

22208 COUNTRY CLUB CR

00116435

5/28/08

marliwr

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

Wesley Howard Bldrs
ck # 2268
4.19.04 VBO

ACS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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

Jeremy
file 5542

PERSON FILING APPLICATION:
NAME: Howard (last) Wesley (first) A (mi)
ADDRESS: 4932 Burris Rd PHONE: (704) 400-4593
CITY: Denver STATE: NC ZIPCODE: 28037

PROPERTY OWNER:
NAME: ~~Thomas~~ Dutton (last) Thomas (first) C (mi)
ADDRESS: 22208 Country Club Cir PHONE: (__) _____
CITY: Cornelius STATE: NC ZIPCODE:

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

LOT NUMBER: 25 LOT SIZE (in acres):

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-164-35
STREET ADDRESS: 22208 Country Club Cir
ZONING:
SUBDIVISION OR MOBILE HOME PARK NAME:

TYPE APPLICATION (check one):
[redacted]
☐ 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 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)
☒ 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: Wesley Howard Date: 4/19/04

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

... O.K. to use existing system for a garage and sunroom addition. House has been connected to city sewer because addition would have impacted the septic system.

Jeremy Medlock R.S. 4/27/04
Environmentalist Date

WWATER : 122791

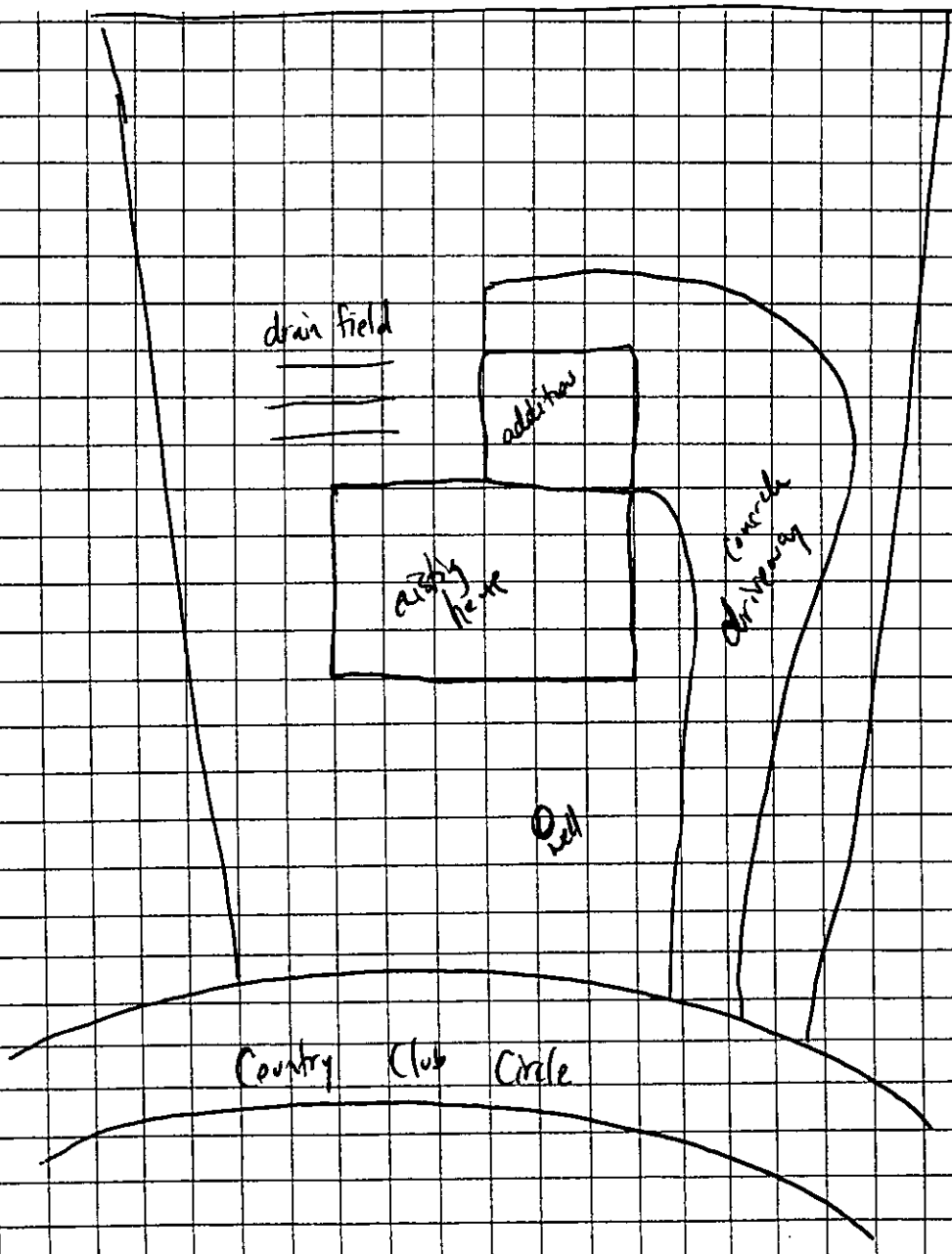
PROPOSED PLOT PLAN

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

FILE: _____

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.



OWNER/AGENT SIGNATURE

DATE 4/19/04

APPROVAL DATE _____

Canary - E.H.S. Copy

Pink - Owner's Copy

COPY

Wesley Howard Bldr
Jk # 8268
4.19.04 VBD

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(last) (first) (mi)
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Site:

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4/27/04
Date

Environmentalist

WATER : 122791

COPY

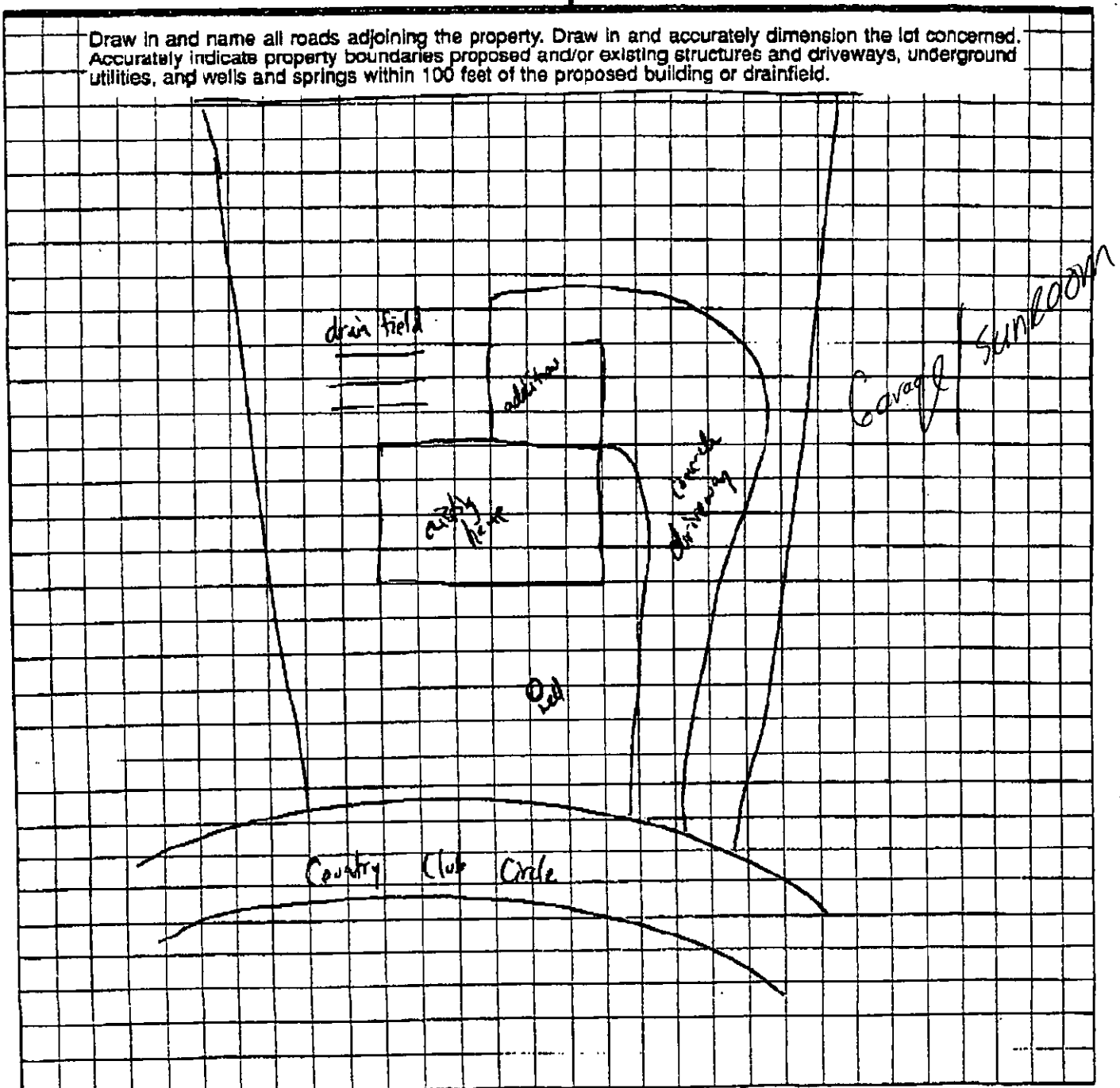
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HEALTH DEPARTMENT
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FILE: 5542

TC: 001-164-35

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OWNER/AGENT SIGNATURE

DATE 4/19/04

APPROVAL DATE _____

Canary - EHS Copy

Pink - Owner's Copy

04/11/2003 10:33 7044322523 LUESA NORTH PAGE 02/03

Serial 4278

C of A (s) No. 5542

Date Issued 4 Dec 73

T. C. No. 004-154-35

John R Adkisson

Map Date 24 [illegible] 73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Watkins, Thomas, Ralph
(LAST, FIRST, MIDDLE)

Location of Property Country Club Circle

Application Number 5542 Permit Number 5542

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' Number of Lines 4 (3' x 50' x 36")

Depth of Filter Material 36" Cover Depth 18-24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 4 Dec 73 (DATE) Tank Inspected 4 Dec 73 (DATE)

Nitrification Field Inspected 4 Dec 73 (DATE)

Washing Machine Line Inspected, If Applicable Excluded (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 Board of Health 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 any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those 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: Blk Hyde (Contr)

M. L. Kirby
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 29 Nov 73

Serial No. 4696

ICAR (S) Permit No. 5542

T. C. No. 001-164-35

Map Date 24 Mar 72

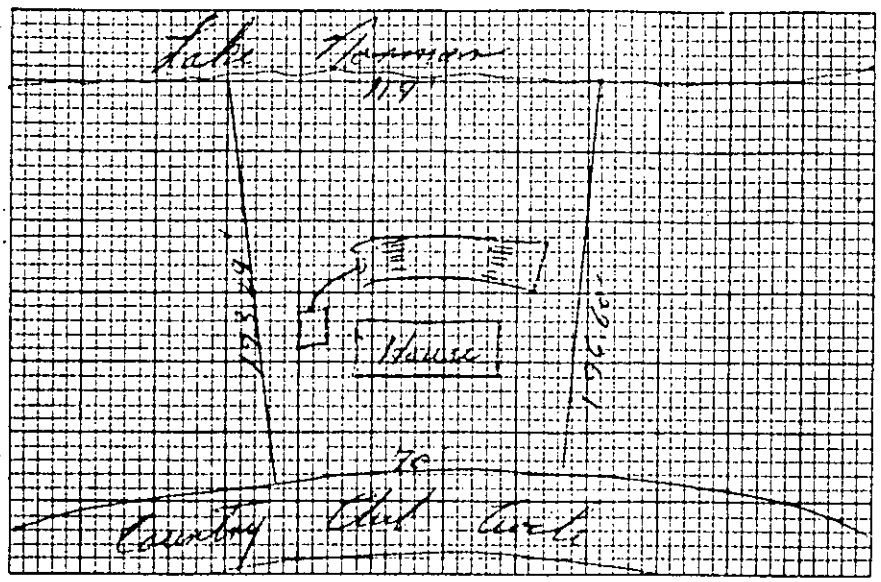
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5542, dated 5 Apr 73 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 29 Dec 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 41

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 690' + ~~[illegible]~~

Number of Lines 6 (15' x 5' x 3') (2)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER - Dutton, Thomson Clark

LOCATION OF PROPERTY Country Club Circle

The system 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 uninspectable or can be used.

Comments: Hyde (Contr)

Division or Section Head

M. A. Kirby
Environmentalist

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

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

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SEE INSTRUCTIONS ON BACK

Date Received 4-5-73

ICAR(S) Application No. 5542

T. C. No. 001-164-35

Map Date 3-24-72

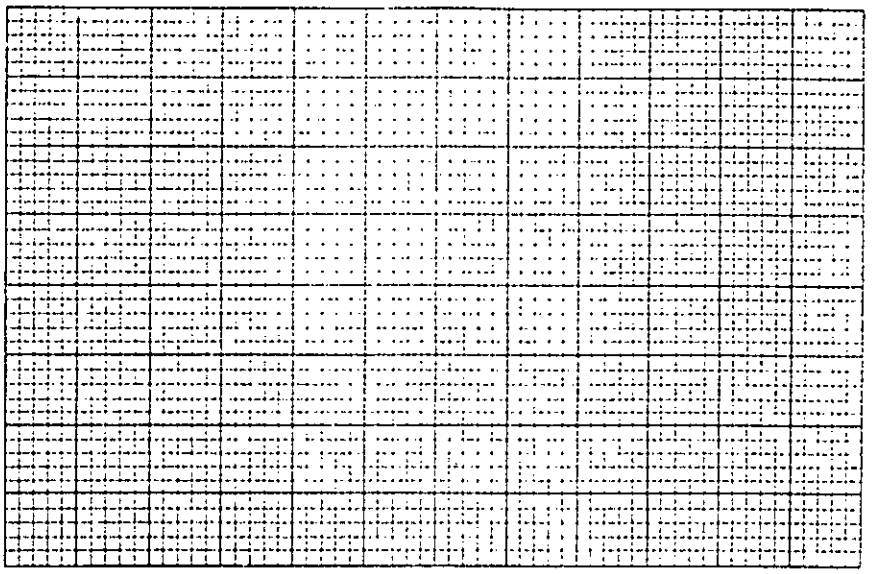
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Dutton (LAST) Thomas (FIRST) Click (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 68 Cornelius, NC. 28031

15) PHONE NO. Home _____ Office 892-8046

16) LOCATION OF SYSTEM Country Club Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Country Club Shores Lot No. 25 Block No. _____

Map Book No. 12 Page No. 21

18) DEED REFERENCE — DEED BOOK 2781 AT PAGE 371

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 2-16-73 PR>41

20) PTR NUMBER (See Instructions) 5542

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

April 5, 1973
DATE OF APPLICATION

Thomas C. Dutton
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

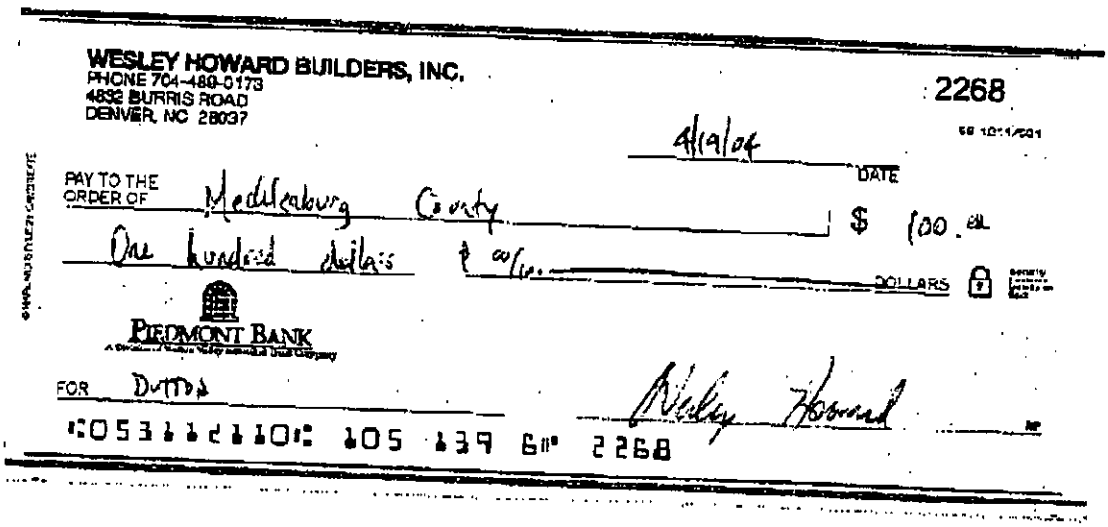
Receipt Information

Date:	04/19/04	**Amount:**	100.00
Receipt #:	25094	**Tendered:**	100.00
Check / Auth #:	CHECK 2268	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X36951
Contractor: HOWARD WESLEY A
Attn:
Address: 4832 BURRIS RD
Address:
City/State/Zip: DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 22208 COUNTRY CLUB CR		1	100.00	100.00



WESLEY HOWARD BUILDERS, INC.
PHONE 704-489-0173
4832 BURRIS ROAD
DENVER, NC 28037

2268

4/19/04
DATE

PAY TO THE ORDER OF Mecklenburg County $ 100.00

One hundred dollars & no/cc. DOLLARS

PIEDMONT BANK

FOR Permit

Wesley Howard

⑆053111110⑆ 105 439 6⑈ 2268

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance