

4518 OAK LN

10516304

5/22/08

marliwr

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

Pd: 50
OK # 1407
2-18-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

(400) COPY [ ] 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

4391
08038

Date: 2-12-99

PERSON FILING APPLICATION:
NAME: BILTCLIFFE (last) DON (first) R (mi)
ADDRESS: 4518 OAK LANE PHONE: 704 596 0438
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-163-04
STREET ADDRESS: 4518 Oak Lane
Charlotte, NC 28213
ZONING:

PROPERTY OWNER:
NAME: BILTCLIFFE (last) DON (first) R (mi)
ADDRESS: 4518 OAK LANE PHONE: 704 596 0438
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

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: 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)
Attached Garage

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):
[] 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
[X] 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: Donald R Biltcliffe Date: 2-12-1999

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.

... X 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

Environmentalist 2/24/99 Date

L383 M9-103

WATER : 122791

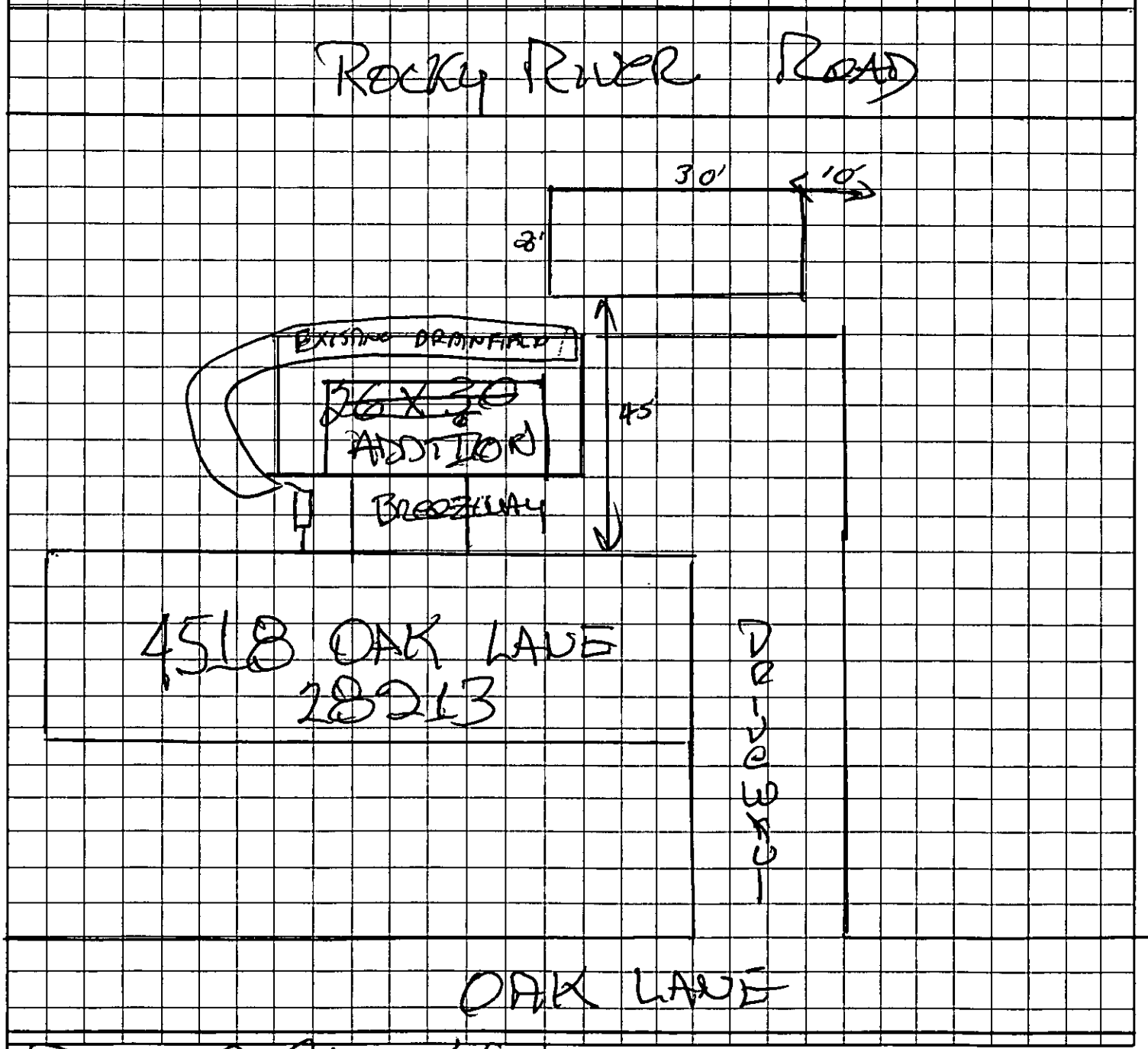
PROPOSED PLOT PLAN

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

FILE: ~~28213~~ 4391

TC: 105-163-04

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 Donald R. Billeaud

DATE 2-12-99

APPROVAL DATE _____

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

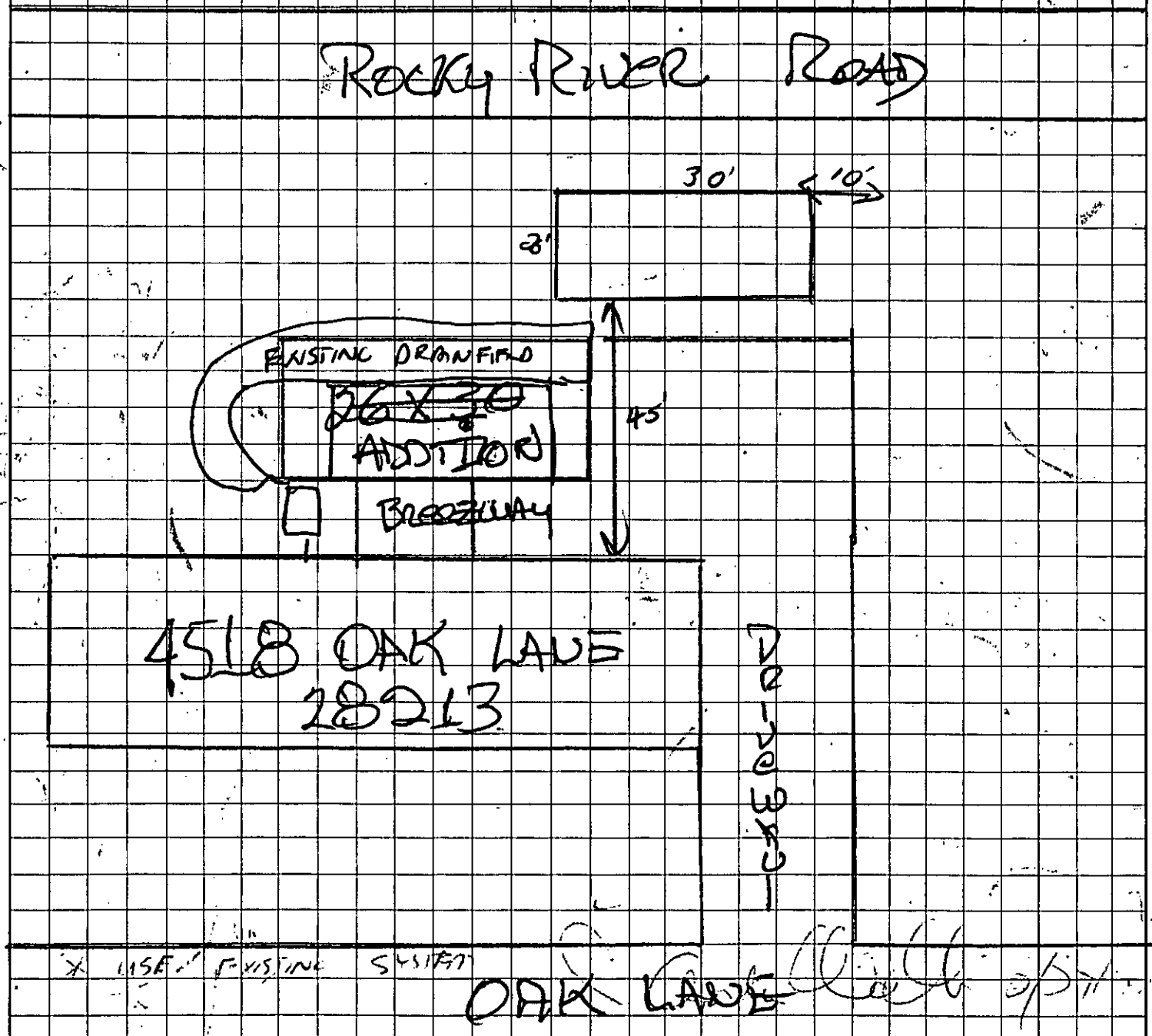
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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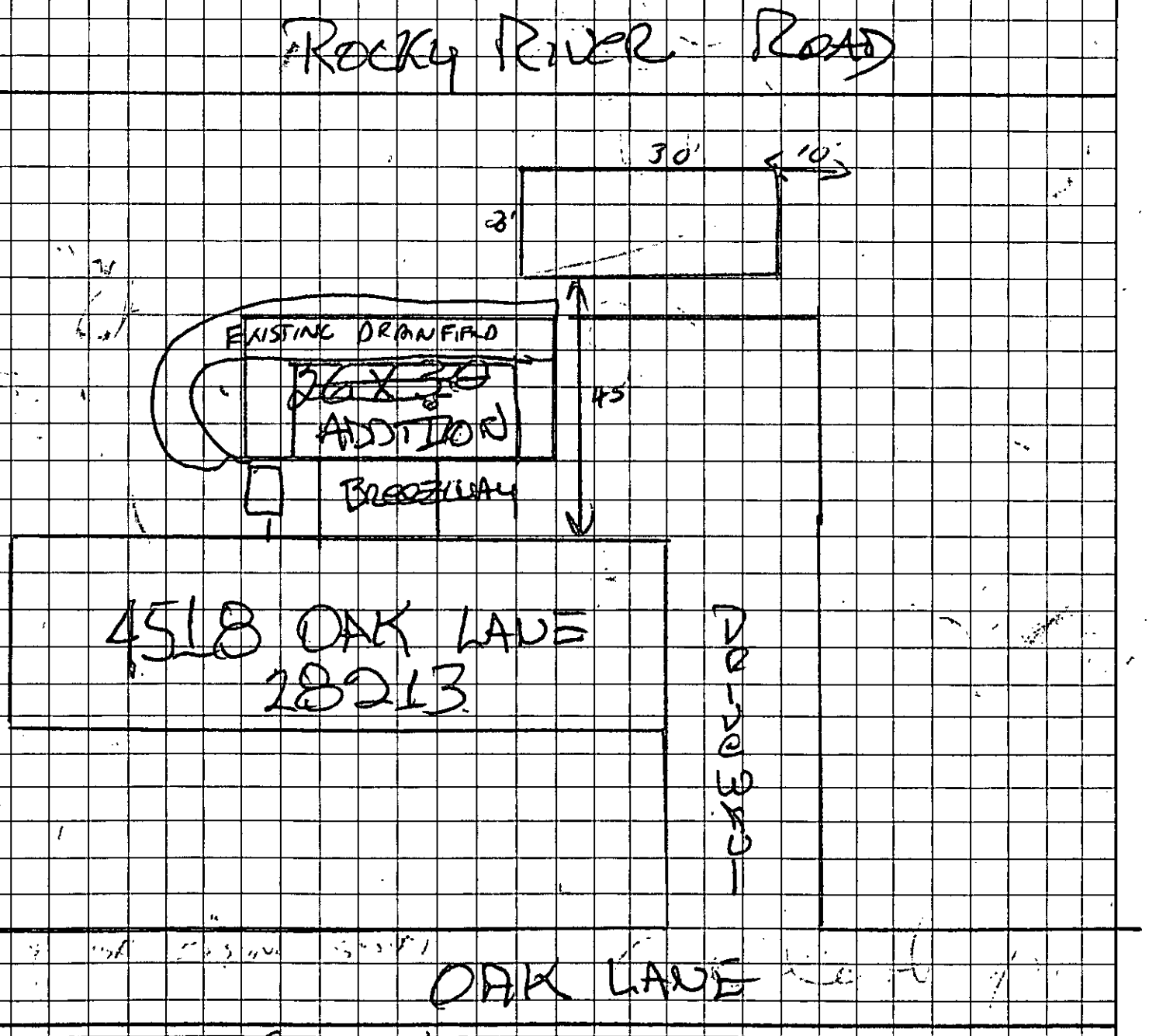
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ISSI Operations Center Staff

Serial No. 2235

Date Issued 1/15/72

ICAR(S) Permit No. 4321

T C No.

Map Date

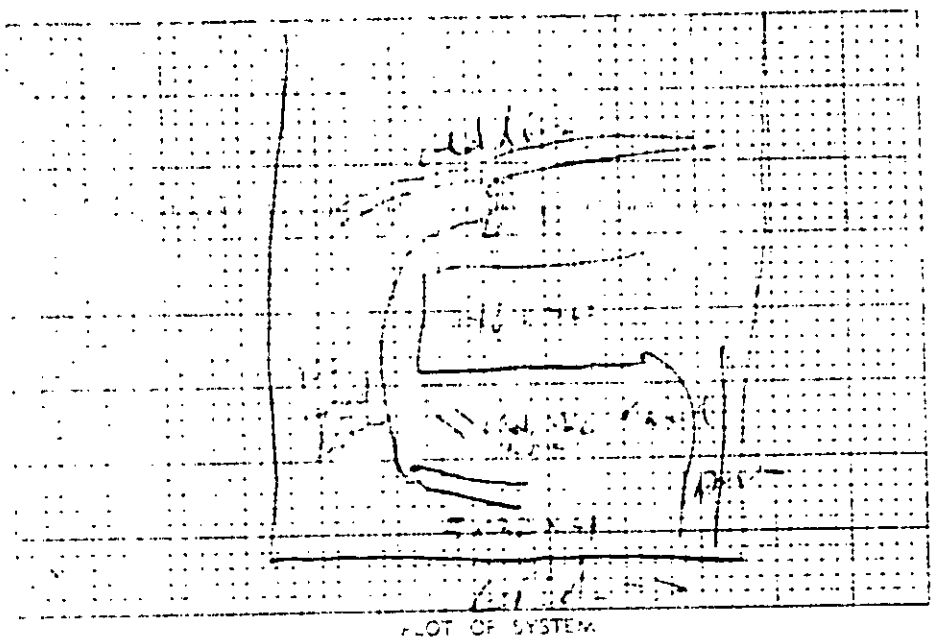
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Alter or Repair the individual septic tank sewage treatment and disposal system with subsurface, soil absorption, effluent discharge as specified herein at the location described below. This permit is granted based upon the information supplied in application 4321 dated 1-13-72 and this permit shall be void and of no effect if the information provided in the application is not correct. All work shall be completed on or before 1/31/72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 2

Distance from House 16'

Distance from Property Line 16'

Distance from Well 50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

[illegible] requirements as set forth in the Regulations of the Mecklenburg [illegible] at the time of the granting of this permit. A certificate of [illegible] before any system can be covered up or put into use.

[illegible]

[illegible]

207
1716 B

SEE INSTRUCTIONS ON BACK

Received 12-22-72

ICARIS Application No [redacted] 7071

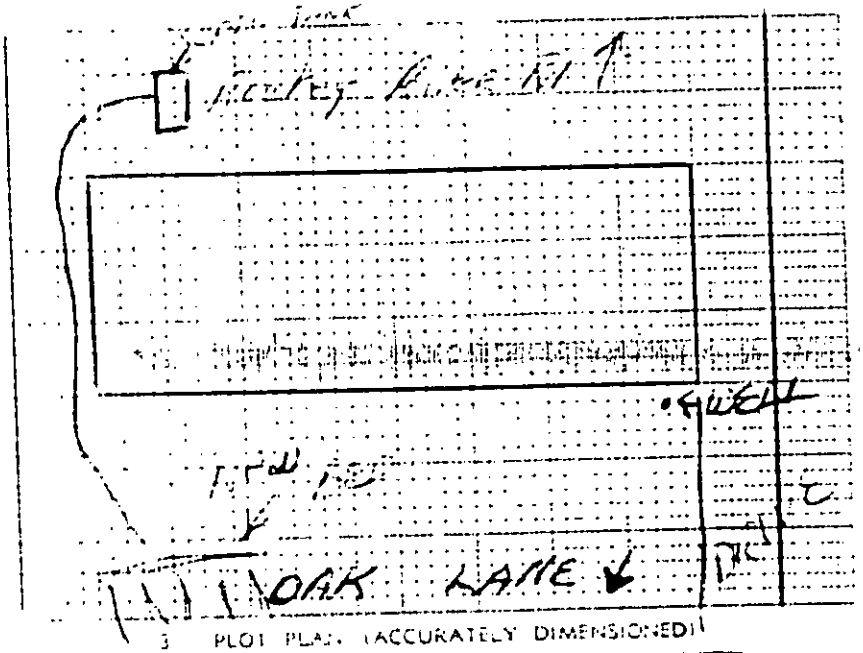
T C No

Map Date

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 undersigned hereinafter hereby applies to the Mecklenburg County Health Department for a permit to Install, Construct, Alter or Repair an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4. No. of bedrooms 3
5. Business use (Name and 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 sub. sewer Yes No
    House located within 300 feet of community sewer Yes No
11. FmHA Case No.
12. VA Case No.

NAME OF OWNER BATES Donald Richard
LAST FIRST MIDDLE

ADDRESS OF OWNER 7717 OAK LANE

PHONE NO. Home 537-6203 Office 373-2000

LOCATION OF SYSTEM 7717 Oak Lane
STREET OR COUNTY ROAD

SUBDIVISION Lot No. Block No.

Map Book No. Page No.

LAST REFERENCE — DEED BOOK AT PAGE

PERCOLATION TEST BEEN RUN? YES NO DATE RUN

Special Instructions

I, the undersigned, hereby certify that I have read the foregoing application and that the contents thereof are true to the best of my knowledge and belief. I understand that any permit applied for herein shall be void and of no effect if any of the above statements are false.

Donald R. Bates
OWNER

HEALTH DEPARTMENT'S COPY

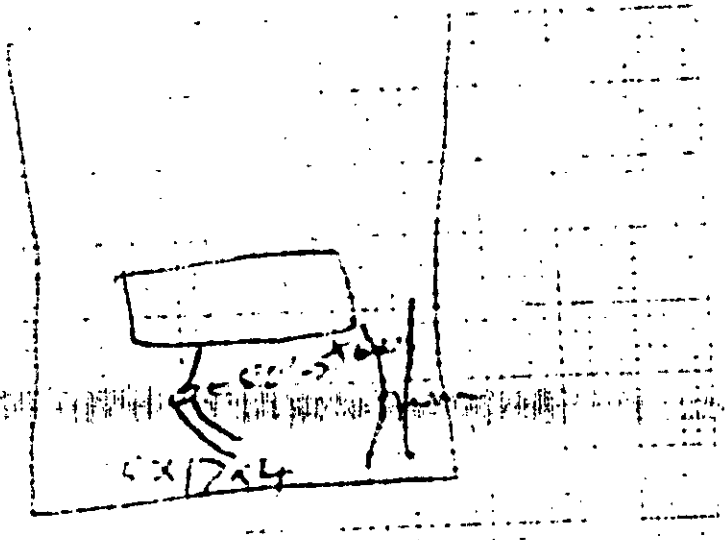
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Septic Tank System with Subsurface Soil Absorption Effluent Discharge

T-3-02



Total Line Length 100'

Number of Lines 2

16'

5'

Wicker, Norris Road

Ash Tank

... requirements as set forth in the Regulations of the Mecklenburg ... the date of the granting of this permit. A certificate of ap... ... before any system can be covered up or otherwise rendered un...

Environmentalist

... construction of a new system it must be signed by the division or a ... Health Division in order to be valid. Only the signature of the Environ... ... existing system is being altered or repaired

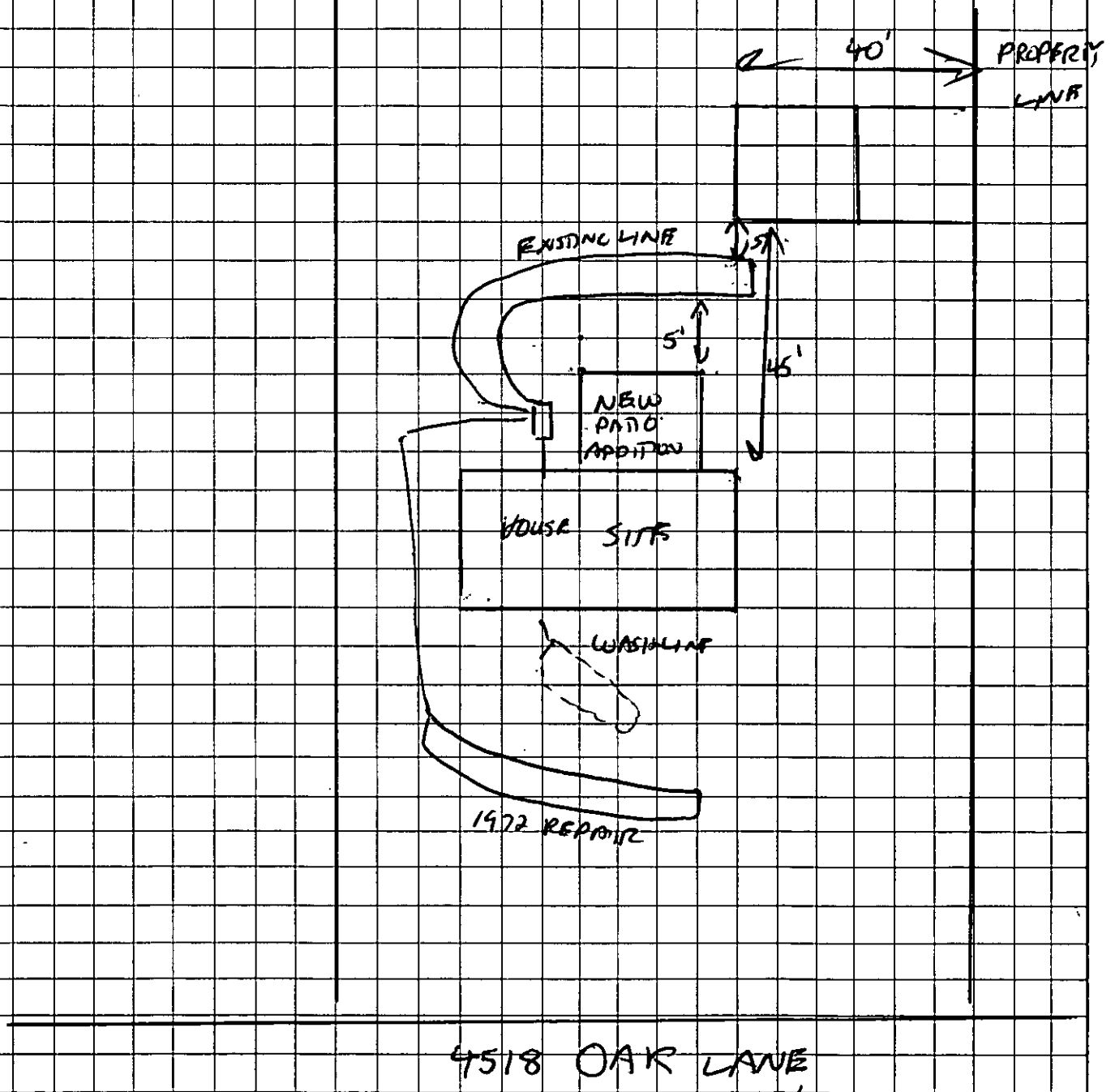
PROPOSED PLOT PLAN

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

FILE: ~~2863B~~ 4391

TC: 105-163-04

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.



4518 OAK LANE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 2/24/99

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

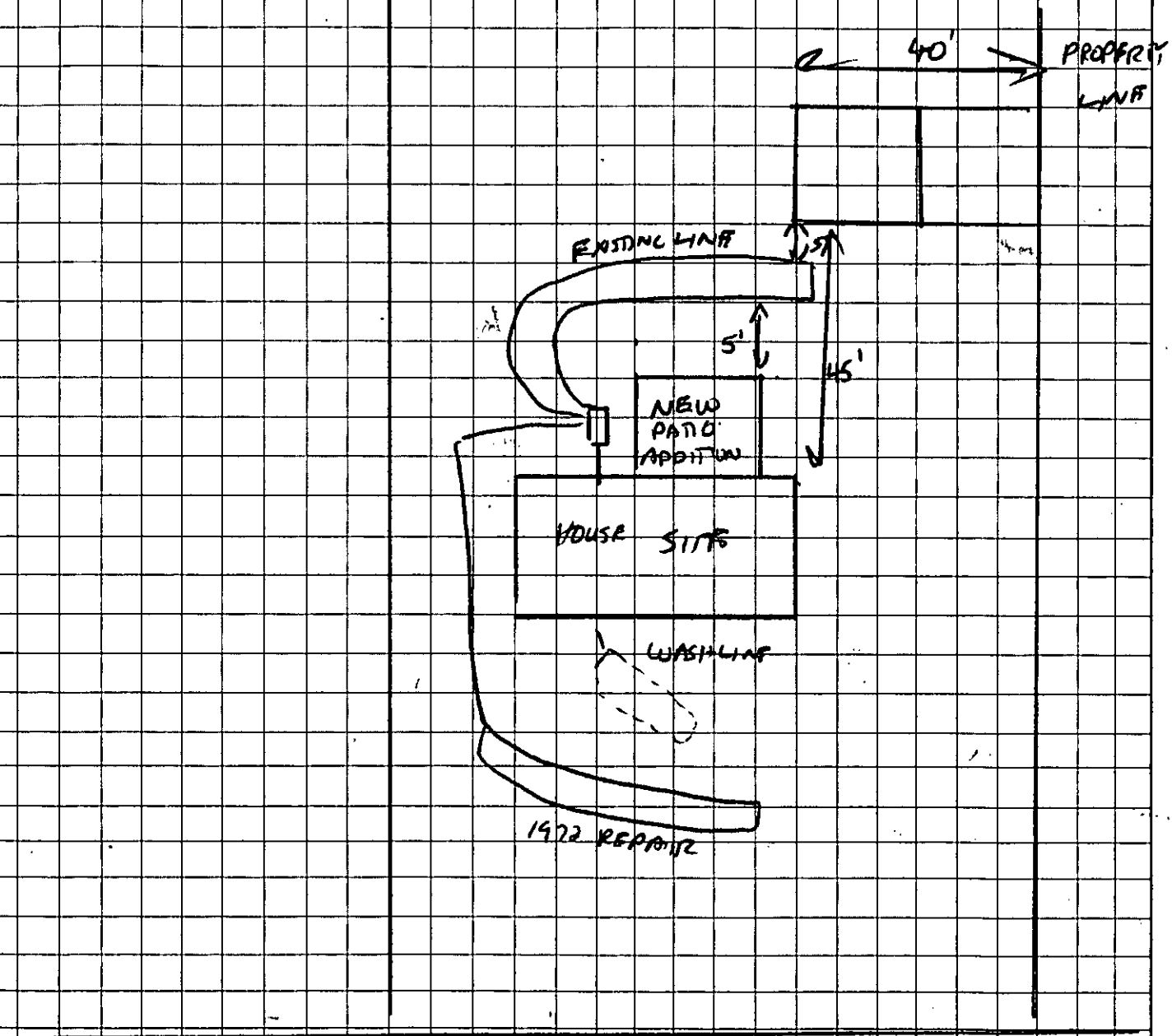
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D. Walker

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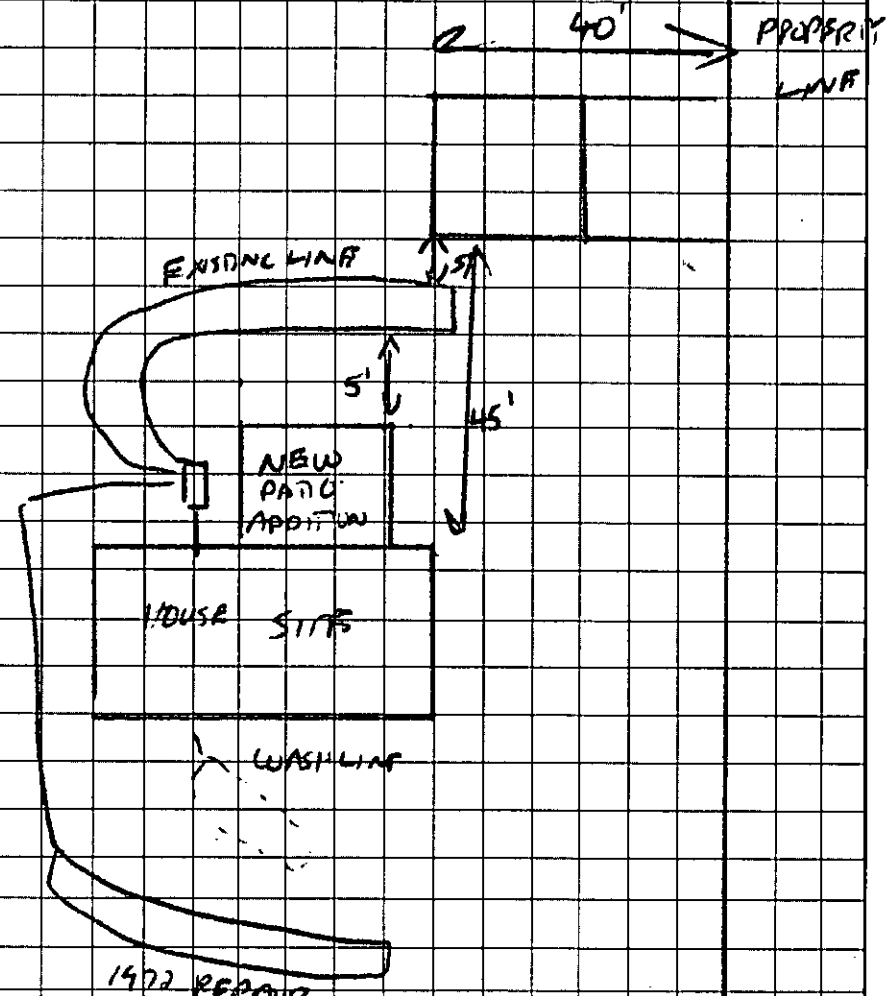
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D. Webb

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pd. 50.00
CK # 1407
8-10-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
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c/o Hal Marshall Ctr., Suite 211
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4/3/91

PERSON FILING APPLICATION:
NAME: BILTCLIFFE (last) DON (first) R (mi)
ADDRESS: 4518 OAK LANE PHONE: 704 596 0438
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

Date: 8-12-99

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ZONING:

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SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) attached garage

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

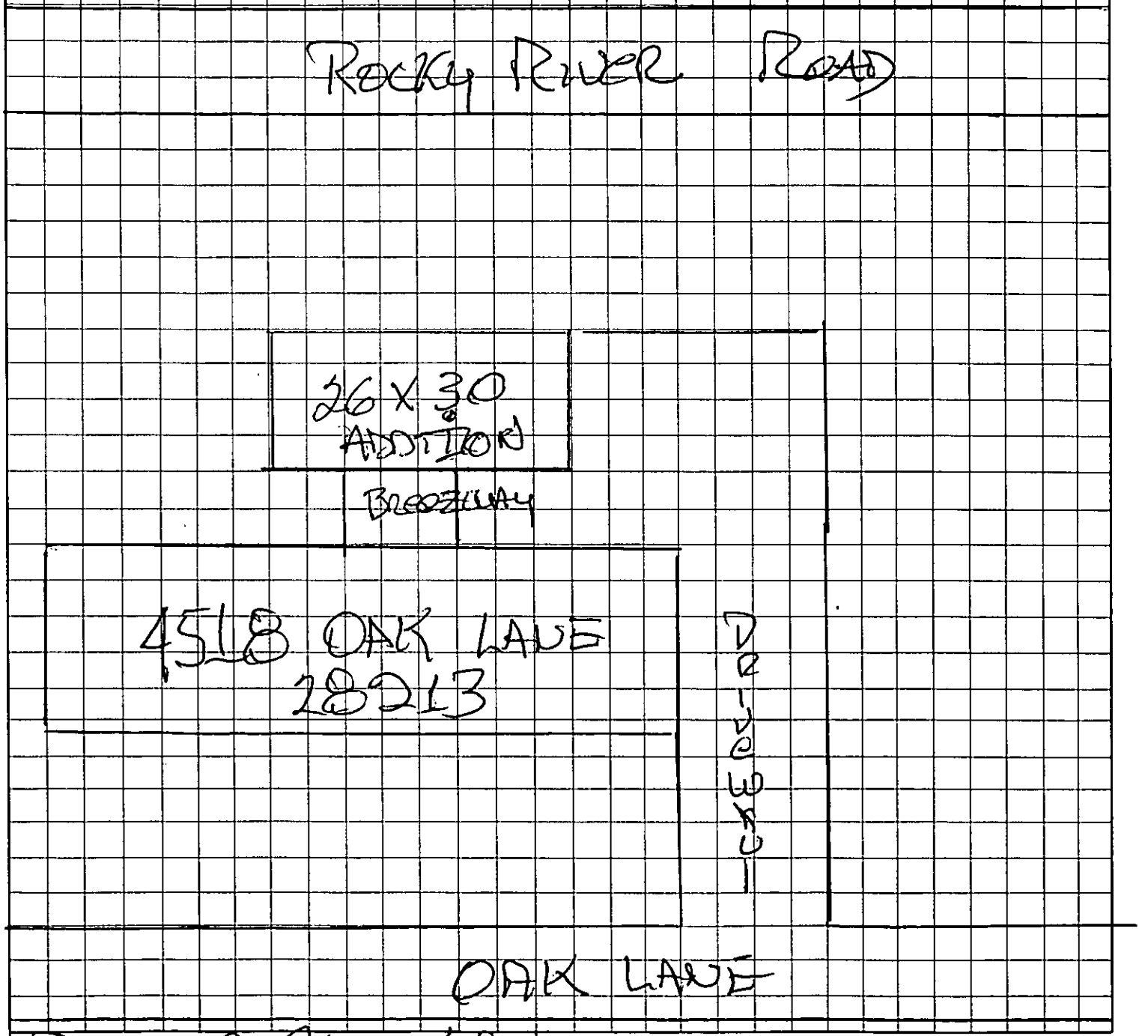
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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

4391

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OWNER/AGENT SIGNATURE [signature]

DATE 2-12-99

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