ADDRESS: 8507 Clear Meadow Ln PHONE: (704) 545-4874

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER: Ntt 347-8443

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-274-58

STREET ADDRESS: 8507 Clear Meadow Ln

Charlotte

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[] 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) BATH / RENOVATION OF BDRMS
[] 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: 3

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):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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 [] 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: Maria Peters Date: 1-18-94

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.

... Amended plan approved 2-23-94

No change in # of bedrooms.

Keep min 5' from any part of septic tank system.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Patterson 2-23-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

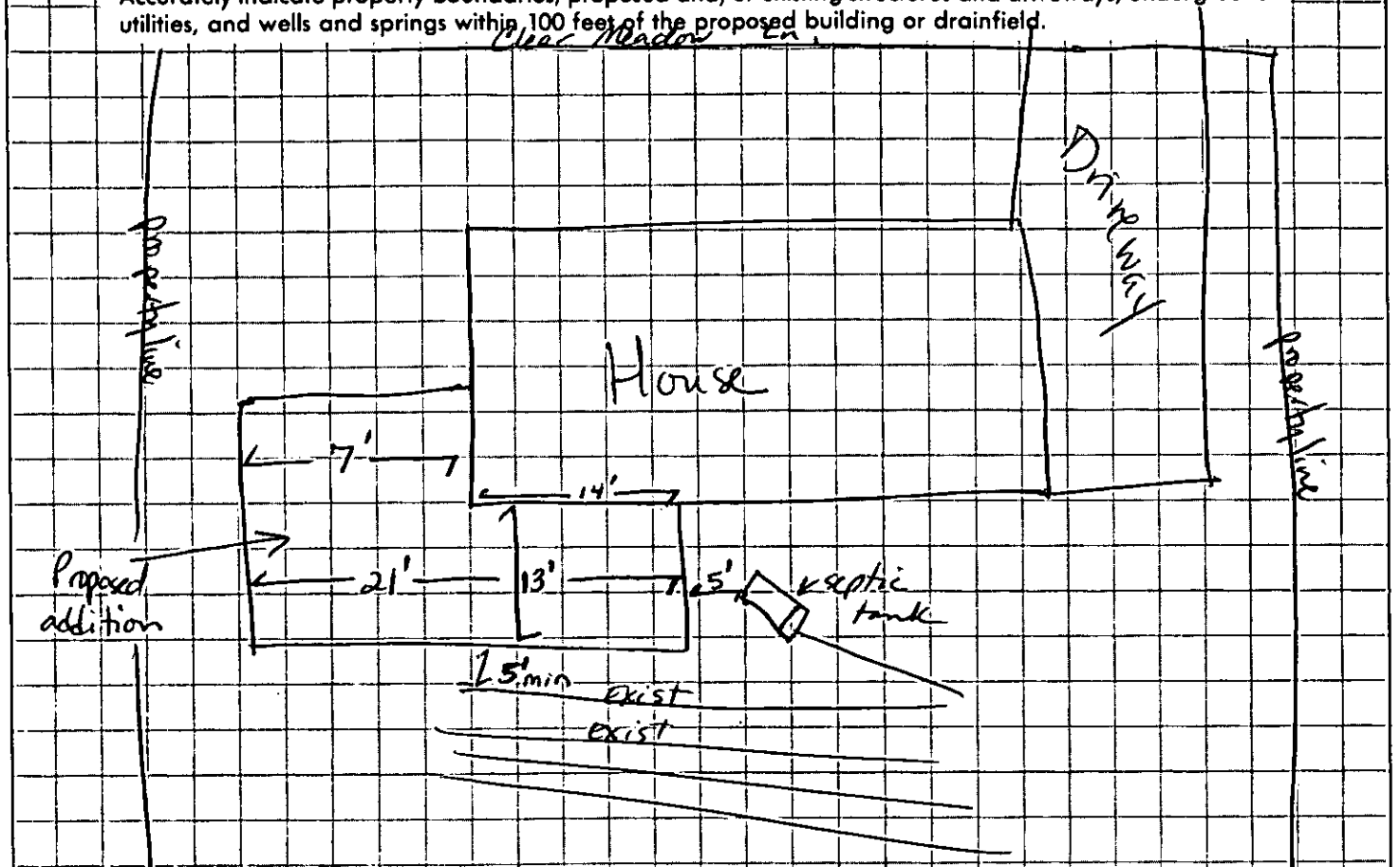
PROPOSED PLOT PLAN

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

FILE: 19385

TC: 139-274-58

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.



Above dimensions for house addition, no change in number of bedrooms, are approved. Must stay min. 5' from any part of septic tank system with proposed bldg. foundation.

APPROVAL DATE 2-23-94 S Bateman

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

Mecklenburg County
Health Department

February 2, 1994

Betty S. Snow, R.N., M.A.
Health Director

Ms. Maria Peters
8507 Clearmeadow Lane
Charlotte, NC 28227

Dear Ms. Peters:

Re: 8507 Clearmeadow Lane
File: 19385
Tax Parcel: 139-274-58

Receipt of the plans and specifications for a building addition for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are lsited below:

> .1950 Location of Sanitary Sewage Systems
> (A) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:
> (10) Any building foundation ...five feet.

For this reason the plans as submitted are disapproved. Possible ways to accommodate a p[roposed building addition include decreasing the size of the addition, changing the addition from the back side of the house to the front side, or altering the septic tank system. An alteration of the septic tank system may involve relocation of the septic tank and a portion of drainfield as well as the addition of a lift station. Please find enclosed a copy of the disapproved plot plan.

If you choose to pursue the possibility of an alteration to the septic tank system then you must amend your existing application for services and the appropriate fee would be $150.00. Since you paid $50.00 for your current plan a $50.00 credit may be applied to this service.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Susan M. Bateman, R. S.
Individual Water and Wastewater Systems

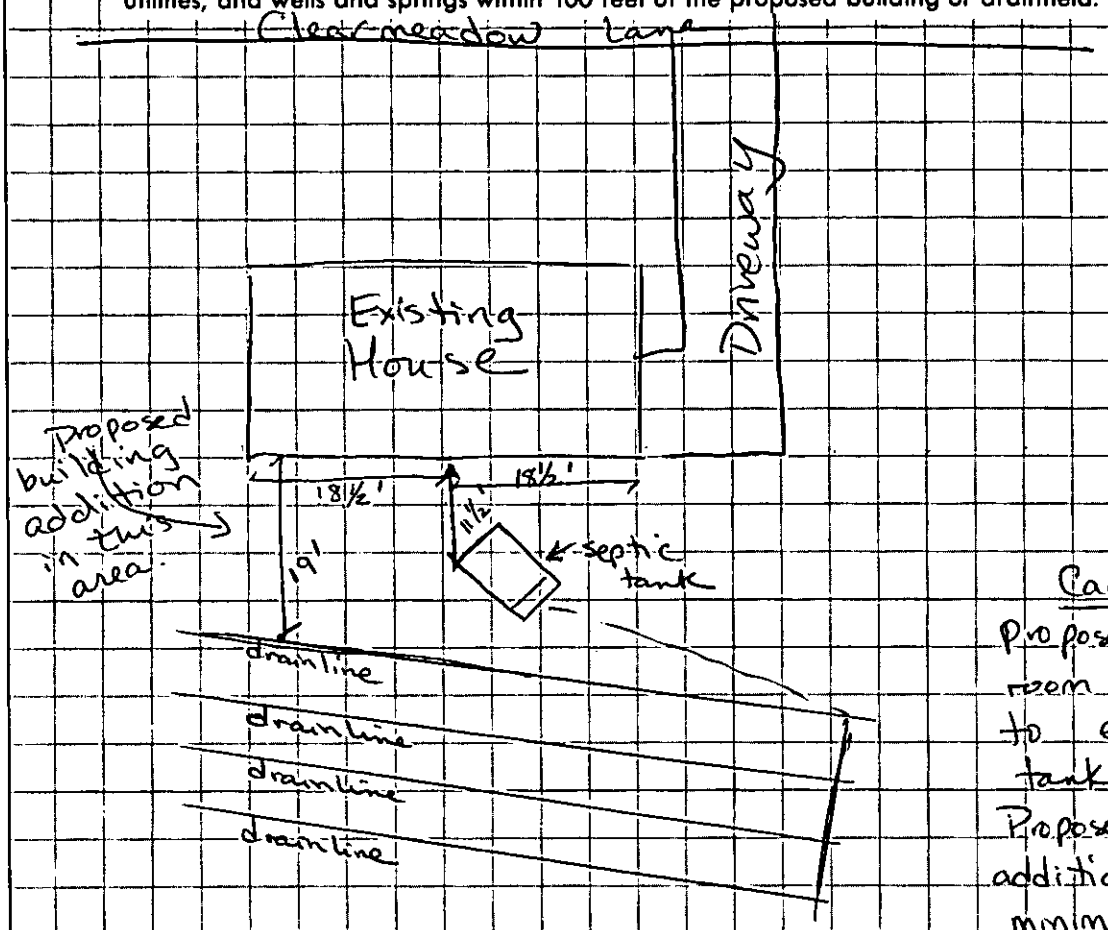
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Cannot approve Proposed 17'x22' room addition due to existing septic tank system location. Proposed room (building) addition must be a minimum 5 feet from any part of the septic tank system location.
J Bateman
1-25-94

APPROVAL DATE _____

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



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ENVIRONMENTAL HEALTH

Map Book _____

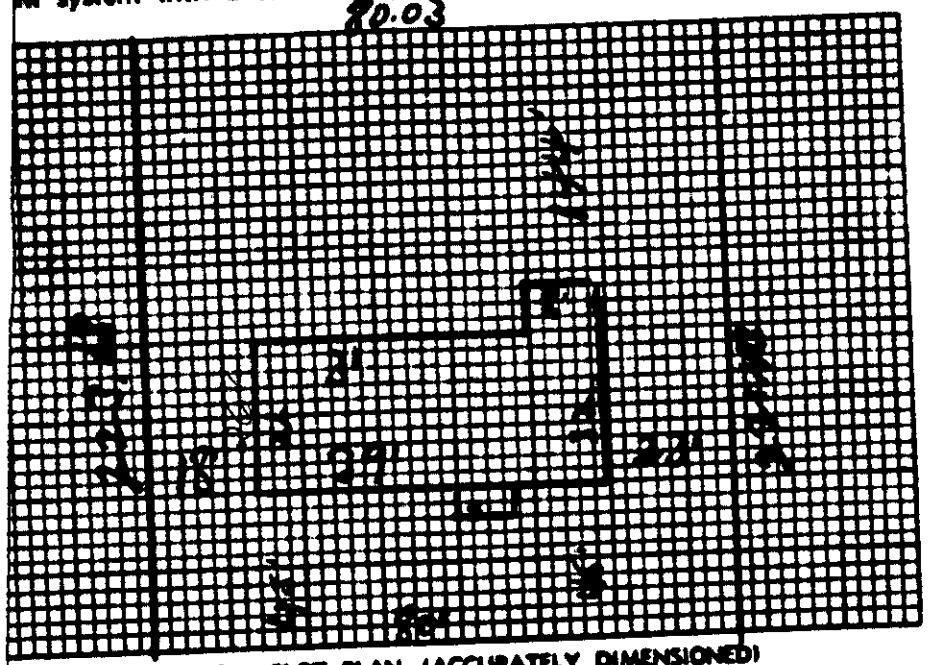
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

XX Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

80.03



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Griffin

4) Mobile Home ____Yes ____No
Residence XX Yes ____No
No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____No

7) Garbage Disposal ____Yes X No

8) Dishwasher ____Yes X No

9) Water Supply:
A) Individual Well _____
B) Governmental System _____
C) Community System:
1. Well source X
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ____Yes X No
House located within 200 feet of community sewer ____Yes X No

11) FHA Case No. 381-2147035-203

12) VA Case No. _____

13) NAME OF OWNER Ed Griffin Company
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P. O. Box 1374, Matthews, N. C. 28106

15) PHONE NO. Home _____ Office 537-4254

16) LOCATION OF SYSTEM 8507 Clear Meadow Lane Charlotte, N. C.
STREET OR COUNTY ROAD

17) SUBDIVISION Clear Meadow Lot No. 17 Block No. C

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 4040 AT PAGE 730

19) HAS A SOIL INVESTIGATION BEEN RUN? XX YES _____ NO DATE RUN 10-25-83

20) PTR NUMBER (See Instructions) 19385

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

ED GRIFFIN COMPANY

11-18-83
DATE OF APPLICATION

OWNER Sec.

ENVIRONMENTAL HEALTH DEPARTMENT COPY

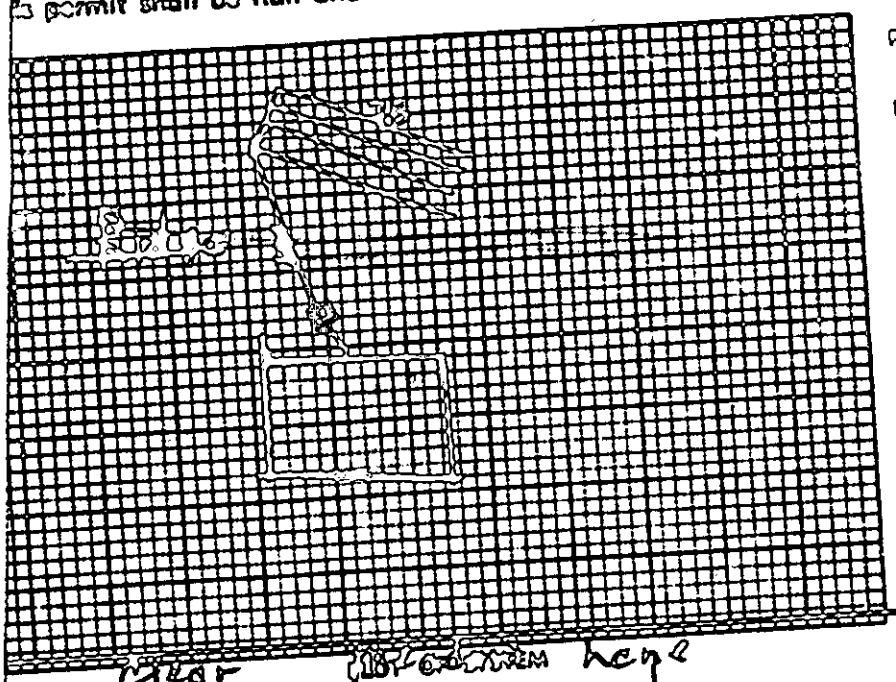
Serial No. 6806 LOAN SCHEDULE NO. 19385

T.C. No. C 139-A/S-12

Map Date 1-17-74

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
PERMIT FOR INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Notice is hereby given to X Install or Construct, ____ Alter or Repair the individual septic tank waste-treatment system with subsurface, soil absorption, effluent discharge on specified lands of the do-scription. This permit is granted based upon the information supplied in application 12886, 1-17-74 and this permit shall be void and of no effect if the information provided in the ap- 1-17-74 and this permit shall be void and of no effect if the information provided in the ap- plication is not true or is erroneous. All work shall be completed on or before Feb 20 1974, after which this permit shall be null and void.



Permeability Rate P3

Liquid Capacity of Tank 1500

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Length 300

Number of Lines 4

Distance from House 100"

Distance from Property Line 20

Distance from Well N/A

NAME OF OWNER Edd Griffin

LOCATION OF PROPERTY 8507 Clear Meadow Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

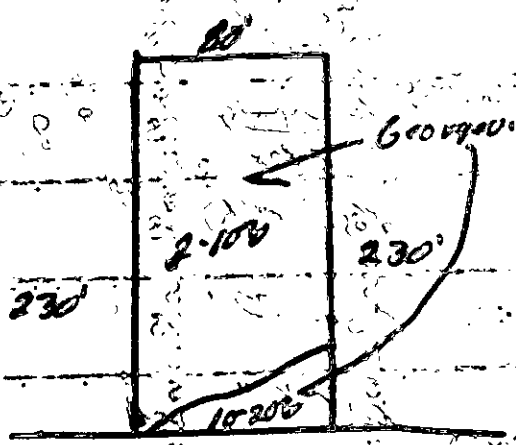
Comments: 12" stone straw & Sand. Board To Be Used

T.S. Landreth
Division or Section Head

W.B. Ramsey
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

END 5-74


80'
Georgeville-Linville
2.10'
230'
230'
10.20'
Clear Meadow

COPY

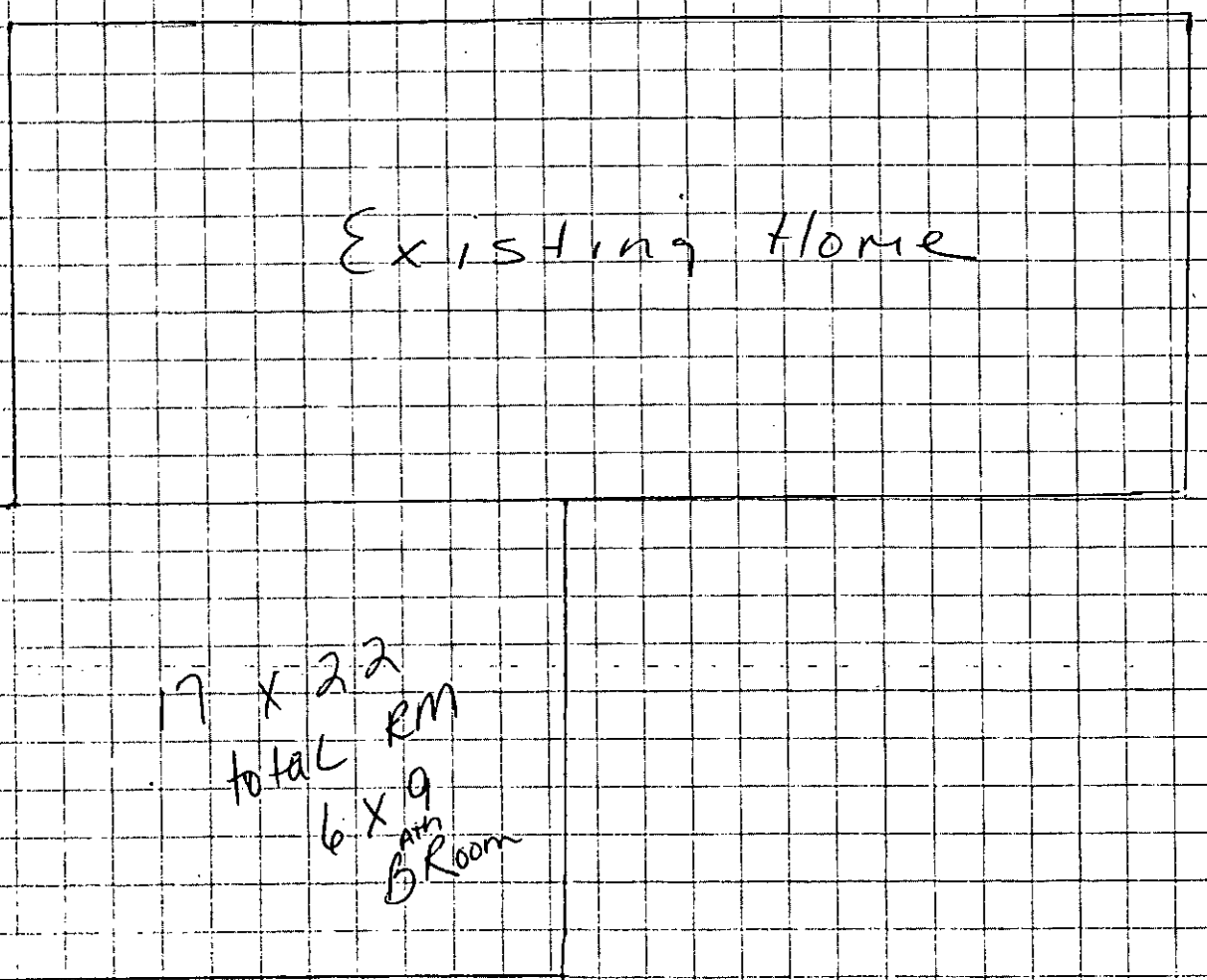
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