

16825 KNOXWOOD DR

00543278

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100 — RF
Paid Mastercard RP # 00[illegible]

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 14460

Date:

PERSON FILING APPLICATION:
NAME: Marshall (last) Gary (first) D (mi)
ADDRESS: 16825 Knoxwood Dr PHONE: (704) 895-8214
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005932.78
STREET ADDRESS: 16825 Knoxwood Dr
Huntersville
ZONING:

PROPERTY OWNER:
NAME: Marshall (last) Gary (first) D (mi)
ADDRESS: 16825 Knoxwood Dr. PHONE: (704) 895-8214
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [X] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: L # 1 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted] 1981
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
x carport
[redacted]

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):
[] Community (C) [] Shared Well (S)
[X] 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 [X] 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: Gary Marshall Date: 9/4/01

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.

... Approval granted for a carport addition

Use existing 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

Phila S. Walker RS 9/7/01
Environmentalist Date

WATER : 122791

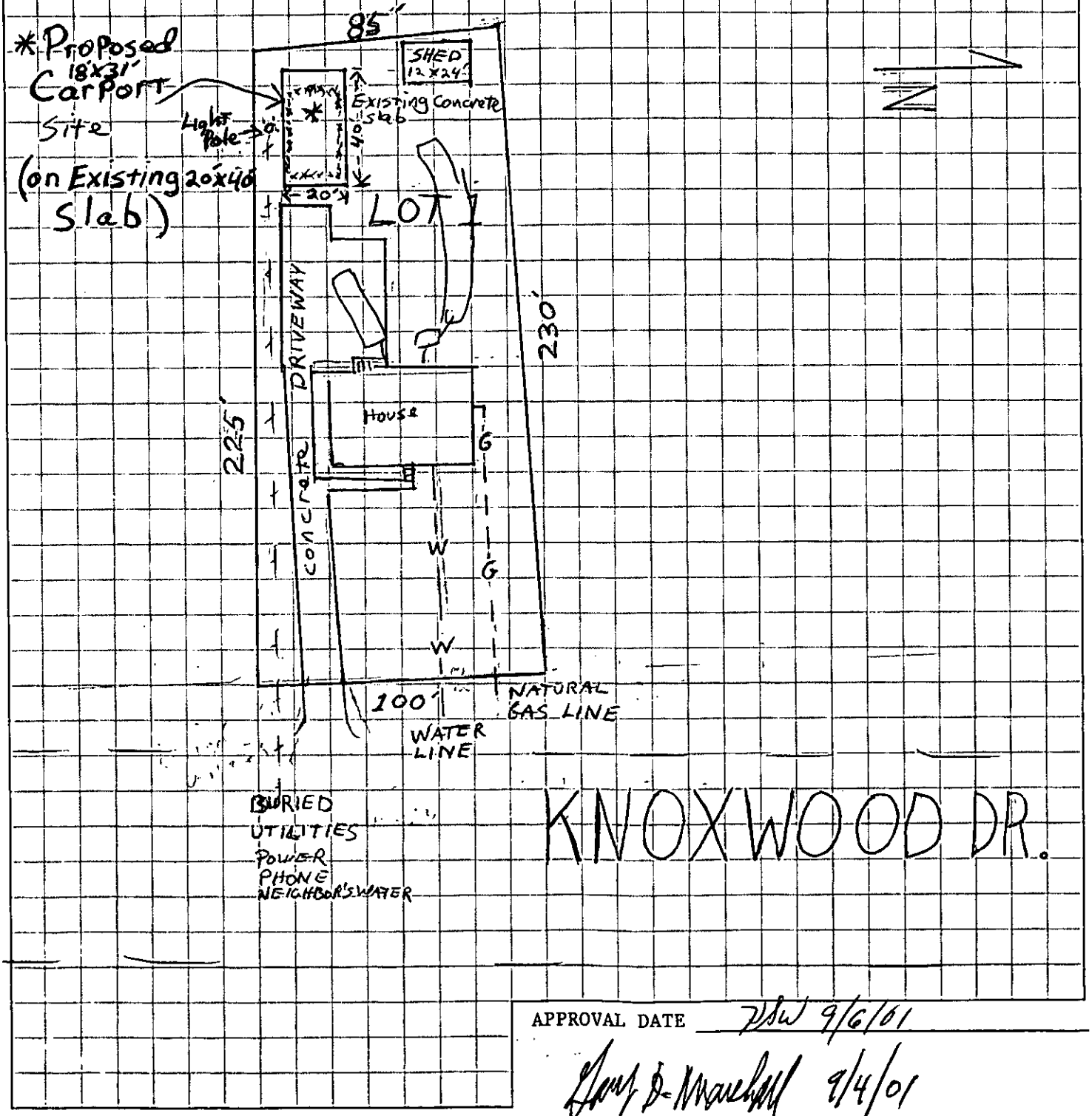
PROPOSED PLOT PLAN

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

FILE: 14460

TC: 005-432-78

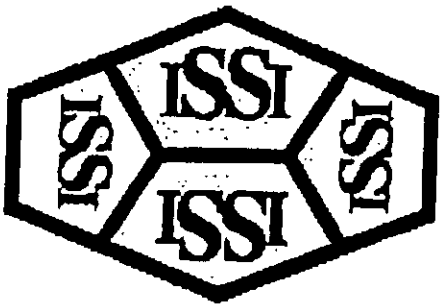
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE DSW 9/6/01

Gary D. Marshall 9/4/01

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



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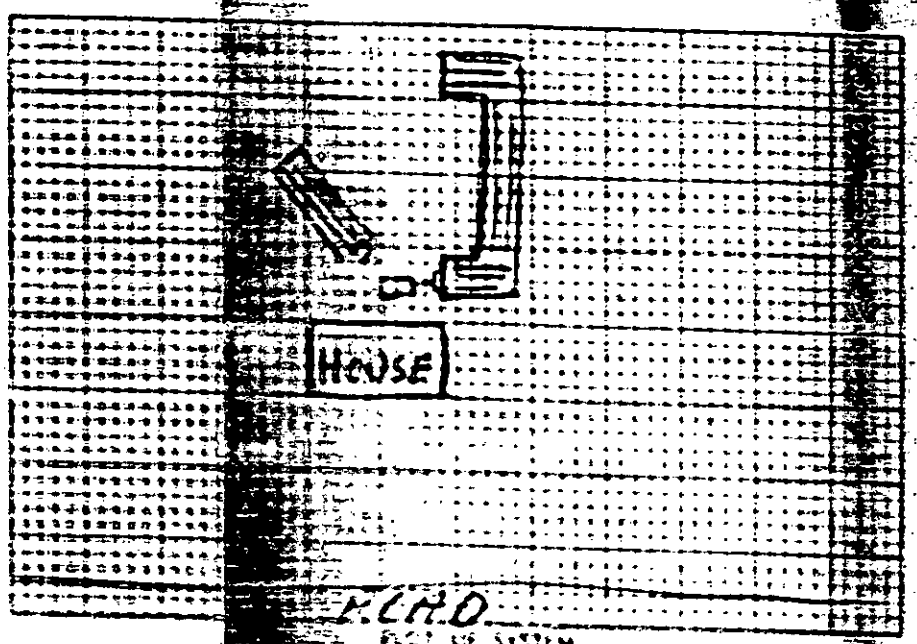
ISSI Operations Center Staff

ENVIRONMENTAL HEALTH

INSTALLATION, CONSTUCTION, ALTERATION AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste-water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 14460 dated 5/13/81 and this permit shall be void and of no effect if the information provided in the application is not true, or is erroneous. All work shall be completed on or before 9/20/81, after which date this permit shall be null and void.



Permeability Rate PS

Liquid Capacity of Tank 1500 GAL

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Length 495+125

Number of Lines 5+4

Distance from House 10'

Distance from Property Line 10'

Distance from Well COMMUNITY

NAME OF OWNER TOM SIGMON

LOCATION OF PROPERTY 16625 KNOXWOOD ROAD

The system shall [illegible] the construction requirements as set forth in the Regulations of the Mecklenburg County Health C[illegible] 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 unmigh[illegible] can be used. The issuance of this permit does not in any way guarantee that the system anticipated [illegible] will operate properly, or relieve any person now or hereafter owning, controlling or using [illegible] system from any liability resulting from the failure of the system to operate properly.

15'X9'X7" STONE for Septic Tank, 13'X22'X17" STONE for W/M

Comments

Approved