

8731 DOGWOOD DR

11144122

1/2/2008

duponbj

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

4240

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

fd # 150.00 11/10/94 ck # 6063 ☐ CRT

3365B

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: Johnson, William T (last) (first) (mi)

ADDRESS: 8731 Dogwood Dr PHONE: 537-2704

CITY: Char STATE: NC ZIPCODE: 28215

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-101-20 10

STREET ADDRESS: Dogwood Dr

ZONING:

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L3BA LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ 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)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 6

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)
☐ 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: W. T. Johnson Date: 11-10-94

NOTICE:

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. 11/22/94

... Need address form for release

Does not want to develop lot at this time. Just checking to see if 4 bedroom house can be built on lot, PSW

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

J Newell for S Daniel 12-1-94
Director or Authorized Section Head Date

WWATER : 1227

P'ch 6
D3EE

D 6
DS EE 1E
EBA1

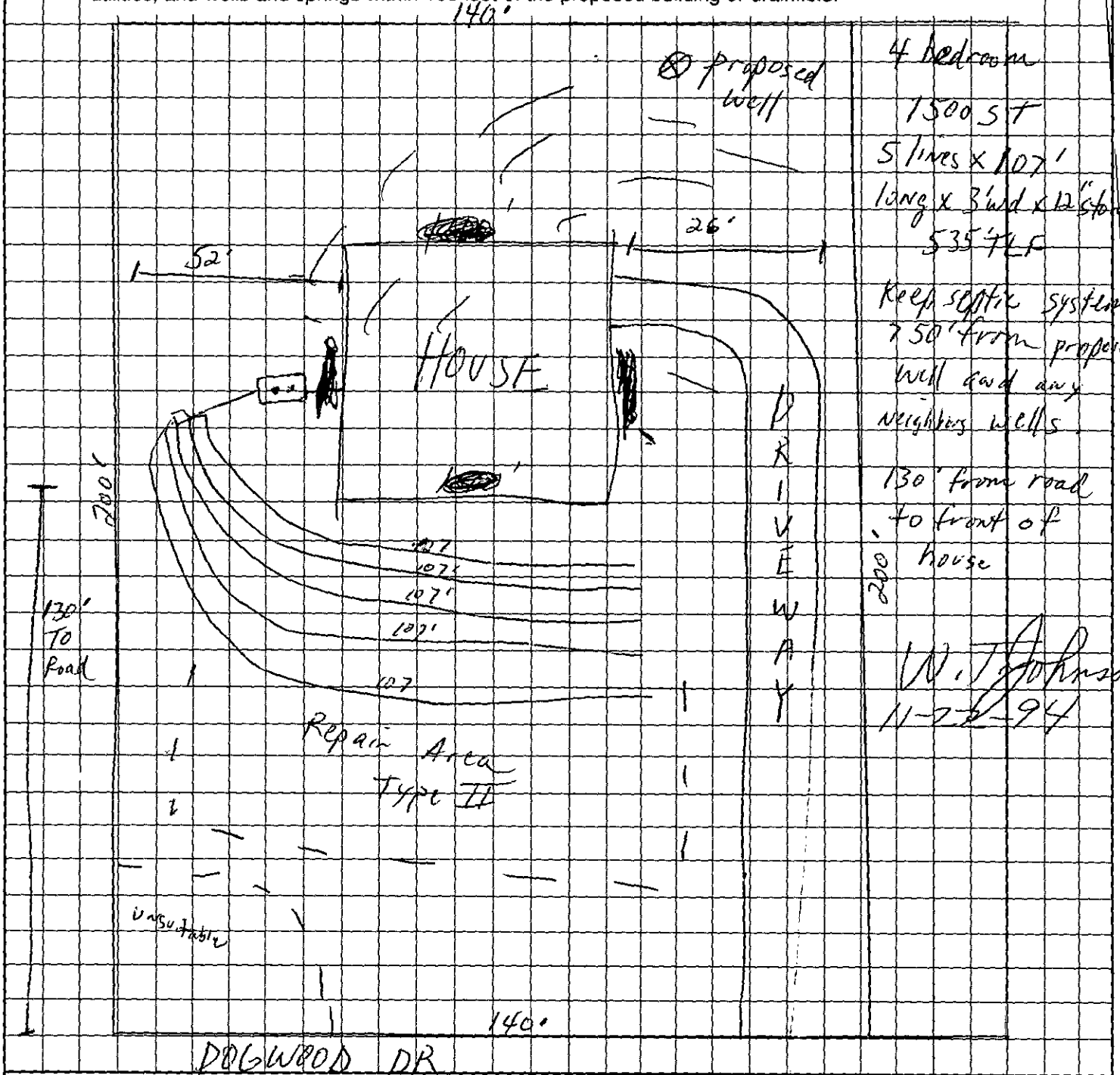
PROPOSED PLOT PLAN

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

FILE: 3365B

TC: 111-101-10

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 PSW 11/22/94

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20516

File: 3365B & 4400 Action 1

Parcel: 111-101-10 ☐ PC

Location: Dogwood Dr.

Subdivision:

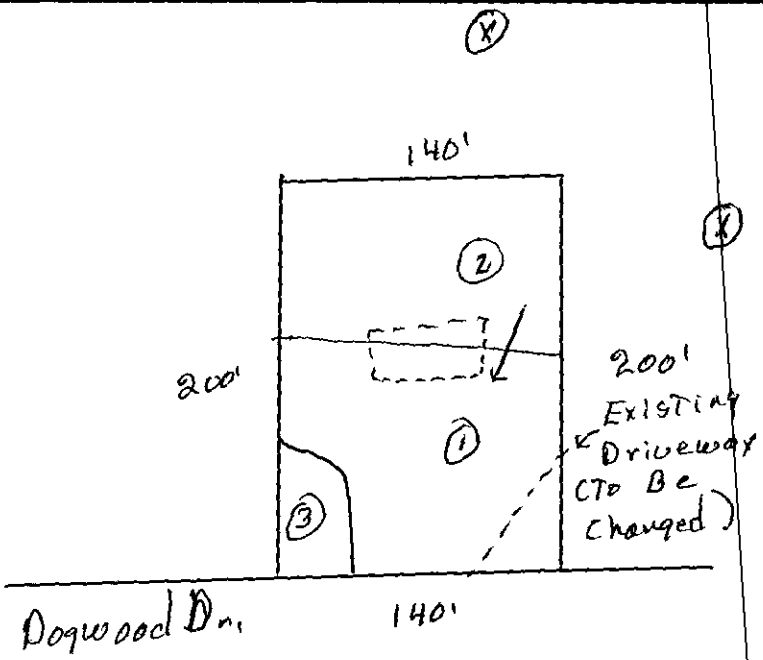
Lot: 2 Block: A Acres: Approx. .64

Owner: William T. Johnson
Address: 8731 Dogwood Dr.
Charlotte, N.C. 28215

Comments: .3 gal/ft²/day LTAR
does not appear to require 100% repair

Described by: William A. Marlin

Date: 11-18-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	(S) PS U 6-12%	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S (PS) U Slightly Ex. clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub ∠ Blocky	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" Soil Wetness	S (PS) U 7-36" Soil Wetness	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS (U) 32-34"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >48"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lille	IV Cecil-Lille	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U