

14005 CABARRUS RD

13940202

7/18/08

marliwr

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

RW

160

50' CAST 11/21/95 CRT

14981

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: HaBicht Daniel L
(last) (first) (mi)
ADDRESS: 14005 CaBarrus Rd PHONE: (704) 5453981
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: HaBicht Daniel L
(last) (first) (mi)
ADDRESS: 14005 CaBarrus PHONE: (704) 5453981
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-111-01
STREET ADDRESS: 14005 CaBarrus Rd Charlotte NC 28227
ZONING:

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: 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached
[] 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: 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)
[X] 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: Daniel HaBicht Date: 11-26-95

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.

... Approval for Detached garage use existing system (with plumbing)

[] 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

Philos Walker 11/22/95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

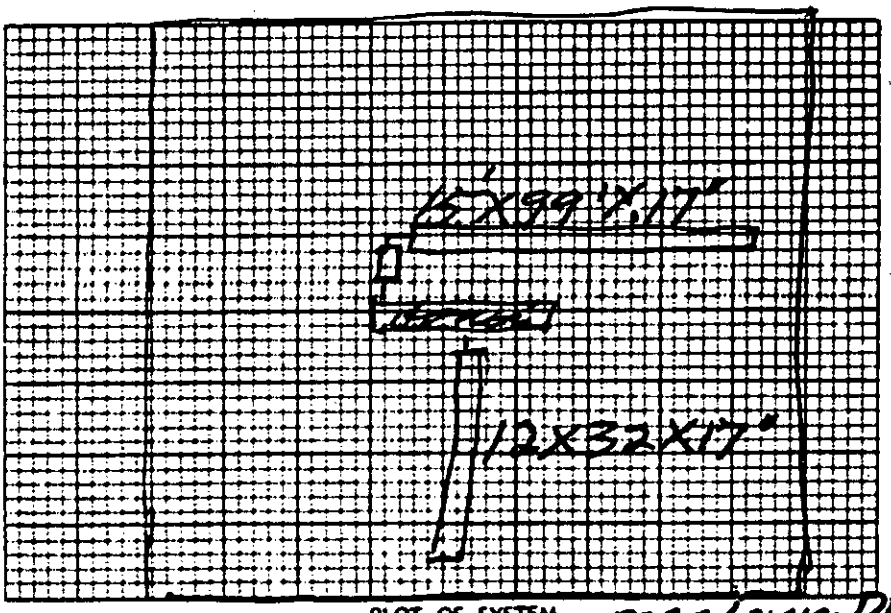
Date Issued 9-18-79 Serial 3186 ICNR(S) Permit No. 14991

T. C. No. 441-087-

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF 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 wast water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 14991 dated 1-19-79 and this permit shall be void and of no effect if the information provided in the a plication is not true or is erroneous. All work shall be completed on or before 10-18-79 after whi date this permit shall be null and void.



PLOT OF SYSTEM McALPINE DR.

Permeability Rate ~~15500~~

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 495-12

Number of Lines 5-4

Distance from House 10'*

Distance from Property Line 10'+

Distance from Well ~~Feet~~ City W

NAME OF OWNER Claude Murphy

LOCATION OF PROPERTY McAlpine DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbur County Health Commission which are in effect on the date of the granting of this permit. A certificate of ap proval must be issued by the Environmental Health Director before any system can be covered up or otherwis rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that th system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properl

Division or Section Head

Marshall Edwards
Environmentalist

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

END-5-76

Environmental Health Department's Copy

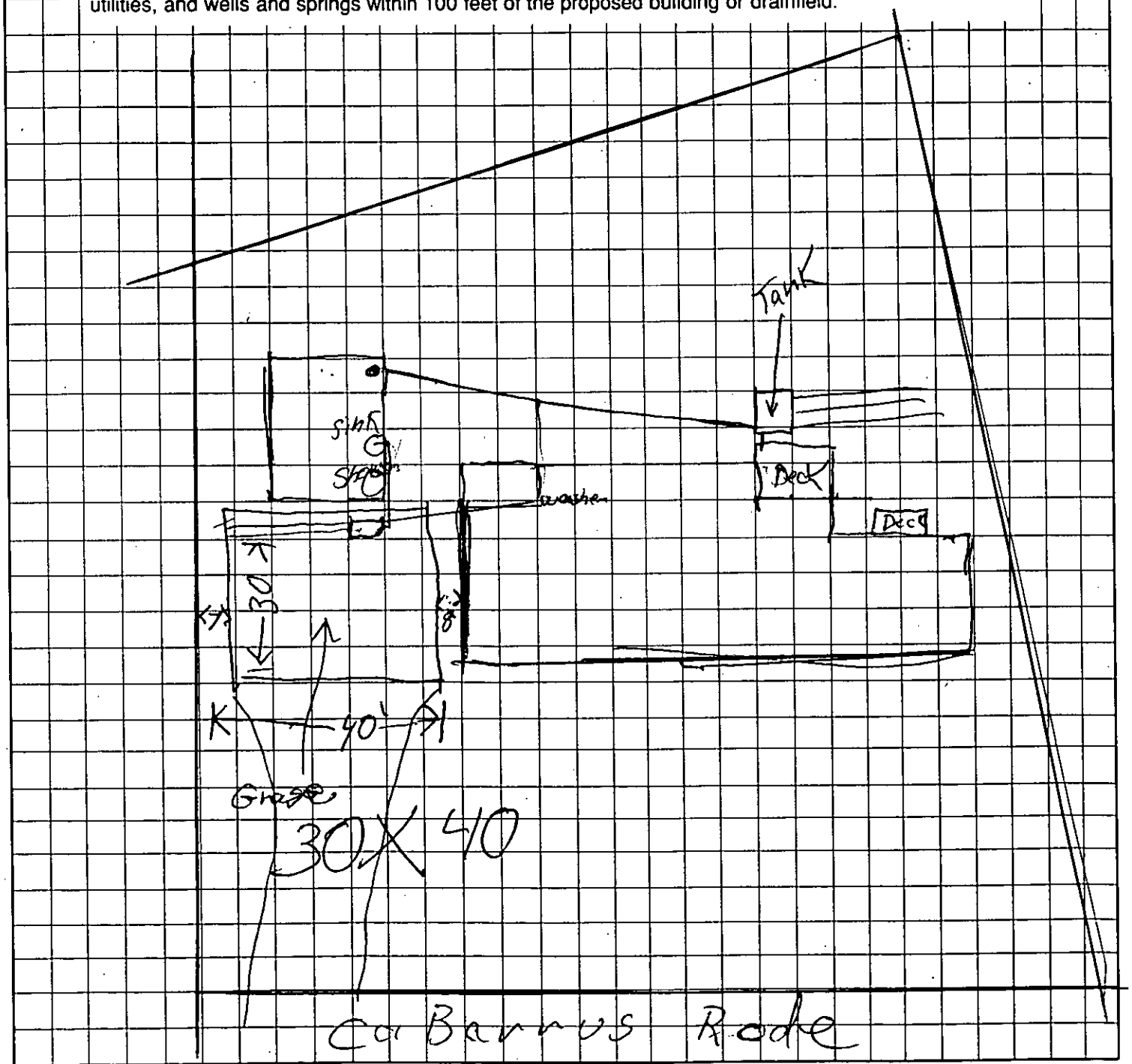
PROPOSED PLOT PLAN

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

FILE: 14981

TC: 139-111-01

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.



Daniel Halbrecht
OWNER/AGENT SIGNATURE

DATE 11-21-95

APPROVAL DATE _____

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

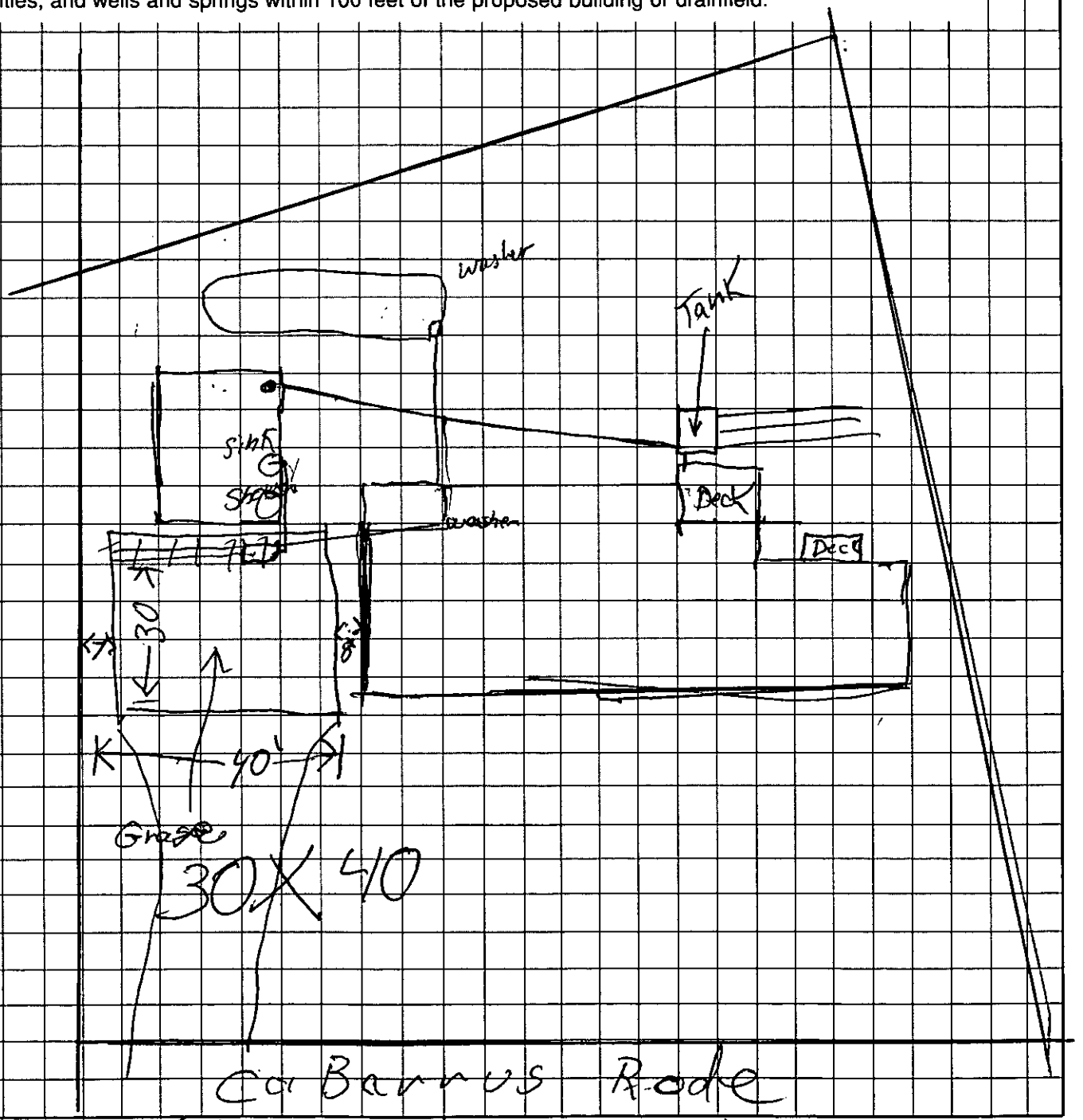
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Daniel Kabacki
OWNER/AGENT SIGNATURE

DATE 11-21-95

APPROVAL DATE PSW 11/22/95

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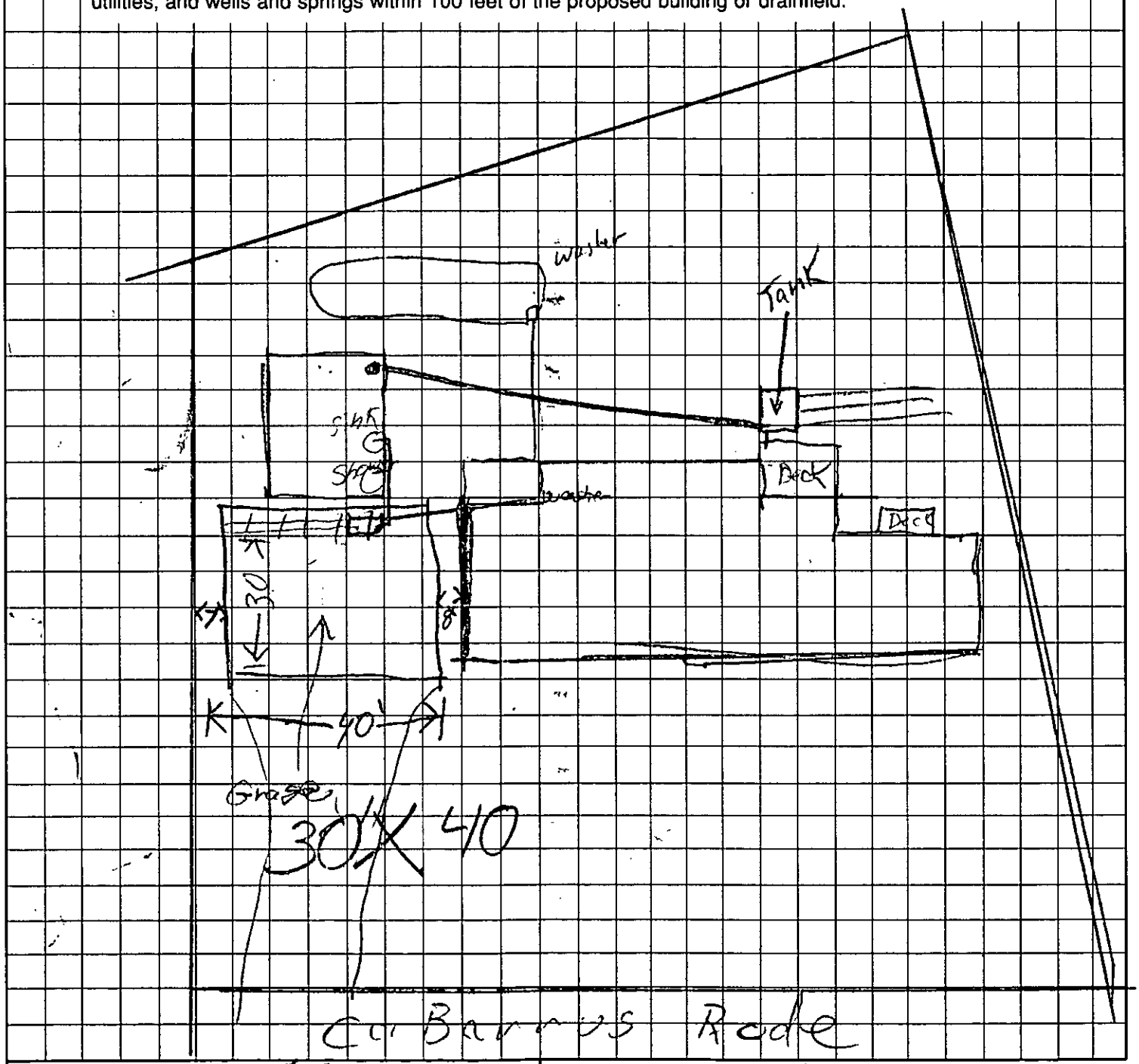
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Darrell Halbrooks
OWNER/AGENT SIGNATURE

DATE 11-21-95

APPROVAL DATE TJSW 11/22/95

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