

9120 SINGINGPINE RD

05315125

12/21/2007

duponbj

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

$40

7-16-96 $50.00 CRT

1497B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#3864

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: Benton Margaret C
(last) (first) (mi)
ADDRESS: 9120 Singing Pine Rd PHONE: 392 0486
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-156-13
STREET ADDRESS: 9120 Singing Pine Rd
ZONING:

PROPERTY OWNER:
NAME: Same
(last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: 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 [] 7 Mint Hill

LOT NUMBER: 4 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
[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) Deck & round Pool
[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: 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)
[X] 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: Margaret C. Benton Date: July 16, 1996

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

...Decking posts already installed in the ground prior to my inspection. These posts do not appear to have any adverse affect on the existing septic system

Toni Huggins Bunny 7-17-96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 12279

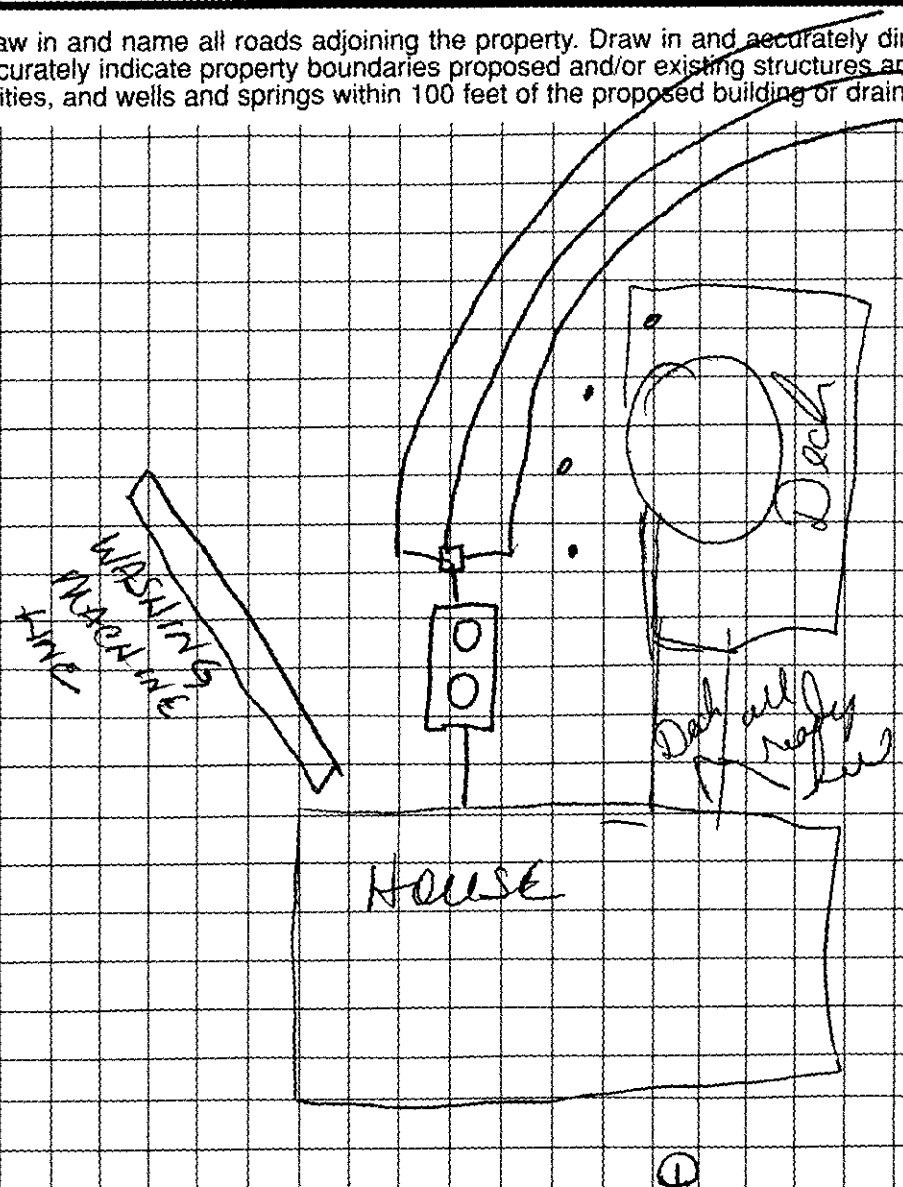
PROPOSED PLOT PLAN

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

FILE: 1497B

TC: 053-156-13

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 7-17-96 JHB

OWNER/AGENT SIGNATURE

DATE

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

9120 Singing Pine Road

LOCATION Singinpine OWNER Town & Country WHITE * COLORED _____

ADDRESS Singinpine OCCUPANT _____ WHITE _____ COLORED _____
lot 14 F

PRIVY:
Type _____ wood _____ concrete
Number _____
New _____ _____ date
Repaired _____ _____ date

WATER SUPPLY:
Source well, community
If well, type
_____ (Bored)
_____ (Drilled)
_____ (Dug)

Distance from nearest
pollution _____ ft.

SEPTIC TANK:
Material precast
Dimensions _____
Volume 1000 gal.
Type secondary treatment 750 cu' stone nitrification line _____ filter trench

No. of bedrooms 3
Permit Number 6577 Date 6-21-68
Approved 5385-D Date 6-21-68
Approved by De Laney
Contractor or Plumber A.H. Stewart
Address _____
Remarks CR-59

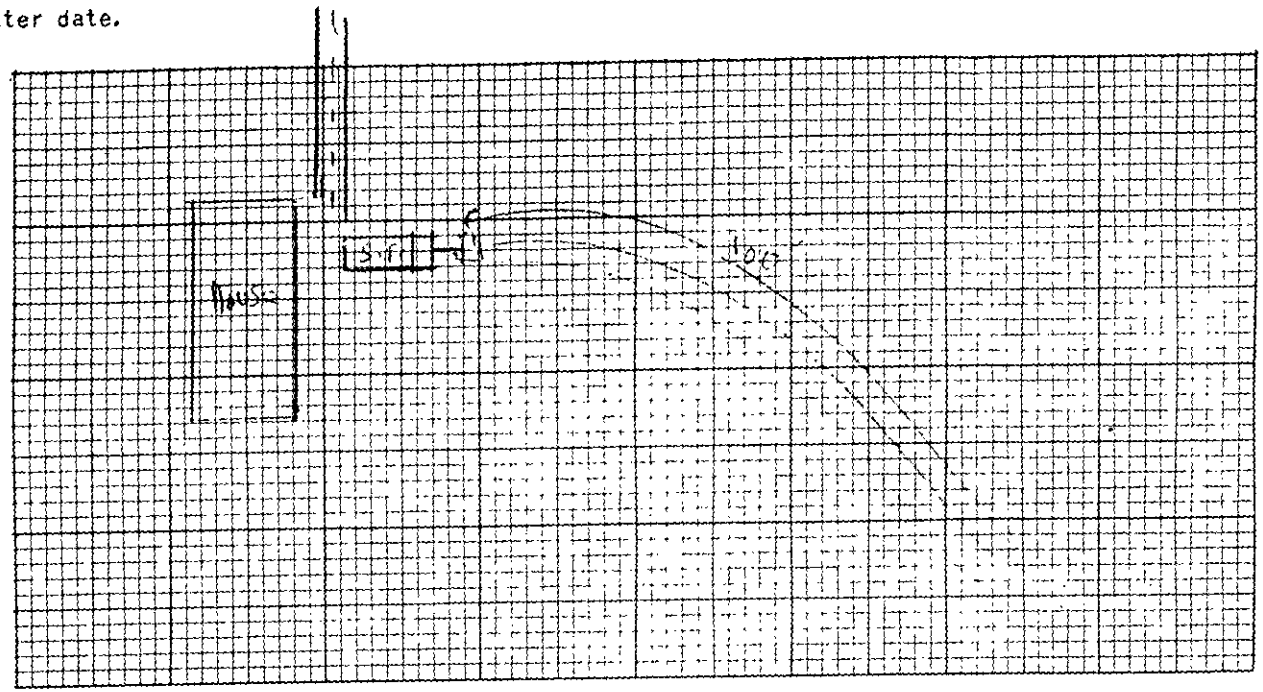
FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



SERVICE REQUEST/WORK ORDER

T.B-
4400

Log No.:_____ Section: IWWS Hazard? [ ] Yes [ ] No

Date: 07-16-96 Parcel: 053-156-13 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Lynn Lathan Phone X5507

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name Margaret Benton Residence

Address 9120 Singing Pine Road City Charlotte Zip 28214

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Toni Bussey TAKEN BY:_____

DATE	ACTIVITY REPORT
	Pool already installed - cartridge filter installed /Lathan

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY:_____ /

REVIEWED BY:_____ /

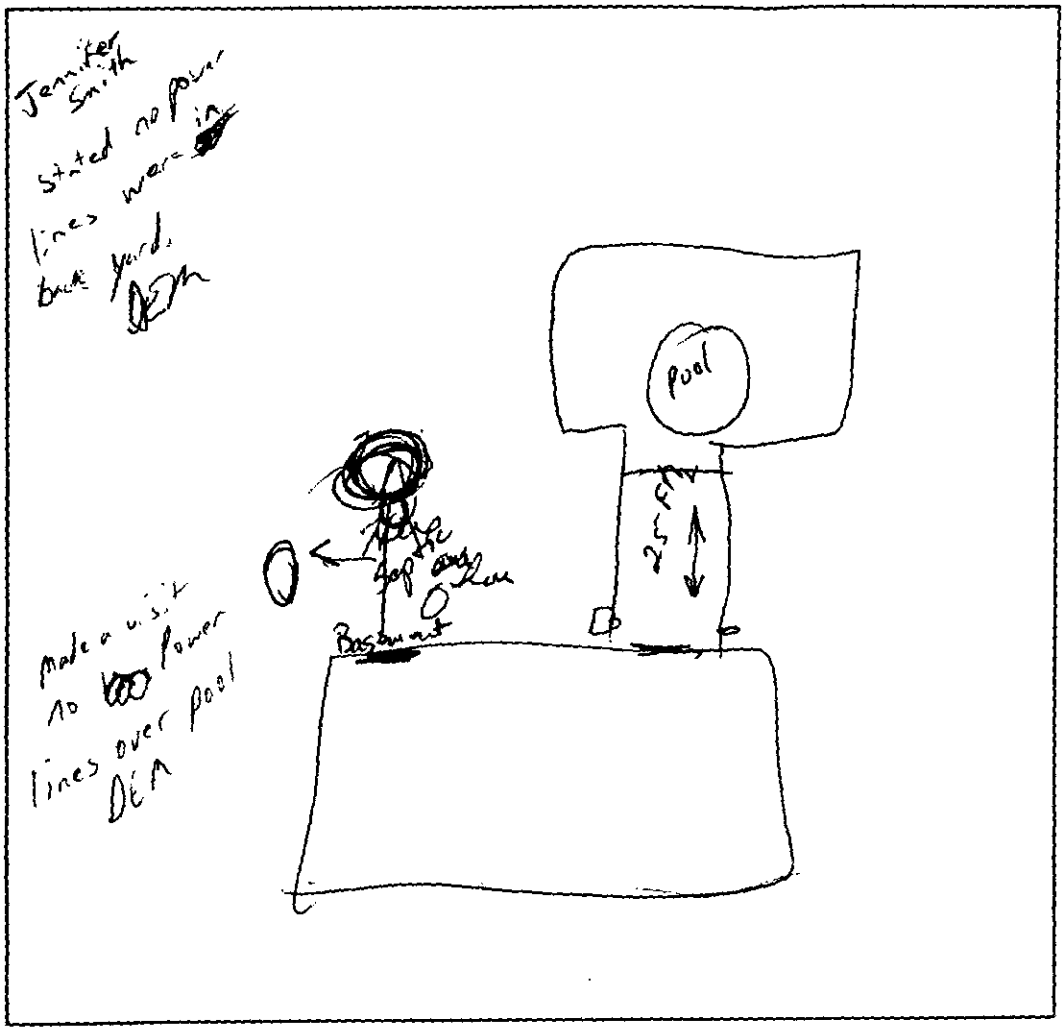
Log # 6373

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION TO CONSTRUCT, INSTALL, OR MODIFY A RESIDENTIAL SWIMMING POOL

OFFICE USE: Service Request # 00017402
Parcel: 053 - 156 - 13
Amount paid: $ 30.00
Paid by: [✓] check [ ] cash
Received by: YMB Date: 7/12/96
CRT [ ] CLOSED [✓]
CK # 3860

PLOT PLAN



COMPLETE ALL BLOCKS:

POOL SURFACE
24 ft x 12 ft

TYPE OF FILTER
Cartridge

BARRIER (FENCE)
Type of Barrier: 4-foot fence
Height of Barrier: 4 ft.

To indicate that self-closing, self-latching gates will be provided at all openings through the barrier, the OWNER must initial here MCB

Water Source:
- ✓ Municipal
- ___ Private Well
- ___ Community well
- ___ Spring

Waste Water:
- ___ Municipal
- ___ Community
- ✓ Septic System

Back-Wash Disposal:
- ___ Municipal Sanitary Sewer
- ___ Settling Tank
- ___ Gravel Pit
- ✓ Cartridge (no connection required with cartridge)

Indicate to relative scale the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier.

Owner Margaret Benton

Address of Owner 9120 Singing Pine Rd. Char. 28214

Phone: Home 392 0480 Work 392 2323

Facility (Street Address) 9120 Singing Pine Rd.

Subdivision _____
Directions from central Charlotte:

Contractor: Recreational Factory - Superior Service Phone: _____

The owner agrees that the contents of this application are true. An approval to install, construct, or modify shall be void if any of the above facts are not true.

Date of Application _____ Owner's Signature Margaret C. Benton

Approved DEM 7/12/96

9120 Singing Pine Rd.

LOCATION Singinpine OWNER Town & Country WHITE * COLORED

ADDRESS Singinpine lot 14 F OCCUPANT WHITE COLORED

PRIVY:

Type ____ (wood) ____ (concrete)

Number ____

New ____ ____ (date)

Repaired ____ ____ (date)

WATER SUPPLY:

Source well, community

If well, type

____ (Bored)

____ (Drilled)

____ (Dug)

Distance from nearest pollution ____ ft.

SEPTIC TANK:

Material precast

Dimensions ____

Volume 1000 gal.

Type secondary treatment 750 cu' stone (nitrification line) ____ (filter trench)

No. of bedrooms 3

Permit Number 6577 Date 6-21-68

Approved 5265-D Date 6-21-68

Approved by D. Laney

Contractor or Plumber A.H. Stewart

Address ____

Remarks DR-59

FHA CASE NUMBER ____

VA CASE NUMBER ____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

