

1610 MCCORKLE RD

05309317

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Groundwater and Wastewater Services File Imaging Project
May 2007
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$50.00 4/28/97 CR# 6621

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$104 40 DR 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: Little (last) Debra (first) A (mi)
ADDRESS: 1610 McCorkle Rd PHONE: 704 399-4603
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 4-28-97

PROPERTY OWNER:
NAME: (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-093-17
STREET ADDRESS: 1610 McCorkle Rd
Charlotte, NC 28214
ZONING: R-3

Township (check one):
[X] 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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Sun Room

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: 4

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: Debra Little Date: 4-28-97

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.

...

[] 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

Debra A Little

Jane Higgins Bunn, R.S. 5/2/97
Environmentalist Date

Washing machine was piped to lower back yard. Recommended Washer line to correct problem.

I informed her & husband that I don't believe this will be a sufficient means of sewage disposal. Also informed that if sewage system malfunctions they will have to repair

Mrs. Little had plumbing (washer) connected to her septic system to correct problem

Plumbing connection inspected. 5/2

WATER : 122791

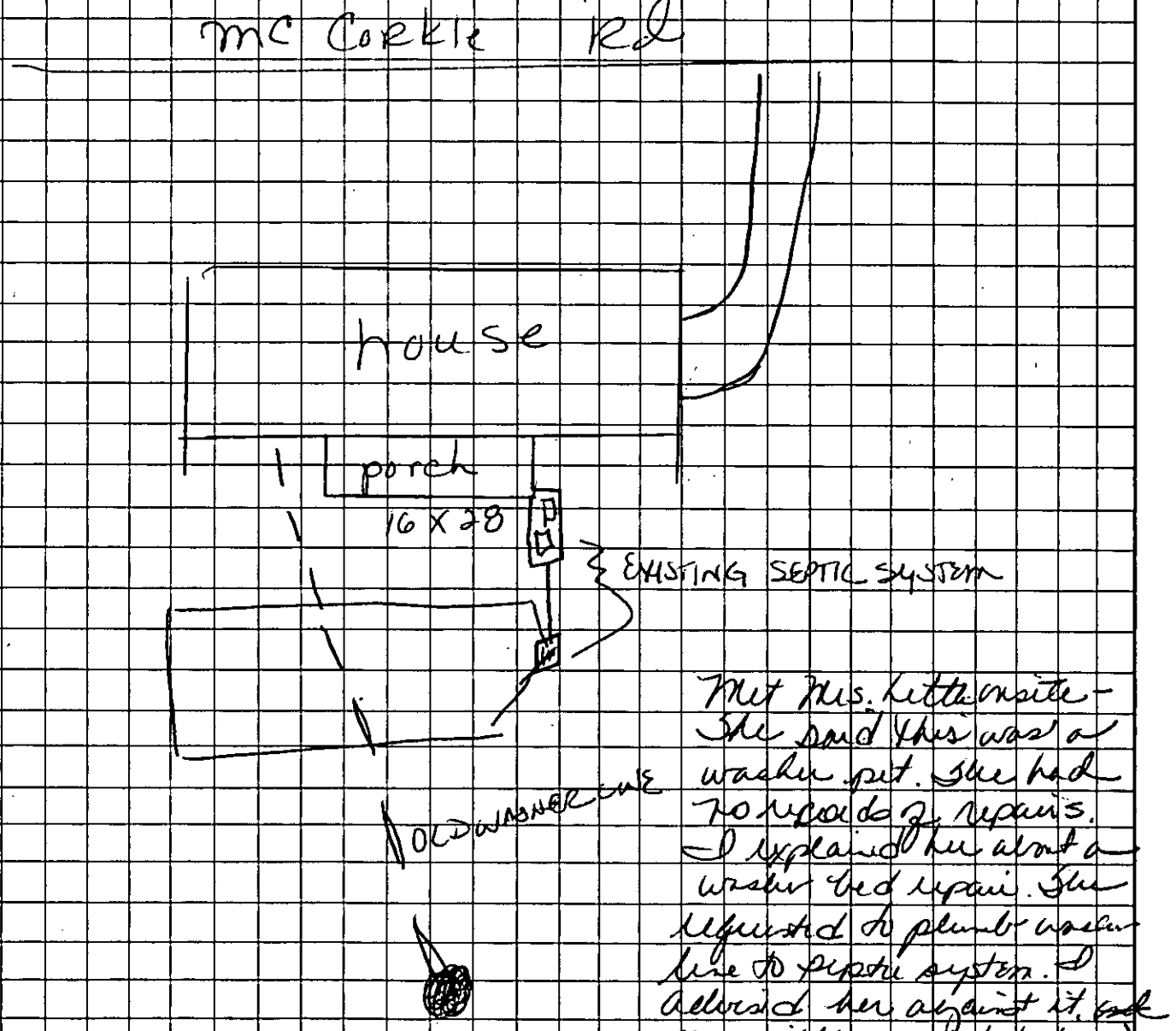
PROPOSED PLOT PLAN

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

FILE: 8104

TC: 053-093-17

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.



Met Mrs. Little on site - She said this was a washer pit. She had to repair 2 repairs. I explained her about a washer bed repair. She requested to plumb washer line to septic system. I advised her against it. Ask Mrs. Little wanted to know if I would release permit. I said that would technically eliminate discharge and she could use existing system but I do not advise this and may lead to bigger problem.

Helena A. Little
OWNER/AGENT SIGNATURE

DATE 4-28-97

APPROVAL DATE 5/2/97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

PROPOSED PLOT PLAN

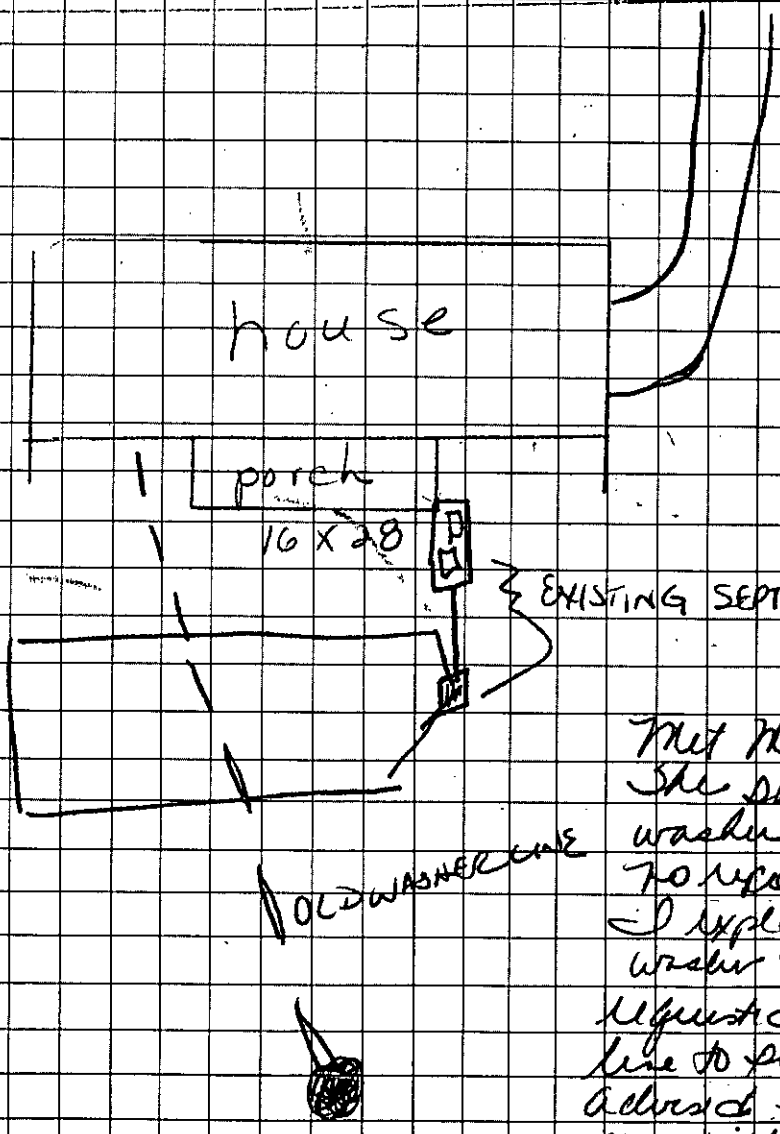
$50.00
4/28/97

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

FILE: 8104

TC: 053-093-17

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.



Met Mrs. Little on site - She said this was a washer pit. She had no records of repairs. I explained her about a washer bed repair. She requested to plumb washer line to septic system. I advised her against it. Told Mrs. Little wanted to know if I would release permit.

Melissa A. Little
OWNER/AGENT SIGNATURE

DATE 4-28-97

APPROVAL DATE 5/2/97

I said that would technically eliminate discharge and she could use existing system but do not advise this and may lead to bigger problem.

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PROPOSED PLOT PLAN

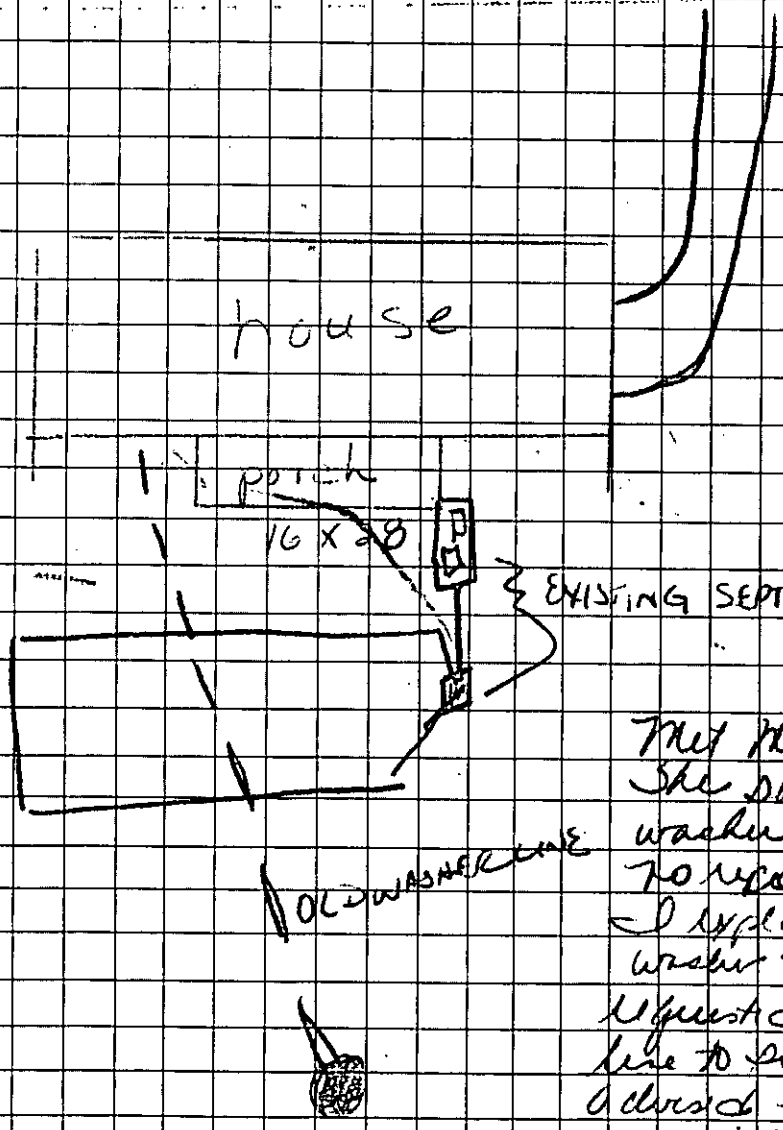
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

11:30 AM 4/28/97

FILE: 8104

TC: 053-093-17

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.



Met Mrs. Letta on site - She said this was a washer pit. She had no records of repairs. I explained her about a washer line repair. She requested to plumb washer line to septic system. I advised her against it. Mrs. Letta wanted to know if I would release permit.

Helena G. Letta
OWNER/AGENT SIGNATURE

DATE 4-28-97

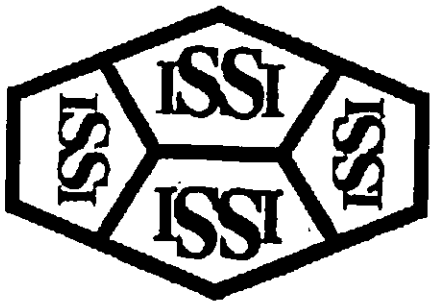
APPROVAL DATE 5/2/97

I said I'd would technically eliminate discharge and she could use existing system, but I do not advise this and may need to bring system

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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ISSI Operations Center Staff

Serial No 8104

Date Issued 9-5-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SECTION

CERTIFICATE OF APPROVAL

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

Name of Owner: Anton, Charles Richard + Frances J.
LAST FIRST

Location of Property: McCorkle Drive

Application Number: 8104 Permit Number: 8104

Inspection Data:

Liquid Capacity of Tank: 1500 Tank Material: PC

Total Length of Drain Tile: 600' Number of Lines: 6(15'x100" ...)

Depth of Filter Material: 17" Cover Depth: 24" ave.

Water Supply Source: Ind. Well Distance from Water Source: 100'

Excavation Inspected: 9-5-74 DATE Tank Inspected: 9-5-74 DATE

Certification Field Inspected: 9-5-74 DATE

Water Supply Inspected, If Applicable: ____ DATE

This is to certify that the [illegible] Septic Tank System was [illegible] ✓ [illegible] Certificate of Approval is issued [illegible] additional [illegible] that [illegible] made to the [illegible] should increase the requirements for [illegible]

Comments: Hager (Contr.)

Note: Owner opted to eliminate washing machine field for this mobile home.

R. S. Hancock
(Environmentalist)

Serial No. 8104

Date Issued 8-30-74

ICAR(S) Permit No. [illegible]

PCT C No [illegible]

Map Date [illegible]

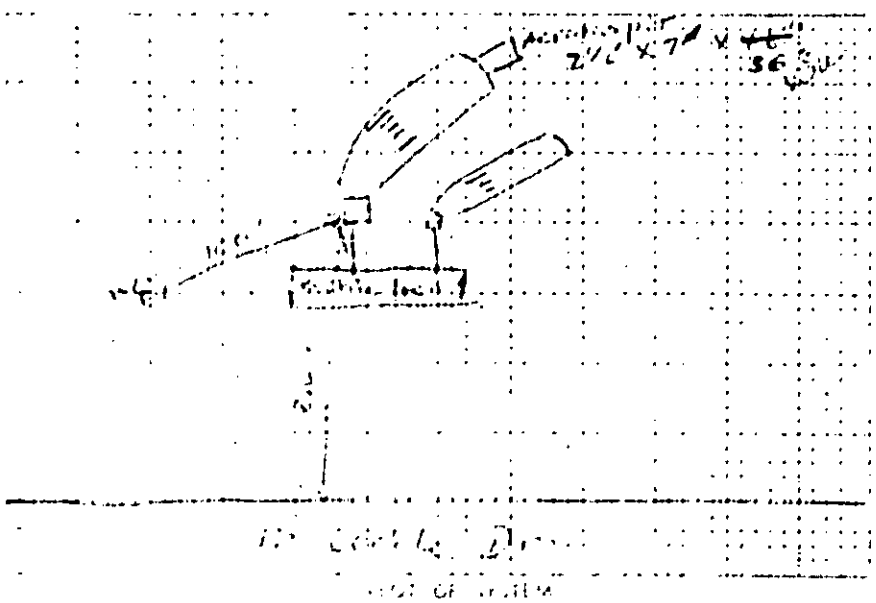
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 above location. This permit is granted based upon the information supplied in application S 1204 dated 9-24-74 and this permit shall be void and of no effect if the information provided in the application is incorrect in any way. All work shall be completed on or before 9-30-74, after which time this permit shall be void and void.



Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Distribution Lines

Total Line Length 600' + 150' (4") 3 (2) @ 50' (4")

Number and Size 6 (1) @ 100' (4")

Distance from Well 10'

Distance from Property Line 10'

Distance from Well 100'

Name of Owner Pitzer, Charles Richard & Frances J

Location of Property McCorkle Drive

The above system is to be constructed in accordance with the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered inaccessible for inspection.

Comments: Keep low water. More lot owners option when repairing system (see below)

Note: Downspout (6"x7"x36")

K G Littlejohn
Environmentalist

Any deviation or alteration of the above system must be signed by the Environmentalist and returned to the Health Department to be valid. Only the signature of the Environmentalist on existing systems being altered or repaired

Expires