

5442 BIRCHHILL RD

13531422

7/28/08

marliwr

15944

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

0405

P/O 50° cut 9/29/93 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

Date: 9-29-93

PERSON FILING APPLICATION:

NAME: ~~[illegible]~~ TYSON (last) DAVID (first) A (mi)

ADDRESS: 3718 SELWYN AVE PHONE: (___) 523-6521

CITY: CLT STATE: NC ZIPCODE: 28209

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-314-22

STREET ADDRESS: 5442 BIRCHHILL RD.

ZONING:

PROPERTY OWNER:

NAME: ~~[illegible]~~ HAZLITT ~~[illegible]~~ ROYAL (last) (first) (mi)

ADDRESS: 5442 BIRCHHILL PHONE: (___) 545-9612

CITY: MINT HILL STATE: NC 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 [X] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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) DEN W/ ½ BATH
[ ] 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: 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):
[X] 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 [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: [signature] Date: 9-29-93

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.

...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

[signature] Environmentalist 10-1-93 Date

[signature] Director or Authorized Section Head 10/7/93 Date

WATER : 122791

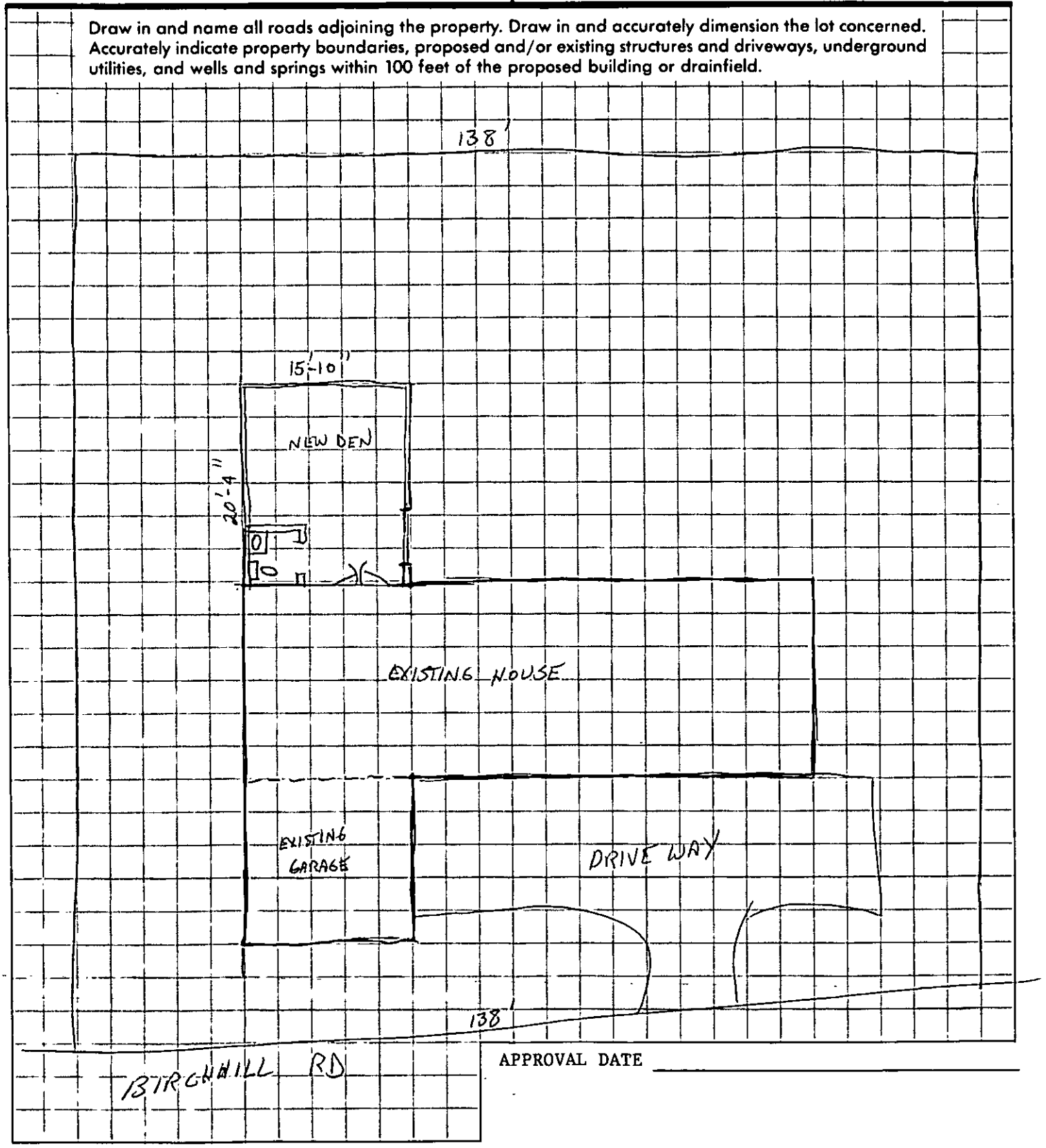
PROPOSED PLOT PLAN

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

FILE: 15944

TC: _____

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 _____

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

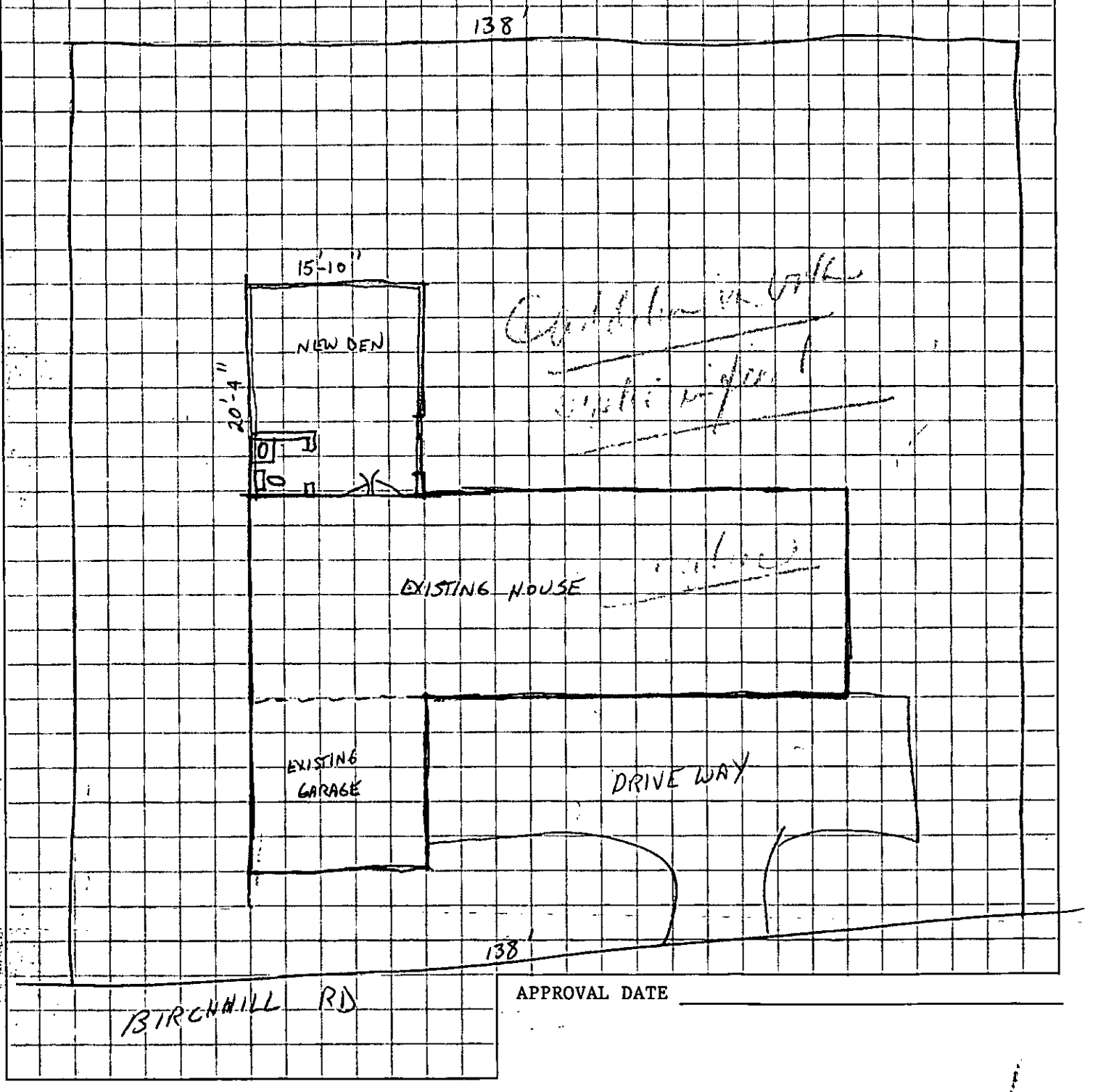
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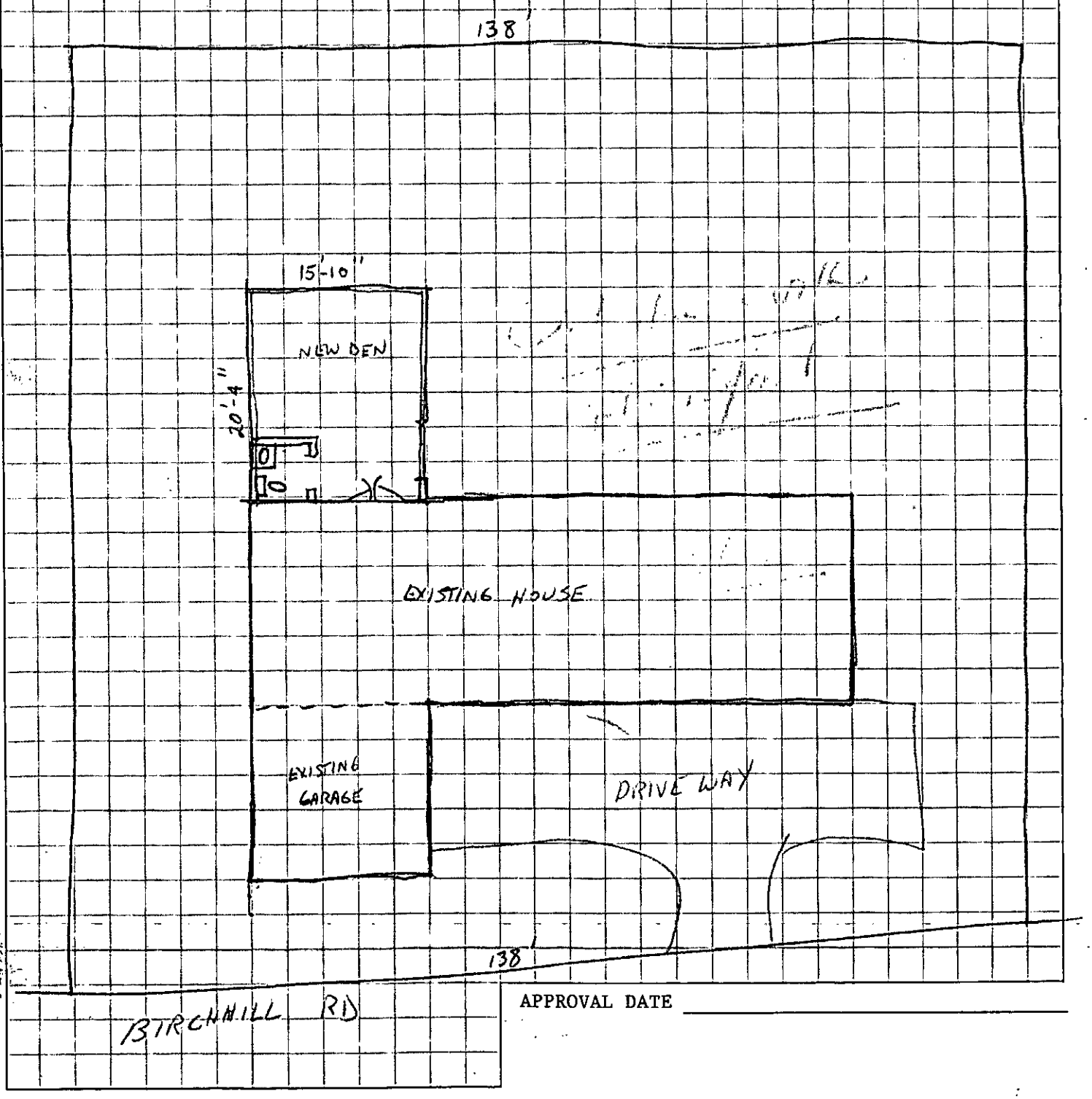
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Date Issued 11-27-79 Serial 3418

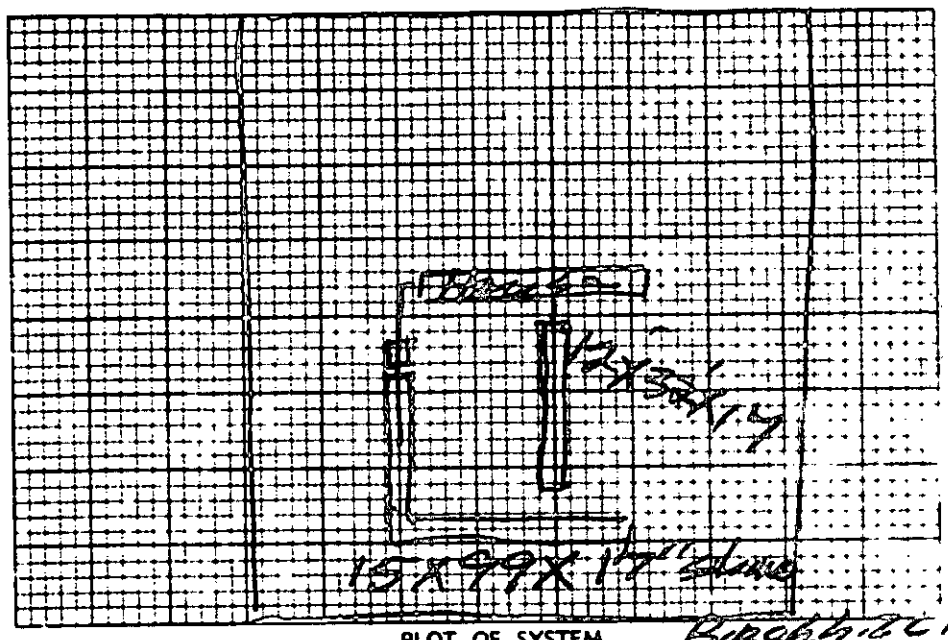
ICAR(S) Permit No 15944

T. C ABS-321-00 CC

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 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 application 15944 dated 7-18-79 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 2-27-79 after which date this permit shall be null and void.



PLOT OF SYSTEM Birchhill Rd

Permeability Rate P/S

Liquid Capacity of Tank 1500

Tank Construction P/C

Absorption and or Nitrification Line.

Total Line Length 495-125

Number of [illegible] 5-4

D[illegible] He 1171

[illegible] fr[illegible] Property [illegible]

[illegible] fr[illegible] [illegible]

NAME OF OWNER Bob McLemore Co.

LOCATION OF PROPERTY Birchhill Rd. Lot ??

The system shall meet all of the construction requirements as set forth in the Regulations [illegible] County Health Commission which are in effect on the date of the granting of this p[illegible] A[illegible] to proval must be issued by the Environmental Health Director be[illegible] system [illegible] up rendered uninspectable or can be used. The issuance of this permit does not [illegible] system anticipated to be constructed will operate properly or [illegible] trolling or using such system from any liability resulting from the failure [illegible]

[illegible]

Division or Section Head

[illegible] Environmentalist

* If this permit is for the installation or construction of a new system [illegible] by the [illegible] section head of the Department of Environmental Health in charge. Only [illegible] comments at is required where existing [illegible]

EKD-5

Serial 3297

Date Issued 5 Dec 79

T C No 135-329-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Bob McLemore Co. (LAST FIRST MI)

Location of Property Birchhill Rd lot 22

Application Number _____ Permit Number 15-944

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C Conc

Total Length of Drain Tile 495' & 125' Number of Lines 5 & 4

Depth of Filter Material 13" Cover Depth 15"

Water Supply Source comm Distance from Water Source 108'

Excavation Inspected — Tank Inspected 5 Dec (DATE)

Nitrification Field Inspected 5 Dec (DATE)

Washing Machine Line Inspected If Applicable 5 Dec (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve the owner or hereafter owning, controlling, or using such system from any liability resulting from the failure of system to operate properly. This Certificate of Approval is issued subject to the restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments _____

Environmental Health Specialist

EHD-5-7A