

5510 BEAVER DAM LN

13535742

6/13/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10366

Re 30" UP 3/31/97 400 ☐ 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: Ruff (last) Allen (first) (mi)
ADDRESS: 7235 Rollingridge Dr PHONE: (__) 366-2259
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 3-31-97

PROPERTY OWNER:
NAME: Nash (last) Mike (first) (mi)
ADDRESS: 5510 Beaver Dam Ln PHONE: (__) 545-9875
CITY: Mint Hill STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-357-42
STREET ADDRESS: 5510 Beaver Dam Ln
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):

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: 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: Allen Ruff Date: 3-31-97

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.

4/9/97 UXS for detached garage behind house. See plot plan 4/9/97.

[] 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

...4/3/97 OSV. Mr. Ruff + Mr Nash present. Unable to hit drainfield with probe - per review of record + exist. trees - drainfield appears to be under proposed addition. Advised accordingly 4/3/97 PC w/ Mr Ruff - need to uncover end of S.T. + D box to determine drainfield location.

Lisa B. Mialik, RS 4/9/97
Environmentalist Date

WATER : 122791

4/9/97 OSV @ request of Mr Ruff. Mr Ruff + Mr Nash present. New proposal - detached garage behind house →

Note:
Mr. Ruff determined drainfield under driveway + below proposed attached garage to front of home → ~~not~~ therefore, new garage location (detached, behind house).

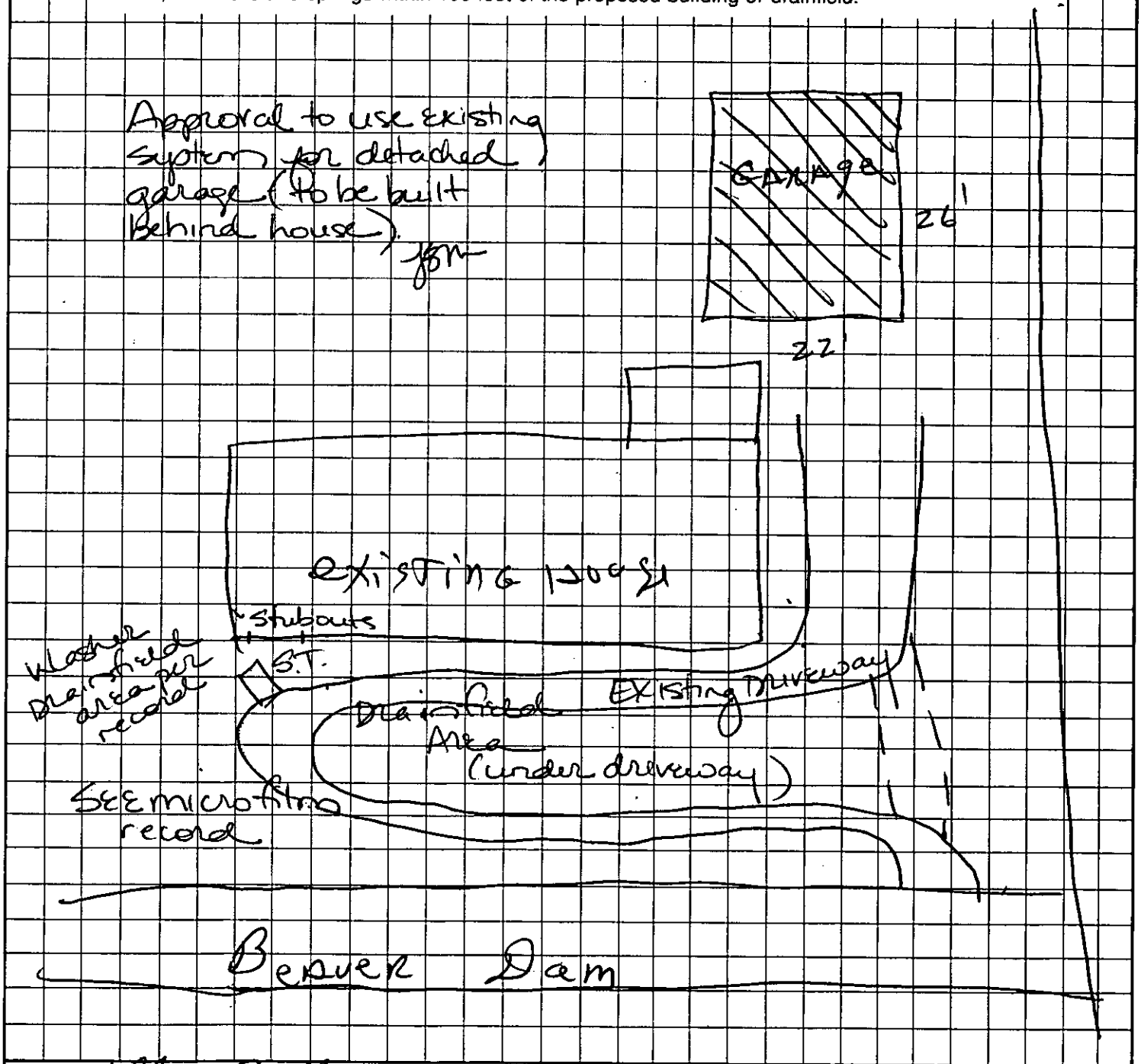
PROPOSED PLOT PLAN

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

FILE: 10366

TC: 135-357-42

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 Allen Rudd

DATE 4-9-97

APPROVAL DATE 4/9/97 Joan B. Mialik, RS

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

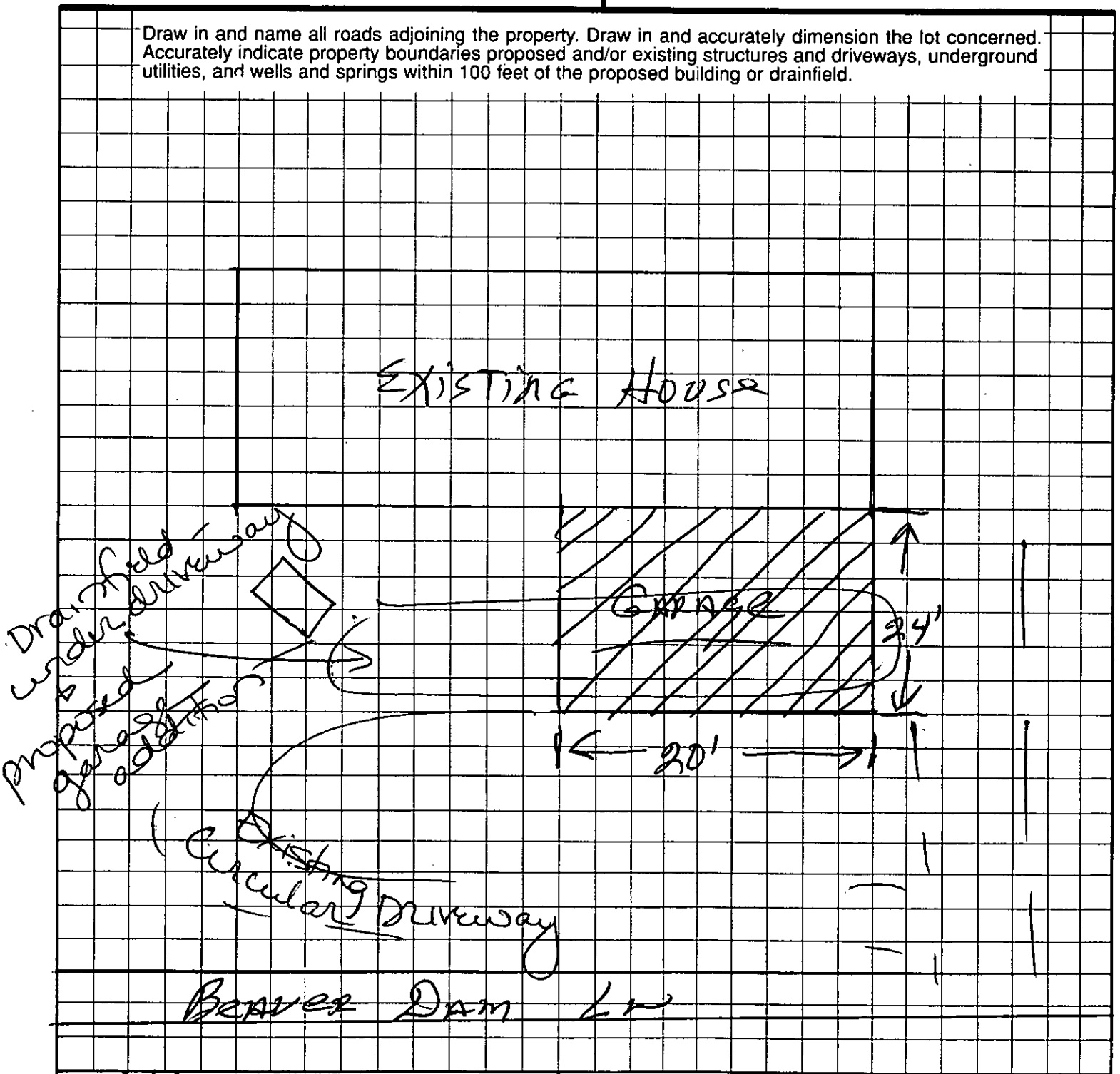
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OWNER/AGENT SIGNATURE

DATE 3-31-97

APPROVAL DATE

Denied - No WKS for this proposed garage location JBM

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Canary - E.H.S. Copy

Pink - Owner's Copy