

2810 HIGHWORTH LN

02315148

7/14/08

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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 14656

PERSON FILING APPLICATION:
NAME: Yelton (last) Jeffrey (first) T (mi)
ADDRESS: 7717 Orchard Park Circle PHONE: (704) 454-5788
CITY: Harrisburg STATE: NC ZIPCODE: 28075

Date: 5/4/99

PROPERTY OWNER:
NAME: BeLongia (last) Dan (first) T (mi)
ADDRESS: 2810 Highworth Ln PHONE: (704) 399-6323
CITY: Char STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-151-48
STREET ADDRESS: 2810 Highworth Ln
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
☐ 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) Bedroom / Bath
[redacted]

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: 2 NUMBER OCCUPANTS: 2

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: Jeffrey Todd Yelton Date: 5-4-99

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.

... OK. to use existing system.

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

Jeff A. Knight 5/10/99
Environmentalist Date

Jeff

WATER : 122791

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Jeffrey Todd Yelton	Phone #: 454-5788	Date Requested: 5-4-99	Date Filled:
Account Name: Jeffrey Todd Yelton	☐ Cash ☒ Charge	Account No.: X30539	

I certify that I am authorized to charge this account for this service.

Signature: Jeffrey Todd Yelton Printed Name: Jeffrey Todd Yelton Date: 5-4-99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
705	1	Other: Addition	50	50
		Other:		
Payment received by: [illegible] Date: 5/4/99		By: JC	Total:	50

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

2810 Highworth Lane		

B-216NS 8/95

DIVISION

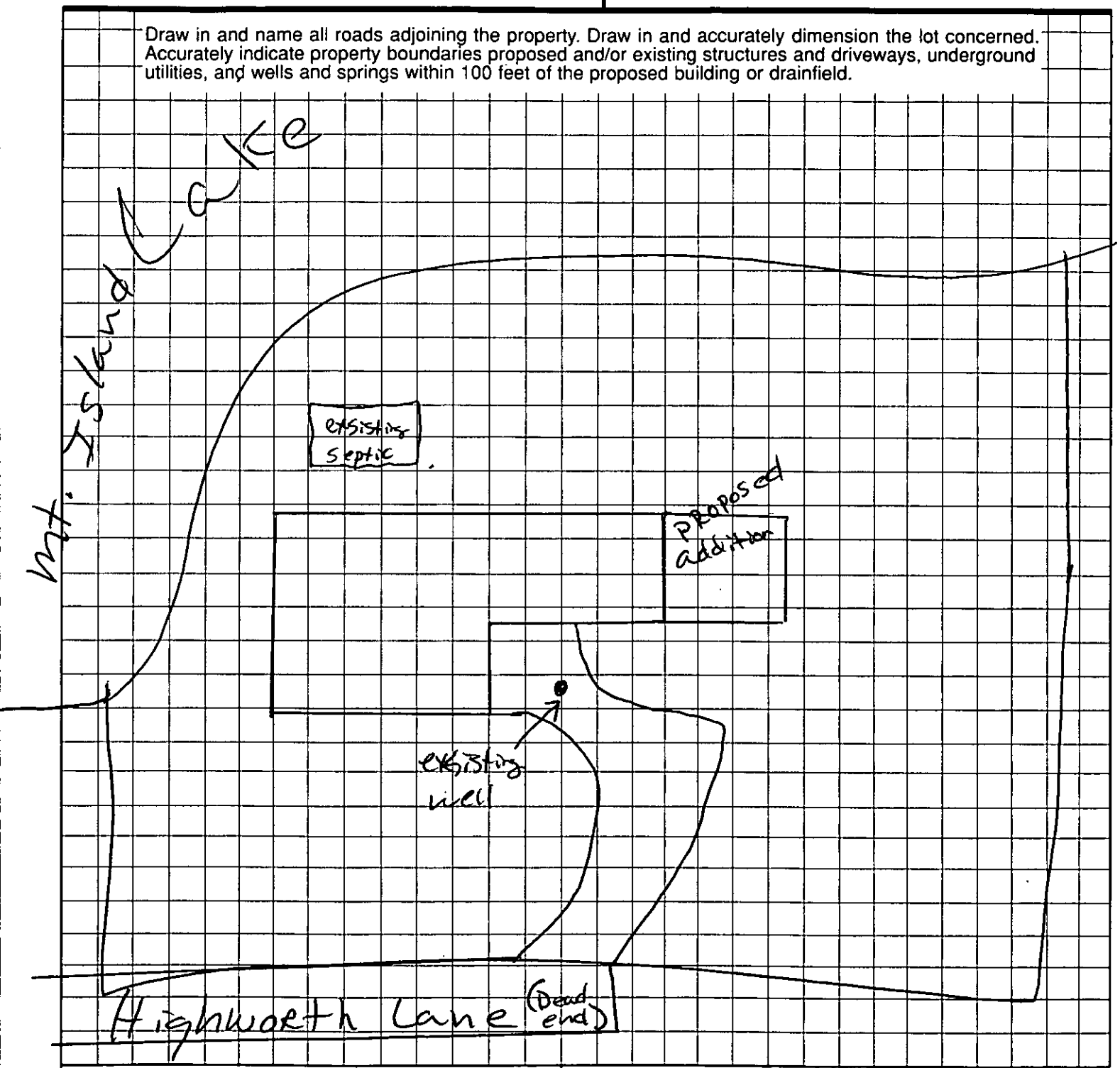
PROPOSED PLOT PLAN

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

FILE: 14656

TC: 023-151-48

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.



Jeffrey Todd Yelton
OWNER/AGENT SIGNATURE

DATE 5-4-99

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

400

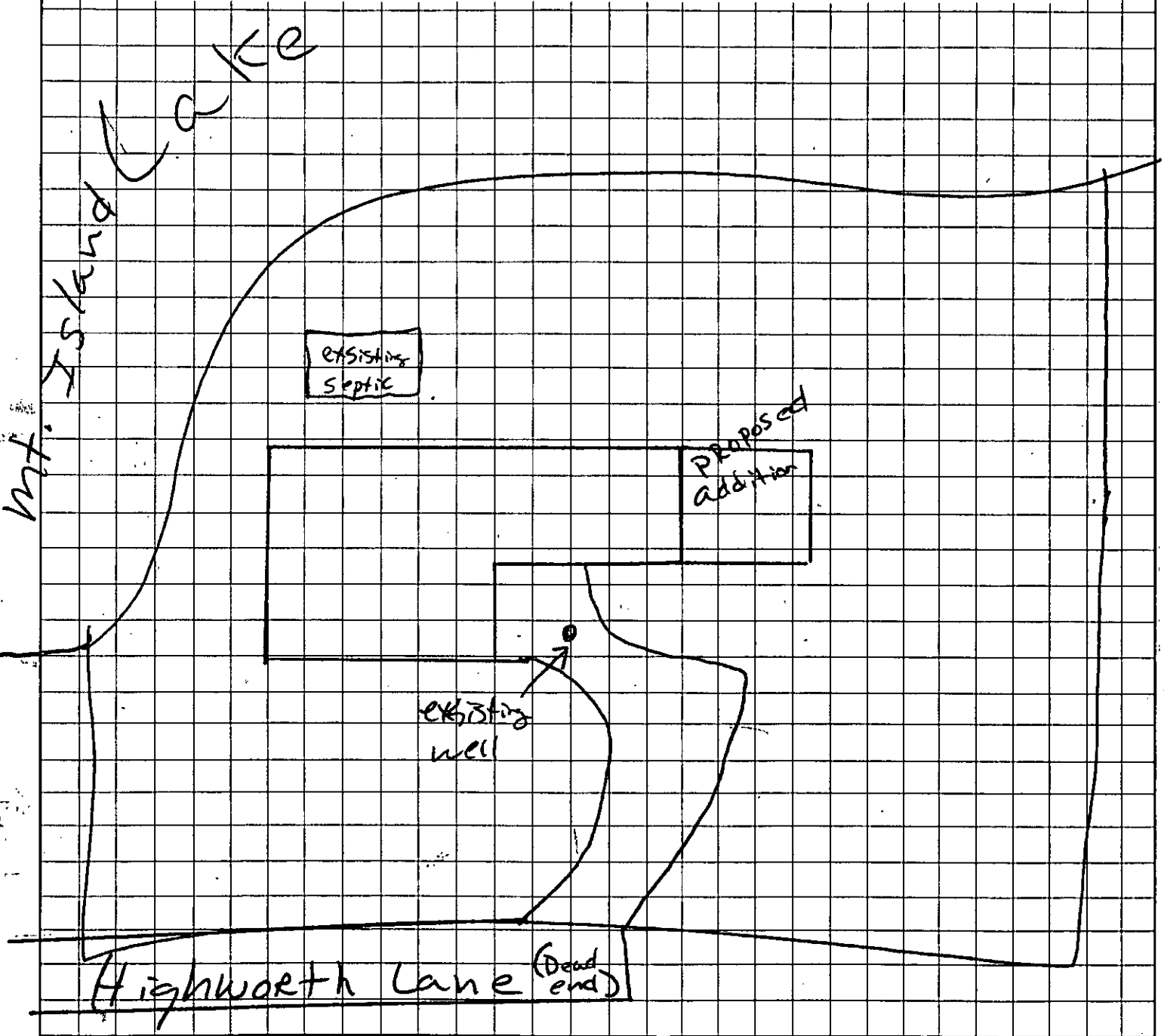
X

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

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J. Gray Todd Yelton
OWNER/AGENT SIGNATURE

DATE 5-4-99

APPROVAL DATE _____

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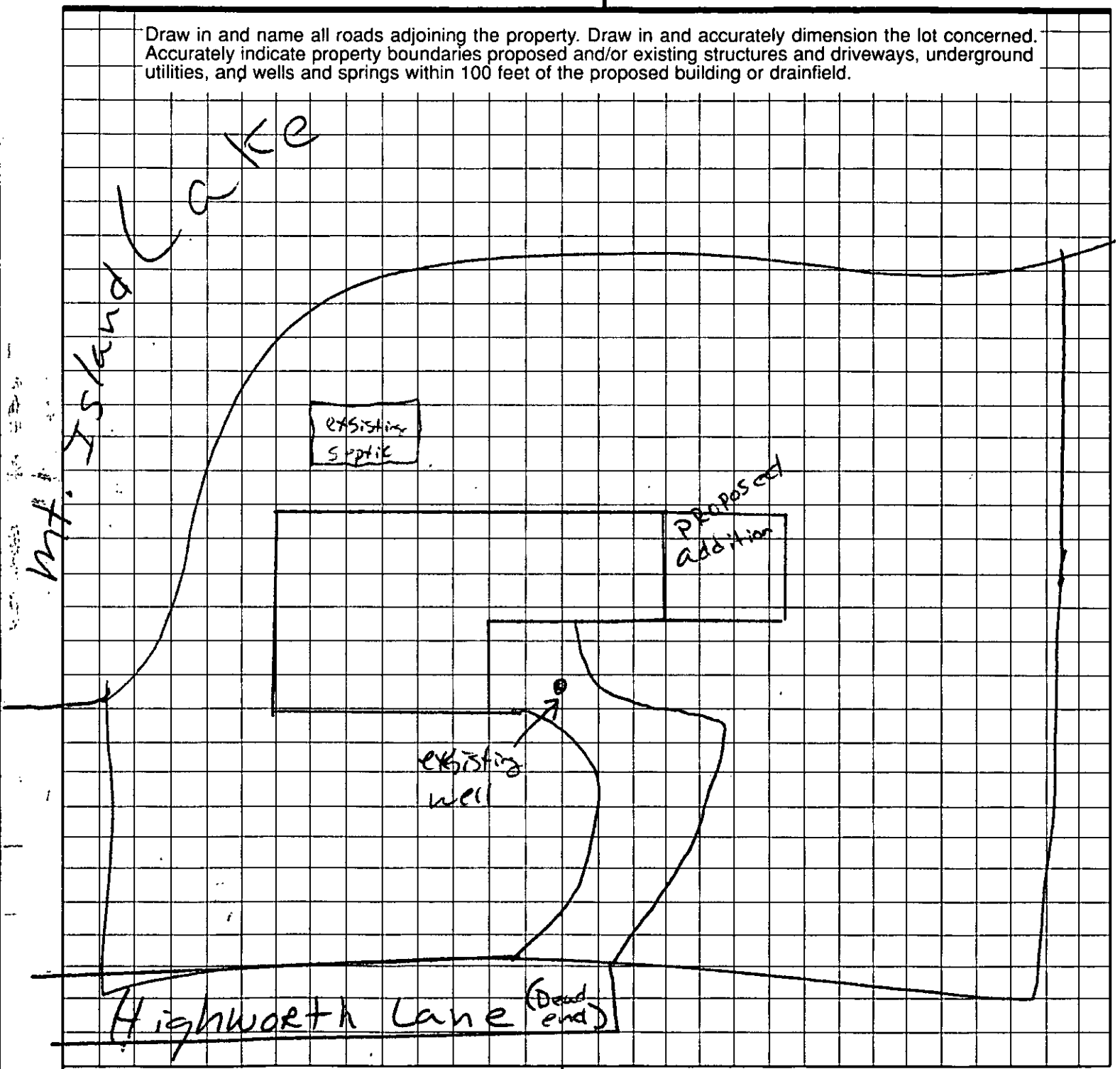
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J. Gray Todd Yelton
OWNER/AGENT SIGNATURE

DATE 5-4-99

APPROVAL DATE _____

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

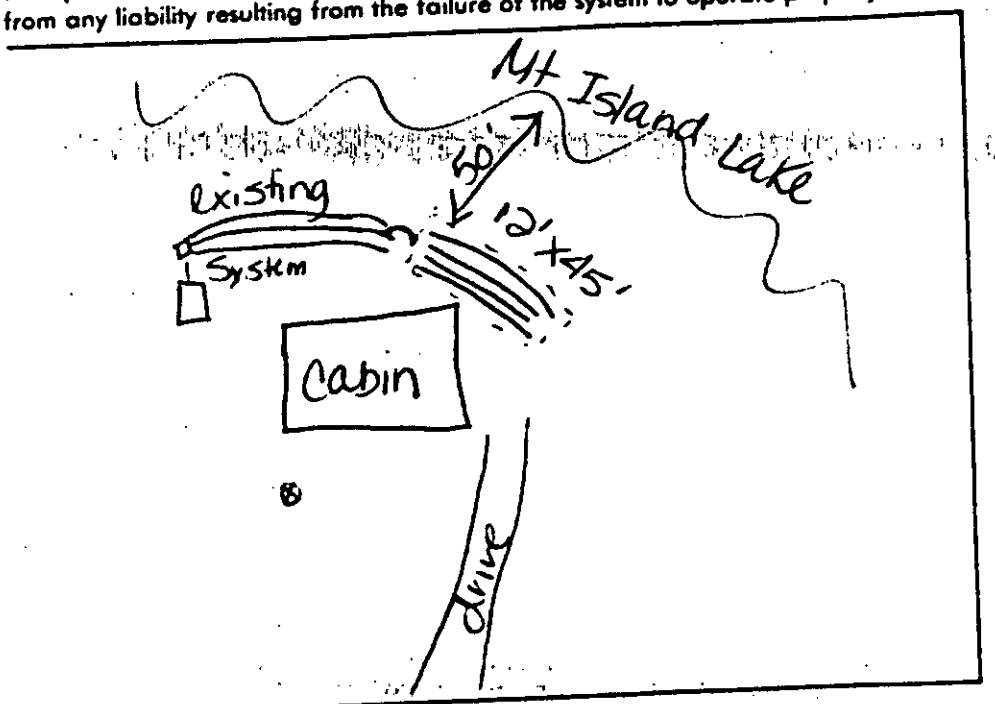
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 14656 DATE: 11/15/88

TC: 023-151-48 d/l

SERIAL Nº 12360

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater 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 the application dated 11/11/88. All work shall be completed on or before 12/15/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Repair

Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 180 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER Daniel L. Belongia

LOCATION OF PROPERTY 2810 Highworth Ln

Comments: Install 1 bed 12'x45'x12" stone, straw cover

Donald Johnson
Environmentalist

Division or Section Head

* 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENTS COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 14656
TC: _____
SERIAL: No 17221

JOB LOCATION

① ADDRESS: 2810 (STREET NO.) Highworth (STREET) Ln.
② FILE: _____
③ JURISDICTION: _____
④ TAX PARCEL NO.: 023-151-45
⑤ SUBDIVISION: _____
⑥ LOT: _____
⑦ BLOCK: _____

OWNER

⑧ NAME: DANIEL (FIRST) L. (MIDDLE) Belanger (LAST)
⑨ MAILING ADDRESS: 5914 DEVERON DR.
⑩ CITY: Charlotte
⑪ STATE: N.C.
⑫ ZIP: 28211
⑬ PHONE: (WORK) 394-7121
⑭ (HOME) 366-1519

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Replace cabin with house

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence
⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type? _____
㉔ Maximum occupancy? 4
㉕ Maximum number of employees? _____
㉖ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Daniel L. Belanger
Date: 11-11-88

HUNTER CONSTRUCTION - 588-4442

IMPROVEMENT PERMIT

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 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 permit is issued by the Department.

... This permit is not transferable, and shall become null and void 3 months from the date of issuance.

Environmentalist — Date

Director or Authorized Section Head — Date

*This permit must be signed by the Director of Mecklenburg County Department or an authorized section head in order to be valid