

2901 CROSS COUNTRY RD

22713434

8/18/08

marliwr

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

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 18535

PERSON FILING APPLICATION:
NAME: Carpenter (last) Kevin (first) S (mi)
ADDRESS: 4203 Hwy 74 W. PHONE: (704) 289-8659
CITY: Monroe STATE: NC ZIPCODE 28110

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-134-34
STREET ADDRESS: 2901 Cross Country Rd
ZONING:

PROPERTY OWNER:
NAME: Cantor (last) Bruce (first) (mi)
ADDRESS: 2901 Cross Country Rd. PHONE: (704) 333-6694
CITY: Charlotte STATE: NC ZIPCODE: 28270

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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)

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: 0 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):
[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 [ ] 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: 1/19/99

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.

... Use existing system for garage addition - No plumbing

[ ] 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

Jerry B. Thompson Jr., R.S. 1-26-99
Environmentalist Date

WATER : 122791

JK

PROPOSED PLOT PLAN

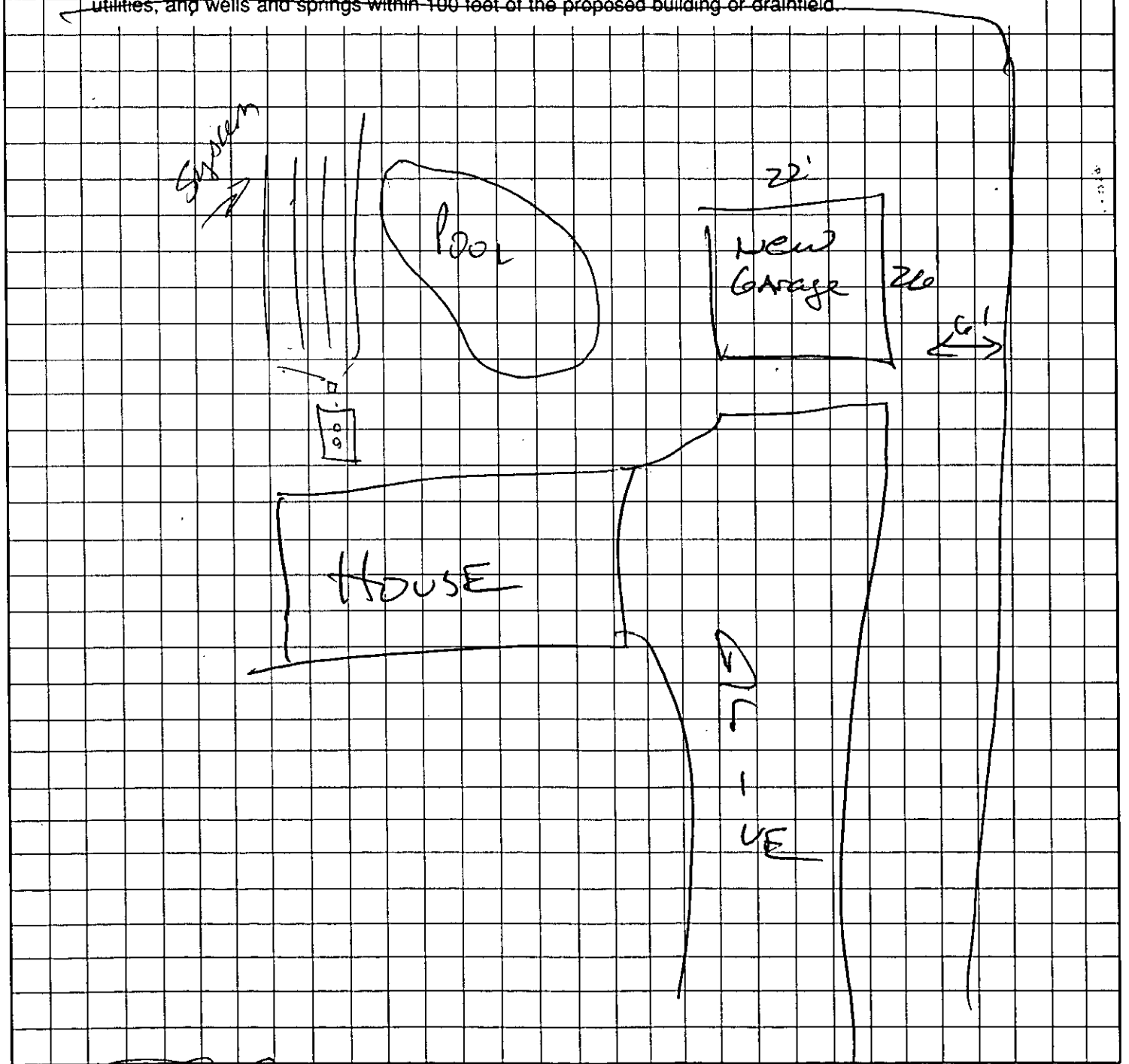
COPY

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

FILE: 18535

TC: 227-134-34

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OWNER/AGENT SIGNATURE

DATE 1/9/99

APPROVAL DATE 1-26-99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

COPY

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_____ Date
Environmentalist

WATER : 122791

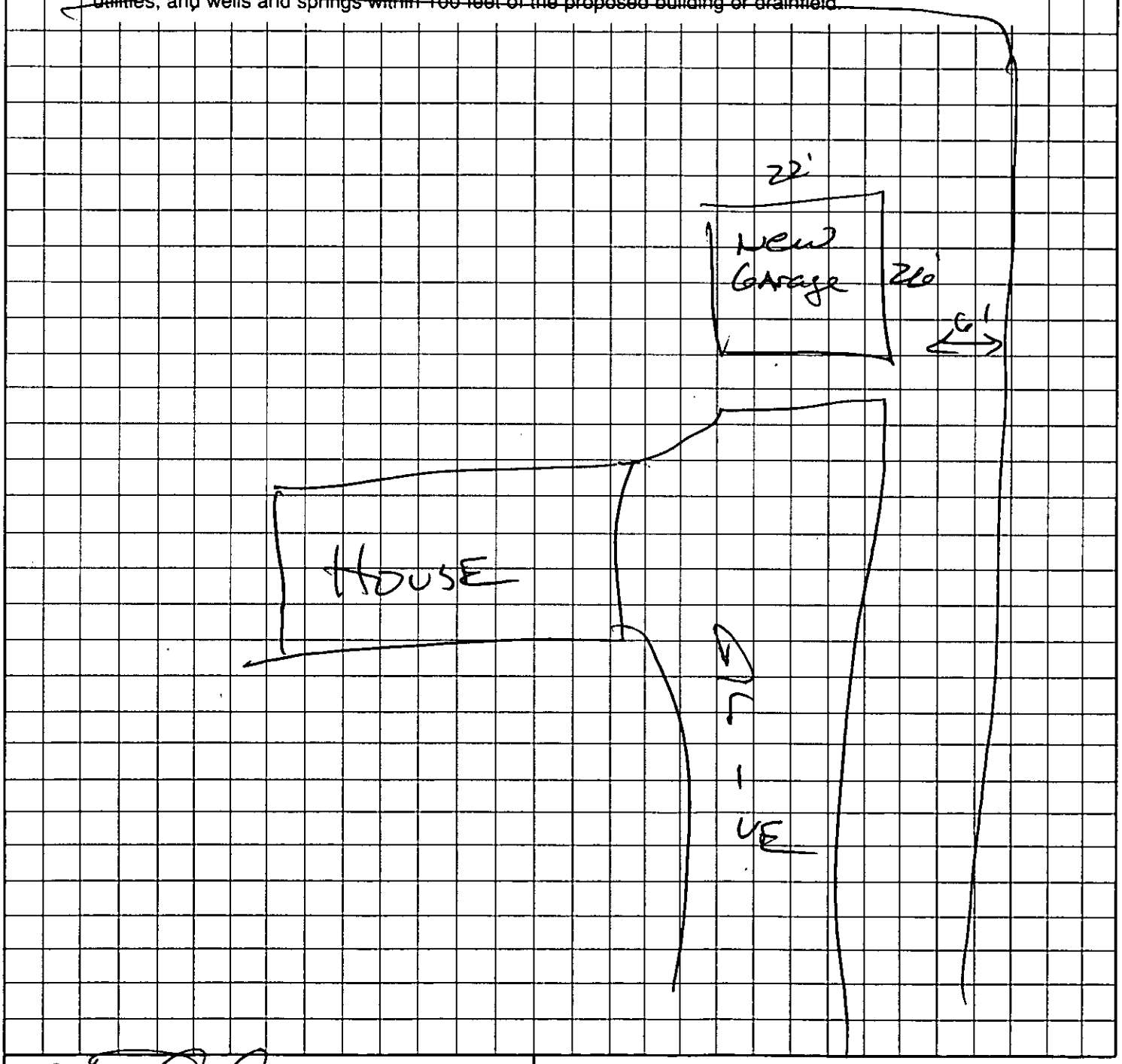
PROPOSED PLOT PLAN

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

FILE: 18535

TC: 227-134-34

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OWNER/AGENT SIGNATURE

DATE 1/19/99

APPROVAL DATE _____

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Canary - E.H.S. Copy

Pink - Owner's Copy

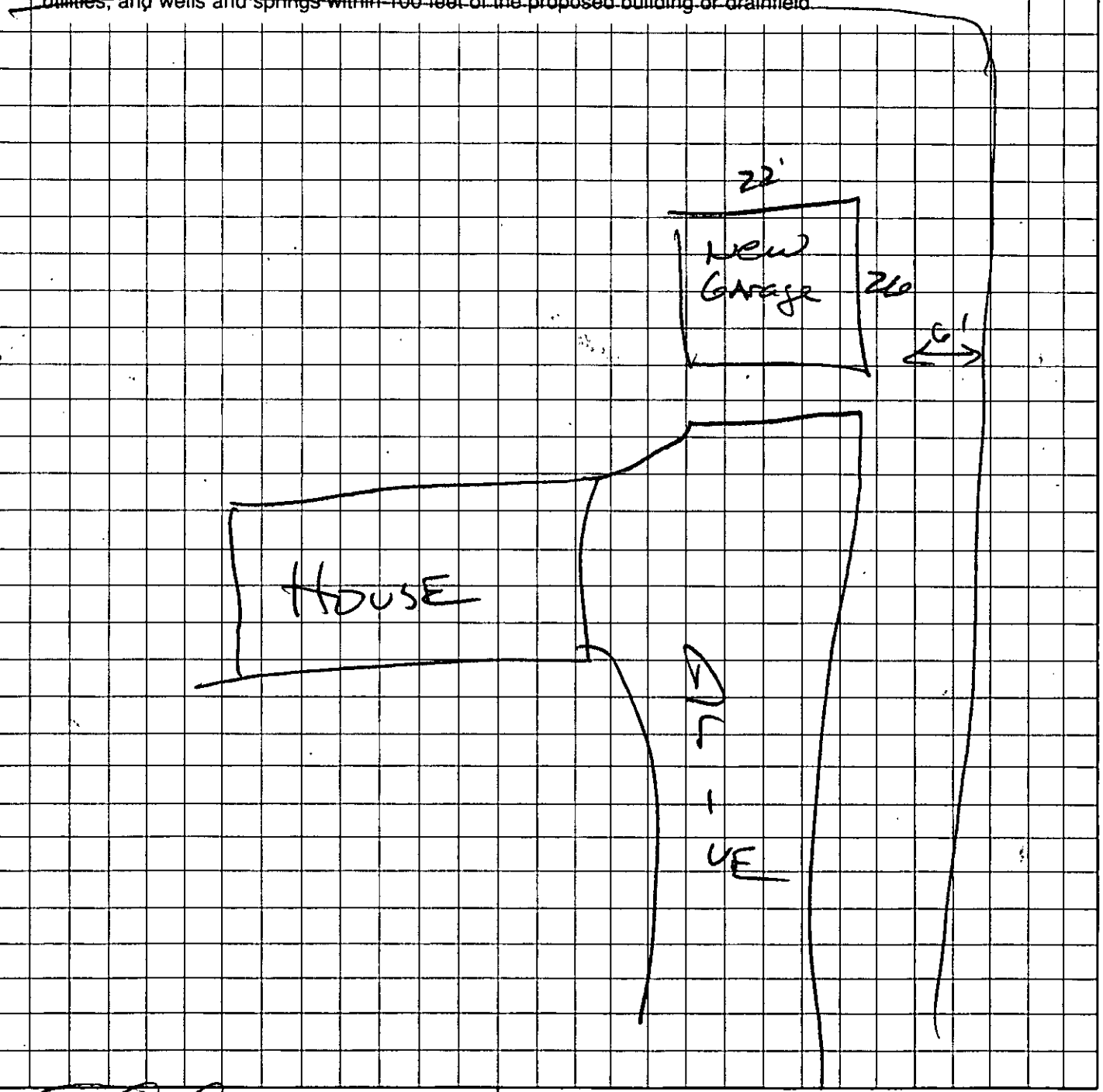
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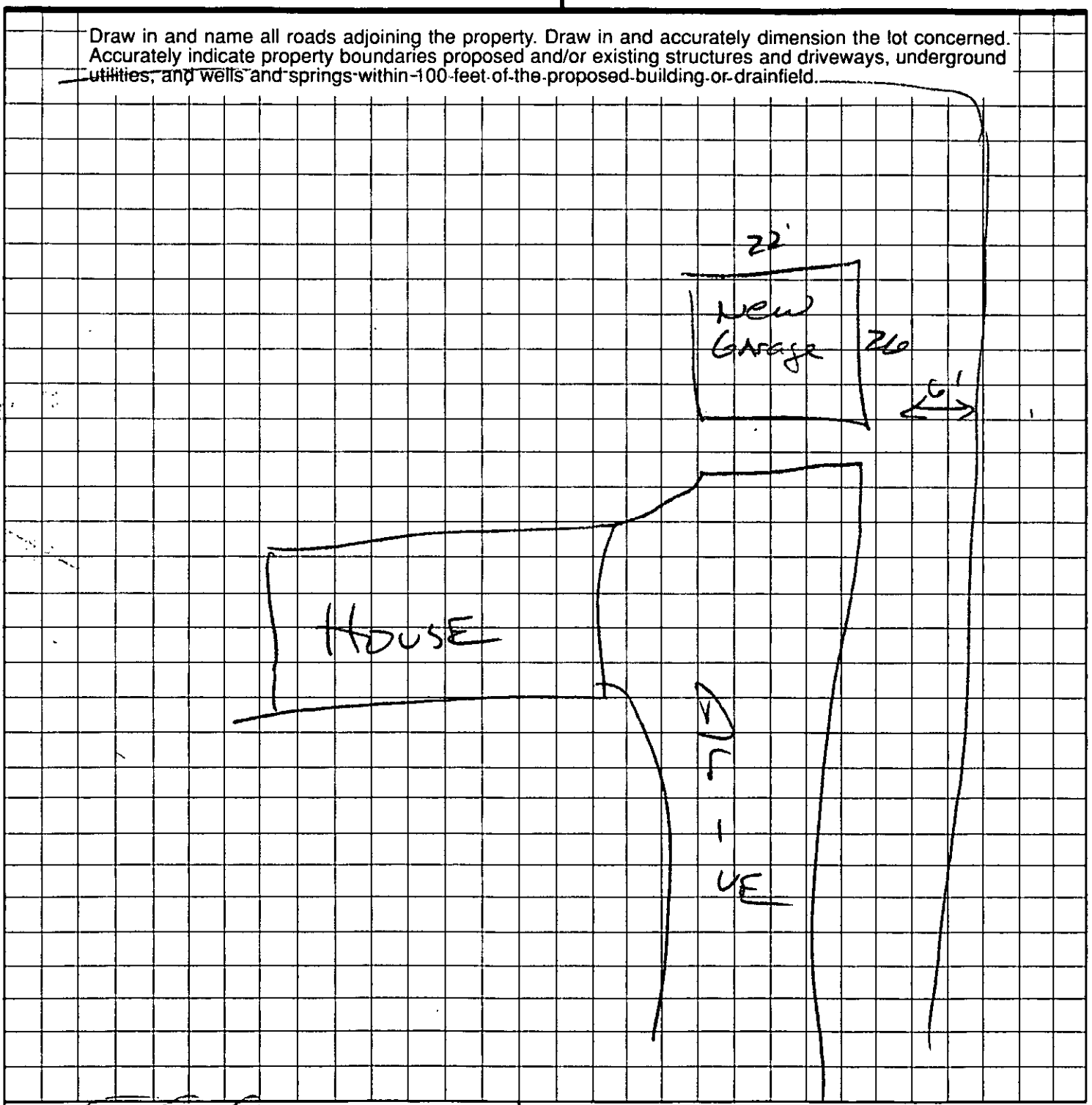
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DATE 1/19/99

APPROVAL DATE _____

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Date Issued 8-30-82

Serial No. 5661

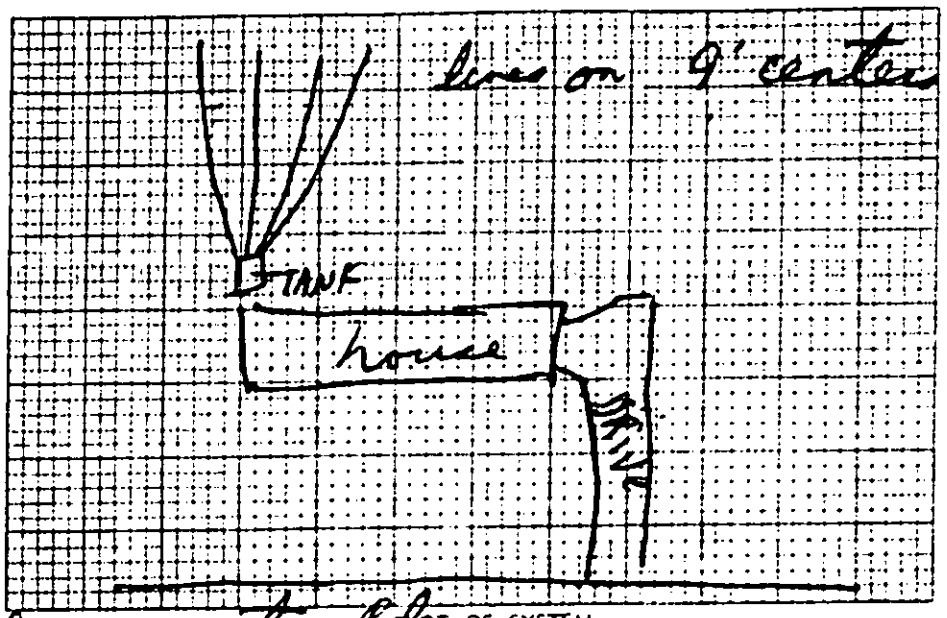
ICAR(S) Permit No. 1853

T. C. No. 227-15

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 wast... water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the ... scribed location. This permit is granted based upon the information supplied in application 18535 dated 8-25-82 and this permit shall be void and of no effect if the information provided in the c... plication is not true or is erroneous. All work shall be completed on or before Sept 30, 1982 after wh... date this permit shall be null and void.



Cross country Rd LOT OF SYSTEM

Permeability Rate P.S

Liquid Capacity of Tank 1500 gal

Tank Construction P/C concrete

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 710'

Distance from Property Line 710'

Distance from Well 750'

not in yet

NAME OF OWNER C. L. STEWART

LOCATION OF PROPERTY 2901 Cross Country Rd, Prof. Plan...

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbu... County Health Commission which are in effect on the date of the granting of this permit. A certificate of ... proval must be issued by the Environmental Health Director before any system can be covered up or otherw... rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that t... system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co... trolling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 4 - 100' trenches 3' deep with 12" sto... 1' to 2½' foot backfill cover over st...

Division or Section Head

Environmentalist R Phelps

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

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. [illegible]

Date Issued 11-3-82 Serial 5451 T C No. 227-154-3

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Stewart, C. L. (LAST, FIRST, MIDDLE)

Location of Property 2901 Cross Country Rd.

Application Number 18535 Permit Number 18535

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material R/C concrete

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2½'

Water Supply Source well Distance from Water Source 250' [illegible]

Excavation Inspected — (DATE) Tank Inspected 11-3-82 (DATE)

Nitrification Field Inspected 11-3-82 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, ef
fluent 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 Ap-
proval 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 condi-
tions 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:

R P Ledger
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-25-82

ICAR (S) Application No. 1853

T. C No 227-134-3

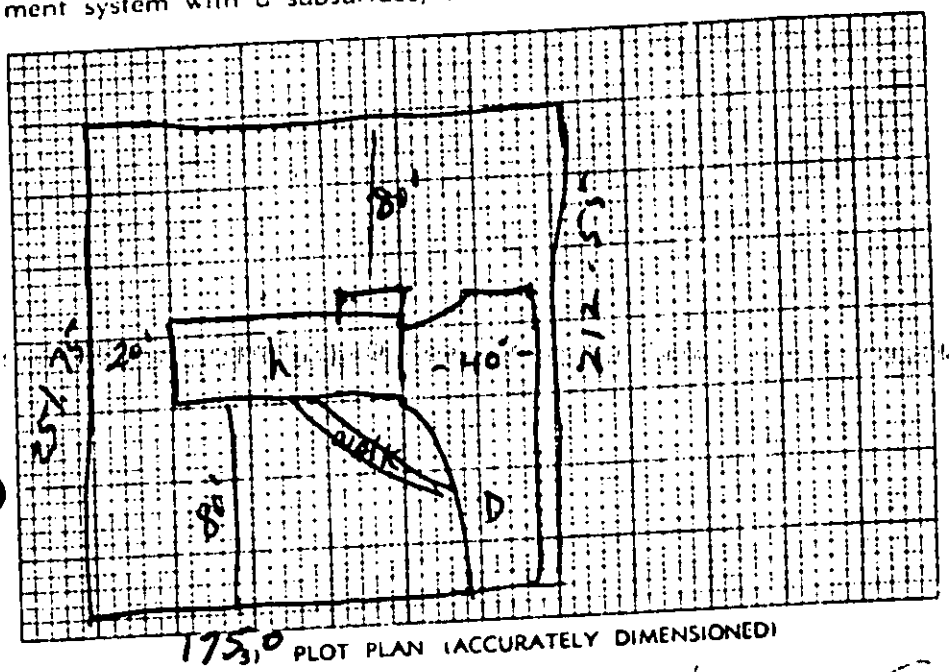
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to:

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



Mobile Home ____Yes ____No
Residence ___X___Yes ____No

4) No of Bedrooms ___3___
5) Business Use — Max No Employees _____
6) Washing Machine ___X___Yes ____No
7) Garbage Disposal ___X___Yes ____No
8) Dishwasher ___X___Yes ____No
9) Water Supply
A) Individual Well ___X___
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ____Yes ___X___No
House located within 200 feet of community sewer ____Yes ___X___No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Stewart (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER 3103 [illegible] Office 527-5217

15) PHONE NO. Home 537-9357

16) LOCATION OF SYSTEM, [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 3 Block No. [illegible]

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN. _____

20) PTR NUMBER (See Instructions) _____

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.

8-25-82
DATE OF APPLICATION

[signature]
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY