

14319 CLEARVALE DR

13911304

5/21/08

marliwr

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

FEE: 100.00 chk # 440 #1270
DATE: 8/14/06
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 3754

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Dale McCoy
ADDRESS: 14319 Clearvale Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: 704 545.3797
ALTERNATE PHONE:

PROPERTY OWNER: PH 194018

NAME: Same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 139-113-04
STREET ADDRESS: 14319 Clearvale Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 40 & P41 1998

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☑ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☑ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☑ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Dale McCoy — Owner's/Agent's Signature
8/15/06 — Date

*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 y this Department.
- This permit is not transferable.

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

ADDITION APPROVED. O.K. TO USE EXISTING SYSTEM
EHS Signature — 8/15/06 Date

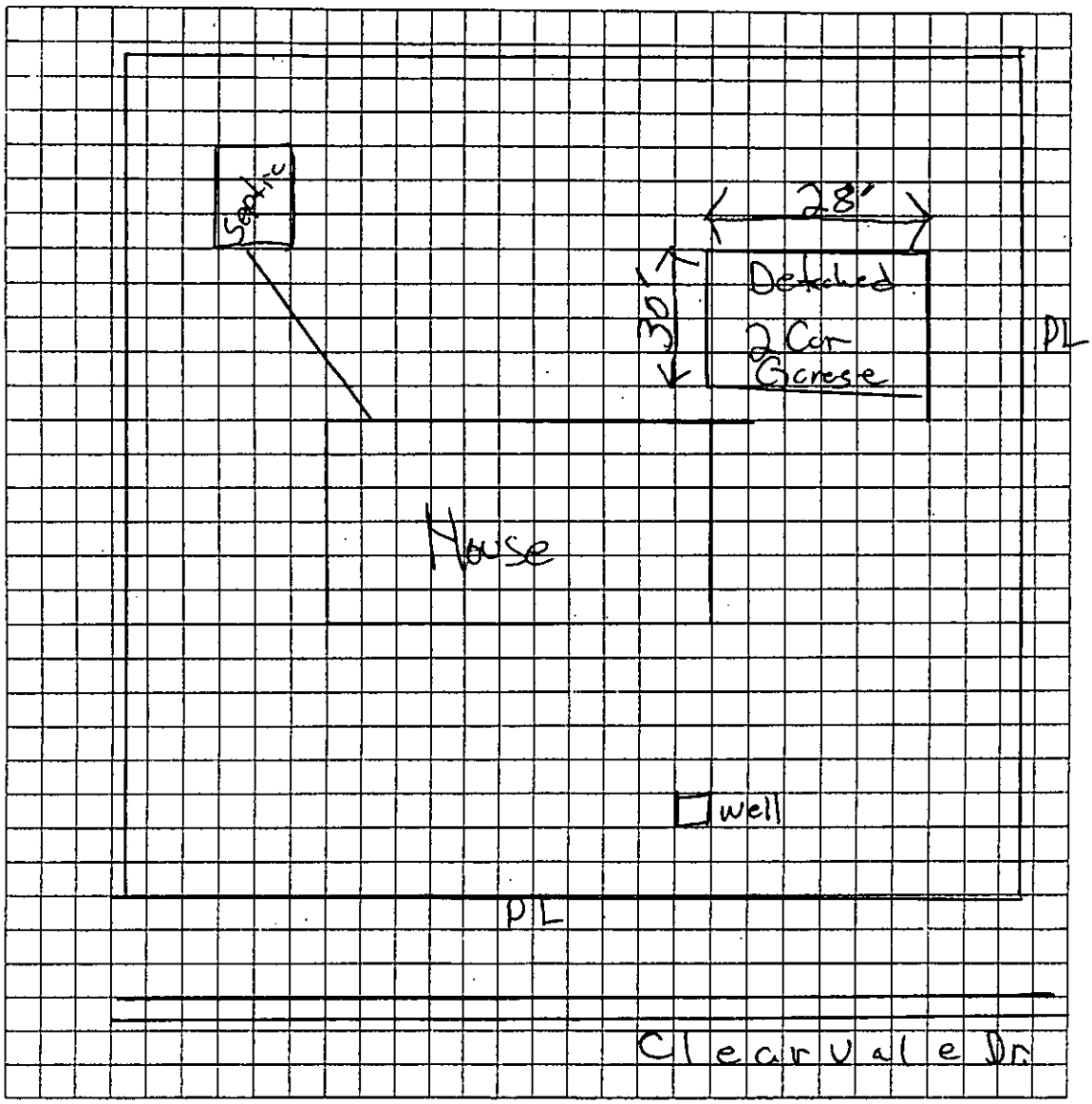
6705

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Dale McCoy
Date	8/15/06

LBC 12/15/04

3754

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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: Carlson (last) John (first) T (mi)
ADDRESS: 6401 Robinson Ch. Rd. PHONE: (__) _____
CITY: Charlotte STATE: N.C ZIPCODE: 28215

Date: 2-19-98

PROPERTY OWNER:
NAME: Beck (last) William (first) L (mi)
ADDRESS: 200 58th Ave St. Pete Beach Fl. PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-113-04
STREET ADDRESS: 14319 Clearvale Dr. Mint Hill 28227
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): .51

TYPE APPLICATION (check one):

[X] NEW HOUSE - SAME # BEDROOMS (N) * W/S House Burned Replacing with new house
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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: 4-5

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: John Carlson Date: 2-19-98

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.

...Approval granted for replacing an existing 3 bedroom residence w/ new 3 bedroom residence

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

Philo S. Walker R.S. 3/18/98
Environmentalist Date

WATER : 122791

* Rebuilding 3 Bedroom home — on Crawl space

Built 1972

PD 450 DD
(K-#5) 1675
7-31-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3754 [] 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: Allen (last) Jimmy (first) G (mi)
ADDRESS: 29495 Lambert rd PHONE: (704) 436-8886
CITY: Mt Pleasant STATE: NC ZIPCODE: 28124

Date: 7-31-98

PROPERTY OWNER:
NAME: Beck (last) William & Lisette (first) (mi)
ADDRESS: 200 58th Avenue PHONE: (__) ____
CITY: St. Pete Beach STATE: FL ZIPCODE: 33706

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-113-04
STREET ADDRESS: [redacted] Clearvale Dr
1439
ZONING:

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: 40 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

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

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: ?

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 [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: Jimmy Grant Allen Date: 8-1-98

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
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 1227

PROPOSED PLOT PLAN

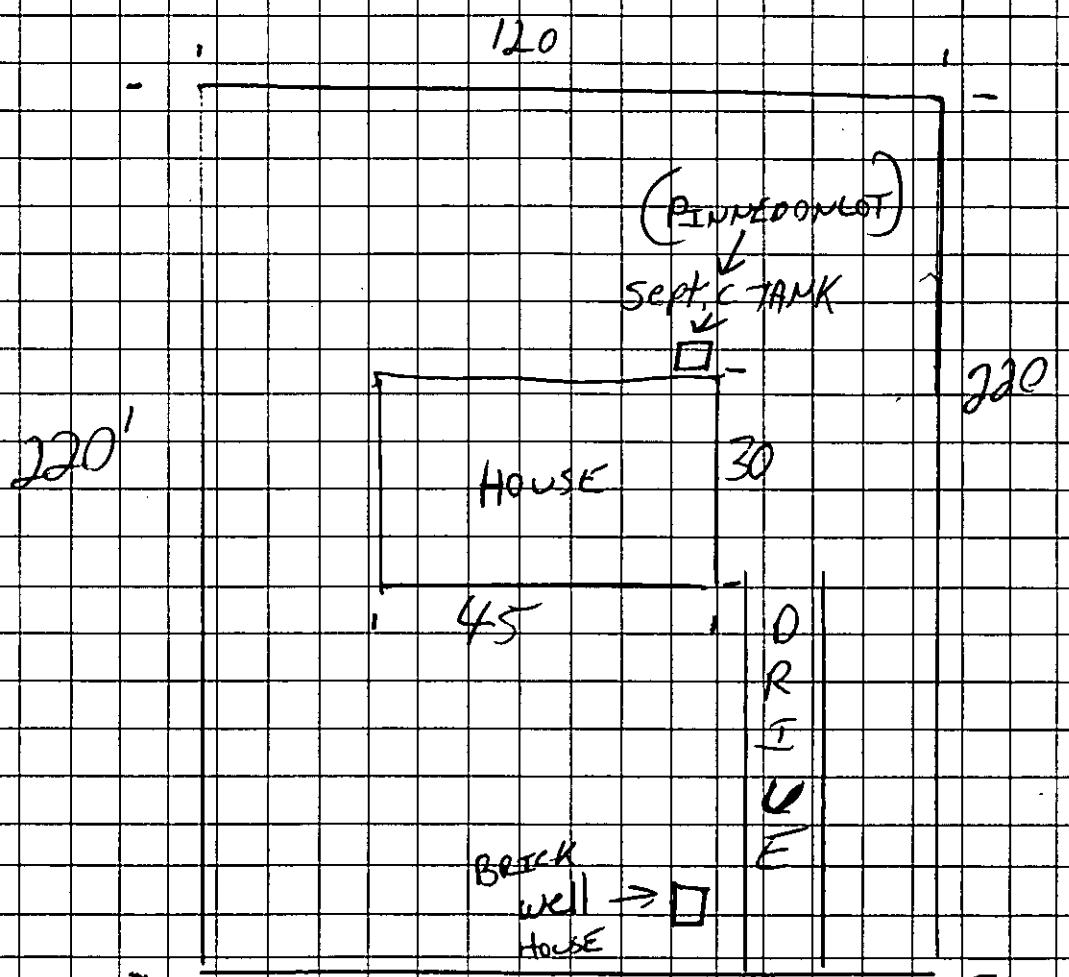
COPY

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

FILE: 3754

TC: 139-113-04

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.



OWNER/AGENT SIGNATURE Jimmy Grant Allen

DATE 8-1-98

APPROVAL DATE _____

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

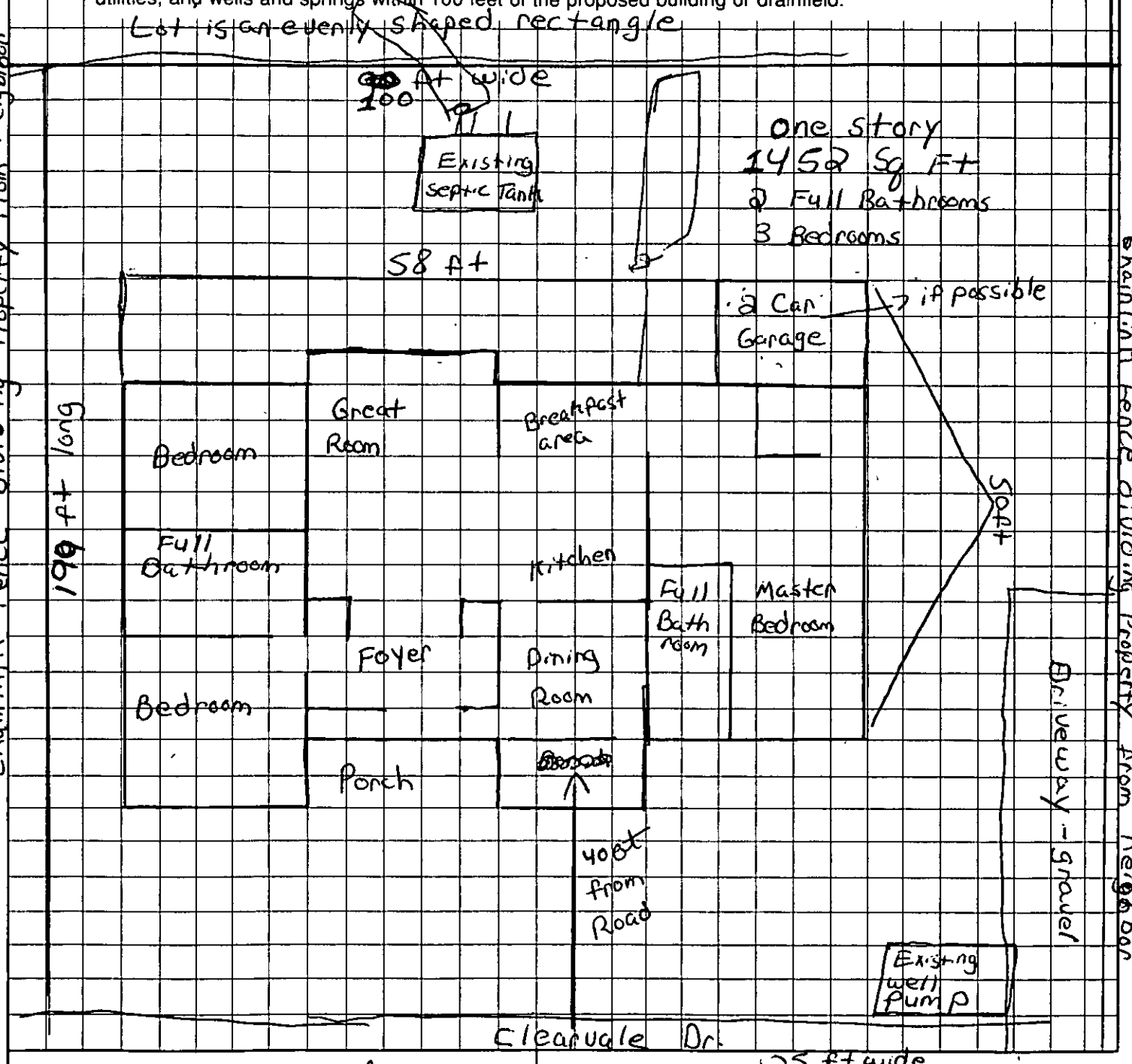
PROPOSED PLOT PLAN

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

FILE: 3754

TC: 139 113_04

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.



OWNER/AGENT SIGNATURE John Carlon

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 2/19/98

Name/Company: John Carlson

Sanitation _____

Vector Control _____

IWWS X

Service: Neptune House
1439 Clearvale Dr
File 3754

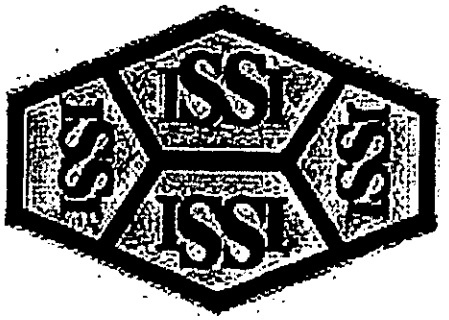
Fee: $ 50.00 JR CK# 613

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Natalie Y Jones
Collected by



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ISSI Operations Center Staff

Serial No 1463

Issued 6-22-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

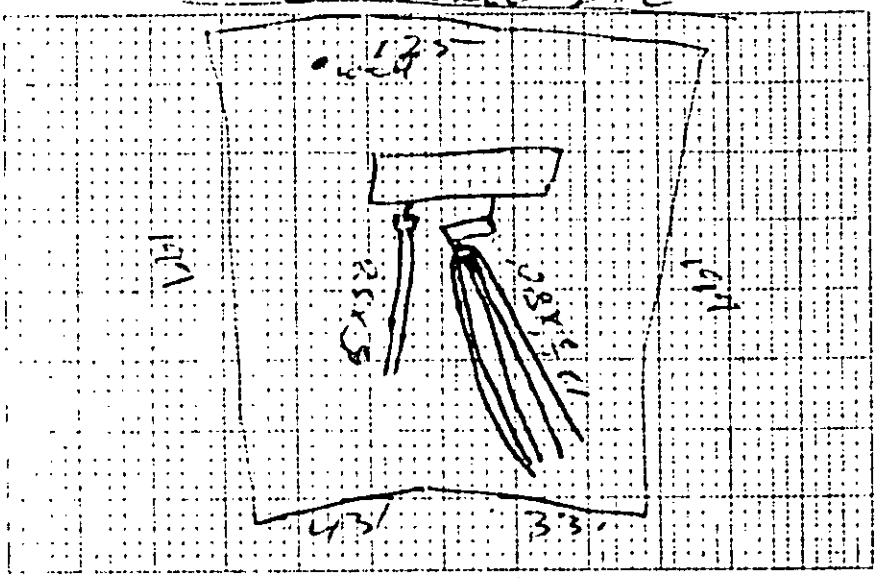
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given 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 described location. This permit is granted based upon the information supplied in application 3254, dated 5-3-22 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 12-30-22, after which date this permit shall be null and void.

Clarendale Dr.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal.

Tank Construction

Absorption and/or Filtration Lines.

Total Line Length 400'

Number of Lines 5

Distance from House 10'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Mrs. Thomas Rutledge Jr.

LOCATION OF PROPERTY 1431 Clarendale Dr. Lot 40

Work shall meet all of 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.

Approved Water Line 5430

W. E. Nichols

Environmentalist

Note: If this is for an alteration or repair to an existing system, it must be signed by the division or a representative of Environmental Health. Do not write in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.